

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: ND

B. Waiver Title(s): Developmental Disabilities Traditional IID/DD HCBS Waiver

C. Control Number(s): ND.0037.R08.02

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** August 31, 2020

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

<p>Service Limits in Appendix C-1/C-3</p> <p>Day Habilitation, Prevocational Services, Small Group Employment Supports</p> <ol style="list-style-type: none">1. Service activities and location may vary outside of the scope of the service definition in order to meet the health and safety needs of the participant.2. Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed setting may be exceeded. <p>Independent Habilitation, Parenting Supports, Behavioral Consultation</p> <ol style="list-style-type: none">1. Services may be provided using remote/tele support only when verbal cue or instruction is needed to meet the health and safety needs of the participant. <p>Infant Development</p> <ol style="list-style-type: none">1. Services may be provided using remote/tele support. The initial evaluation may be done remotely however it must be done via video technology so that the child can be observed. <p>Individual Employment Services</p> <ol style="list-style-type: none">1. Service may be provided using remote/tele support only when verbal cue or instruction is needed to meet the health and safety needs of the participant.2. Suspend the limit to allow payment for times of supervision.3. Service activities and location may vary outside of the scope of the service definition in order to meet the health and safety needs of the participant.4. Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed setting may be exceeded. <p>Residential Habilitation & Adult Foster Care</p> <ol style="list-style-type: none">1. Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed home may be exceeded. <p>In Home Supports</p> <ol style="list-style-type: none">1. IHS is not authorized when Part B services of IDEA are offered in person through ND Department of Public Instruction.
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iii. Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. x Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Service Locations in Appendix C-1/C-3

The state will allow the following services to be provided wherever a participant authorized to receive such services is located: Day Habilitation, Prevocational Services, Small Group Employment Supports, and Individual Employment. (e.g. hotels, shelters, churches, group home, individual's residence)

Residential habilitation and Independent Habilitation may be delivered in an alternate location temporarily to ensure the participant's health, safety, and welfare. This could include a provider owned or controlled setting, community center, hotel/paid lodging, ICF home.

Respite is not an authorized service in this waiver.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. x Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Residential Habilitation, Independent Habilitation, Day Habilitation, Prevocational Services, Small Group Employment Services may be rendered by legally responsible individuals, who are not residing with the participant, when they have been hired by the DD licensed provider. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Background Checks

- A person who is providing self-directed in-home support must submit a background check application to the fiscal agent but will be allowed to start providing service BEFORE receiving the results of the background check. If the background check comes back with abuse, neglect, exploitation or a direct bearing offense per North Dakota Century Code (e.g. homicide, simple assault, robbery), the employer must cease use of the employee immediately.
- DD license providers may use the self-disclosure State form for a staff who has lived out of state in the last 5 years and the state they are in contact with who is unavailable due to with Covid-19.

Trainings

- Trainings that can be completed online, rather than in person, will be allowed.
- First Aid, CPR, and Therapeutic response have hands on requirements and must be completed 90 days once the state of emergency is lifted with the course instructor in the respected area.
- Annual trainings may be extended for up to 90 days after the emergency is lifted.
- The minimum requirements for new staff have been modified and include the following; Serious Events/Abuse Neglect Exploitation and GER reporting, Rights, Client specific /site specific training, Medication Administration (only if the staff will be passing medications); HIPAA/PHI, Hand washing/OSHA/CDC recommendations, Agency specific guidelines, CPR/1st aid , and Therapeutic responses (TR).

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii. x Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Maximum number of participants served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as evacuation sites, as long as the participants health and safety needs can be met.

e. x Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Initial level of care evaluations can be completed in person or using an application in accordance with HIPPA requirements in which they can visually observe the person.

Re-evaluations may be completed using telecommunications in accordance with HIPPA requirements or delayed up to 90 days after the emergency is lifted.

f. X Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Agencies that provide Residential Habilitation may be eligible to receive an increased payment to assist in the cost when the participant is unable to receive a day service (day Habilitation, Prevocational Services, Small Group Employment, and Individual Employment) in the regular location. The current daily rate for Residential Habilitation does not account for the typical 8 hours/day a participant is typically receiving day services. The rate setting methodology is the same. Upward adjustments may be made to aide in covering hours that are not currently a part of the daily rate. Resulting temporary rate increases will not exceed 50%. This will be determined on a case by case basis when the provider is directly impacted by COVID-19.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

The State Medicaid Agency may grant approval to implement interim service plans because the new assessment and service plan cannot be completed, as normally required, due to the emergency event. Assessments may be conducted outside of the participant's home or by telephone to accommodate the changes in service needs.

1. Allow remote/telephone participant monitoring by DD Program Managers where there are currently face-to-face requirements.
2. Participant's team meetings and plan development may be conducted entirely using telecommunications.
3. At the time of the annual plan the DD program manager is required to contact the participant and/or legal decision maker, using allowable remote contact methods to verify that the current service plan, including providers, remain acceptable until a meeting is completed. If the participant and/or legal decision maker agree, the current plan and services will be authorized as the new annual plan and a subsequent meeting will take place to determine if additional changes need to be made within 90 days.
4. If requested and/or necessary, modifications to a person-centered plan may be made, as driven by individualized participant need, circumstance and consent reviewed on an individualized basis.
5. The state will verify by obtaining written or electronic signatures from service providers and the individual or representative, in accordance with the state's HIPAA requirements.
6. Program Managers will be required to complete an on-site visit as soon as it is safe to do so.

h. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

During an emergency, the web-based incident reporting system or phones may not be accessible. Notification of reportable incidents to the required entities needs to be completed as soon as reasonably possible, not to exceed 24 hours. Immediate emergency risk management steps must be implemented to ensure the health and safety of the participant involved.

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

There may be a limited number of circumstances where retainer payments to a limited number of DD providers may be considered. The following services which include a person care component maybe eligible: Day Habilitation, Prevocational Services, Small Group Employment, and Individual Employment.

The conditions for the retainer payments include when the location remained open but other providers or legal decision makers choose to not to send participants which resulted in attendance and utilization for the service location to drop below 75% of the monthly utilization average.

These payments would be determined on a case by case basis; all cases decisions would be based on an analysis of factors directly related to the exigent and limiting realities of the emergency.

The personal assistance retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

[Redacted]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

[Redacted]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

[Redacted]

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]:*

Infant Development, Independent Habilitation, Individual Employment, Behavior Consultation, Parenting Supports

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to 90-days past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.

- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Heidi
Last Name: Zander
Title: DD Waiver Administrator
Agency: Developmental Disabilities Division
Address 1: 1237 W Divide Ave, Ste 1A
Address 2: Click or tap here to enter text.
City: Bismarck
State: ND
Zip Code: 58501
Telephone: 701-328-8945
E-mail: hzander@nd.gov
Fax Number: Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:
Last Name: Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City: Click or tap here to enter text.
State: Click or tap here to enter text.
Zip Code: Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail: Click or tap here to enter text.
Fax Number: Click or tap here to enter text.

8. Authorizing Signature

Signature:

/S/

Date: 3/27/2020

State Medicaid Director or Designee

First Name: *Caprice*
Last Name *Knapp*
Title: Director of Medical Services
Agency: Department of Human Services- Medical Services Division
Address 1: 600 East Boulevard Ave Dept 325
Address 2: Click or tap here to enter text.
City Bismarck
State ND
Zip Code 58505
Telephone: 701-328-1603
E-mail cknapp@nd.gov
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Day Habilitation

Service Definition (Scope):

Day Habilitation services are scheduled activities, formalized training, and staff supports typically provided in a non-residential setting to promote skill development for the acquisition, retention, or improvement in self-help, socialization, and adaptive skills. Activities should focus on improving a participant's sensorimotor, cognitive, communication and social interaction skills. The goal of this service is to enable the participant to attain or maintain his or her maximum physical, intellectual, emotional and social functional level. Day Habilitation services should facilitate, and foster community participation as indicated in each participant's person-centered service plan.

Services are designed to maximize the functioning of persons with developmental disabilities and shall be coordinated with any needed therapies in the participant's person-centered service plan, such as physical, occupational, or speech therapy.

~~This service shall be provided in a non-residential setting, separate from the participant's private residence or other residential living arrangement. However, this service may be furnished in a residence if the participant's needs are documented in the participant's person-centered service plan.~~

This service is to provide support for conditions specifically related to IID/DD.

Rates for Day Habilitation may include transportation costs to access program related activities in the community. Transportation does not include travel between the participant's home and the Day Habilitation site. Any transportation provided to an participant as a part of the rate is not billable as a discrete service and cannot duplicate transportation provided under any other service in this waiver.

Participants who require ongoing nursing support may be eligible for a higher medical acuity level. There are 3 additional medical acuity tiers for the Day Habilitation rate. These tiers are based on the participant's assessed medical needs.

During emergency events, Day Habilitation May be provided in a residential setting.

As of 4/1/2020: Participants who require ongoing nursing support may be eligible for a higher medical acuity level. There are 3 additional medical acuity tiers for the Day Habilitation rate. These tiers are based on the participant's assessed medical needs.

Staff who provide services in the medical acuity tiers are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.

A nurse assessment and care plan are required for the medical acuity tiers. The participant's person-centered service plan must address medical needs. Nursing services must be within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse (RN), or licensed practical nurse (LPN) under the supervision of a RN licensed to practice in the state North Dakota.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service cannot duplicate any other service in this waiver.

This service will not be authorized, nor payment made, for participants who are eligible for services under the Individuals with Disabilities Education Act.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Residential Habilitation, Independent Habilitation, Extended Home Health Care, Parenting Support, Adult Foster Care, Behavioral Consultation, or Homemaker services.

This service shall be available to those receiving Individual Employment Support, Small Group Employment Support and Prevocational Services subject to limitations stipulated in the Division policy. Billing for such services may not be duplicated in a time period (e.g., billed for more than one service for 1:00 p.m. to 5:00 p.m. on April 1). Hours in Day Habilitation, Individual Employment Support, Small Group Employment Support, and Prevocational Services may not exceed 40 cumulative hours per week per participant.

Day Habilitation may not provide for the payment of services that are vocational in nature (i.e. for the primary purposes of producing goods or performing services).

Day Habilitation cannot be authorized on the individual service plan with Family Care Option.

May be rendered by legally responsible individuals when they have been hired by the DD licensed provider agency. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed DD Provider
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Licensed DD Provider	Licensed according to NDAC 75-04-01.		For Medical Acuity Tiers, staff are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	

Licensed DD Provider	State Medicaid Agency, DD Division	Annually
Service Specification		

Independent Habilitation

Service Definition (Scope):

Independent Habilitation is formalized training and staff supports provided for fewer than 24 hours per day based upon the participants needs. Independent Habilitation is typically not delivered on a daily basis. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant’s ability to independently reside and participate in an integrated community. Independent Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence.

Eligible participants must not be living with a primary caregiver. Primary caregiver is a responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization. The participant may be living with other individuals who may or may not be receiving waiver services.

This service is to provide support for conditions specifically related to IID/DD.

Multiple participants living in a single or a shared private residence are eligible for this service.

Service may be provided using remote/tele support only when verbal cue or instruction is needed to meet the health and safety needs of the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment for this service will not be made for routine care and supervision that is normally provided by the family for services furnished to a minor by the child’s parent, adoptive parents, guardian, or step-parent.

Payment for this service will not be made to others living in the same residence as the participant.

This service shall not be used solely for the purpose of supervision or emergency assistance on a 24-hour basis.

This service cannot duplicate any other service in this waiver.

The service cannot be authorized on the individual service plan with In-Home Supports, Residential Habilitation, Adult Foster Care, Homemaker, Family Care Option, Parenting Support, Adult Foster Care, or Medicaid State Plan Services.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, Extended Home Health Care, Behavioral Consultation, Day Habilitation, Prevocational Services, Small Group Employment Supports, or Individual Employment.

Payment for Independent Habilitation does not include room and board, or the cost of facility maintenance and upkeep.

This service does not include payment for non-medical transportation costs.

May be rendered by legally responsible individuals when they have been hired by the DD licensed provider agency. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) (<i>check one or both</i>):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	<input type="checkbox"/>		<input type="checkbox"/>	Licensed DD Provider		
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
Provider Qualifications						
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)			
Licensed DD Provider	Licensed according to NDAC 75-04-01					
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		
Licensed DD Provider	State Medicaid Agency, DD Division			Annually		
Service Specification						

Individual Employment Support

Service Definition (Scope):

Individual Employment Support services are long-term ongoing supports to assist participants in maintaining paid employment in an integrated setting or self-employment. This service is designed for participants who need intensive ongoing support to perform in a work setting. Service includes on- or off-the-job employment-related support for participants needing intervention to assist them in obtaining or maintaining employment, in accordance with their person-centered service plan. Supports are provided on an individual basis. Participants are paid by the employer at or above minimum wage.

Transportation costs from a participant’s residence to their workplace may be included in the service rate when a participant needs it as a support intervention for the participant to maintain employment. It is not allowed as a substitute for personal, public, or generic transportation, is not billable as a discrete service, and cannot duplicate any transportation under any other service in this waiver or Medicaid State Plan. If transportation is to be included in the rate, the Regional DDPA must certify the number of participants for whom transportation is necessary as part of intervention to successfully support continued employment.

This service is to provide support for conditions specifically related to IID/DD.

Service may be provided using remote/tele support only when verbal cue or instruction is needed to meet the health and safety needs of the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Direct intervention time for this service shall only be provided to one participant at a time.

This service cannot duplicate any other service in this waiver.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Residential Habilitation, Independent Habilitation, Extended Home Health Care, Parenting Support, Adult Foster Care, Behavioral Consultation, or Homemaker services.

This service shall be available to those receiving Day Habilitation, Prevocational Services, and Small Group Employment Support services are subject to limitations stipulated in Division policy. Billing for such services may not be duplicated in a time period (e.g., billed for more than one service for 1:00 to 5:00 p.m. on April 1). Hours in Day Habilitation, Individual Employment Support, Prevocational Services, and Small Group Employment Support services may not exceed 40 cumulative hours per week per participant.

This service does not include facility-based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

This service does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

This service does not include training and services available to a participant through the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).

Individual Employment cannot be authorized on the individual service plan with Family Care Option.

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Specifications

Provider Category(s) (<i>check one or both</i>):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	<input type="checkbox"/>		<input type="checkbox"/>	Licensed DD Provider
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Provider Qualifications

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Licensed DD Provider	Licensed according to NDAC 75-04-01		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed DD Provider	State Medicaid Agency, DD Division	Annually

Service Specification

Prevocational Services

Service Definition (Scope):

Prevocational Services are formalized training, experiences, and staff supports designed to prepare participants for paid employment in integrated community settings. Services are structured to develop general abilities and skills that support employability in a work setting. Services may include training in effective communication within a work setting, workplace conduct and attire, following directions, attending to tasks, problem solving, and workplace safety. Services are not directed at teaching job-specific skills, but at specific habilitative goals outlined in the participant's person-centered service plan.

Rates for Prevocational Services may include transportation costs to access program related activities in the community. Transportation does not include travel between the participant's home and the Prevocational Services program site. Any transportation provided to a participant as a part of the rate is not billable as a discrete service and cannot duplicate transportation provided under any other service in this waiver or Medicaid State Plan.

This service is to provide support for conditions specifically related to IID/DD.

A participant's need and desire for continued Prevocational Services shall be evaluated every twelve (12) months, or more frequently if requested by the participant and/or legal decision maker.

Providers must, in consultation with each participant, develop employment goals/outcomes in their person-centered service plan that outlines a pathway for transitioning to integrated, employment. The person-centered service plans must be updated annually and document each participant's progress toward completion of prevocational training.

The Department will review annually the active progress made during the prior year on increasing work skills, time on tasks, or other job preparedness objectives. The Developmental Disabilities Program Administrator (DDPA) may approve an additional 12 months, twice (for a total of 24 months), of prevocational training with submission of employment outcomes that are consistent with the participant's goals/outcomes in their person-centered service plan. A participant who requests to remain in the service beyond the two additional approvals from the DDPA (36 months) must receive approval from the DD Division.

Individuals participating in this service may be compensated in accordance with applicable federal laws and regulations.

Participation in this service is not a required prerequisite for Individual Employment or Small Group Employment Support services furnished under this waiver.

Participants who require ongoing nursing support may be eligible for a higher medical acuity level. There are 3 additional medical acuity tiers for the Prevocational Services rate. These tiers are based on the participant's assessed medical needs.

Staff who provide services in the medical acuity tiers are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.

A nurse assessment and care plan are required for the medical acuity tiers. The participant's person-centered service plan must address medical needs. Nursing services must be within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse (RN), or licensed practical nurse (LPN) under the supervision of a RN licensed to practice in the state North Dakota.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service does not include training and services available to a participant through the Rehabilitation Act of 1973 or Individuals with Disabilities Education Act (IDEA).

This service cannot duplicate any other service in this waiver.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Residential Habilitation, Independent Habilitation, Extended Home Health Care, Parenting Support, Adult Foster Care, Behavioral Consultation, or Homemaker services.

This service shall be available to those receiving Day Habilitation, Individual Employment Support and Small Group Employment Support and subject to limitations stipulated in DD Division policy. Billing for such services may not be duplicated in a time period (e.g., billed for more than one service for 1:00 to 5:00 p.m. on April 1). Hours in Day Habilitation, Individual Employment Support, Small Group Employment and Prevocational Services may not exceed 40 cumulative hours per week per participant.

Prevocational Services cannot be authorized on the individual service plan with Family Care Option.

May be rendered by legally responsible individuals when they have been hired by the DD licensed provider agency. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
				Licensed DD Provider		
Provider Qualifications						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
Licensed DD Provider	Licensed according to NDAC 75-04-01		For Medical Acuity Tiers, staff are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.			
Verification of Provider Qualifications						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		
Licensed DD Provider	State Medicaid Agency, DD Division			Annually		

Service Specification

Residential Habilitation

Service Definition (Scope):

Residential Habilitation is formalized training and supports provided to participants who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Residential Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence.

Eligible participants must not be living with a primary caregiver. Primary caregiver is a responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization. The participant may be living with other individuals who may or may not be receiving waiver services.

This service shall be used to assist with self-care and/or transfer a skill from the direct care staff to the participant.

This service is to provide support for conditions specifically related to IID/DD.

Participants who require ongoing nursing support may be eligible for a higher medical acuity level. There are 3 additional medical acuity tiers for the Residential Habilitation rate. These tiers are based on the participant's assessed medical needs.

Staff who provide services in the medical acuity tiers are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.

A nurse assessment and care plan are required for the medical acuity tiers. The participant's person-centered service plan must address medical needs. Nursing services must be within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse (RN), or licensed practical nurse (LPN) under the supervision of a RN licensed to practice in the state North Dakota.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment for this service will not be made for routine care and supervision that is normally provided by the family for services furnished to a minor by the child's parent, adoptive parents, guardian, or step-parent.

Payment for this service will not be made to others living in the same residence as the participant.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Behavioral Consultation, Day Habilitation, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service shall not be used solely for the purpose of supervision or emergency assistance on a 24-hour basis.

This service cannot duplicate any other service in this waiver.

This service cannot be authorized on the individual service plan with In-Home Supports, Independent Habilitation, Adult Foster Care, Homemaker, Parenting Support, Extended Home Health Care, Family Care Option, or Medicaid State Plan Personal Care services.

This service does not include payment for non-medical transportation costs.

Payment for Residential Habilitation does not include room and board, or the cost of facility maintenance and upkeep.

Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed home may be exceeded.

May be rendered by legally responsible individuals when they have been hired by the DD licensed provider agency. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed DD Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Licensed DD Provider	Licensed according to NDAC 75-04-01.		For Medical Acuity Tiers, staff are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Licensed DD Provider	State Medicaid Agency, DD Division	Annually	
Service Specification			

Adult Foster Care

Service Definition (Scope):
 Assistance is provided to a participant for ADL's, IADL's and supportive services provided in a licensed private home by an Adult Foster Care provider that lives in the home. Adult Foster Care (AFC) is provided to adults who receive these services while residing in a licensed AFC home.

Non-medical transportation is a component of AFC and is included in the rate.

This service is to provide support for conditions specifically related to IID/DD.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
 Service must be provided in a licensed AFC home. Services are provided to the extent permitted under state law.

AFC cannot be authorized on the individual service plan with Residential Habilitation, Independent Habilitation, In-Home Supports, Family Care Option, Homemaker Services, Parenting Support, Equipment and Supplies, Environmental Modifications, Extended Home Health Care, Behavioral Consultation or with Medicaid State Plan Personal Care services.

Room and board costs are not included in the AFC payment.

The cost of this service is limited to a maximum monthly cap set by the Department or through legislative action. AFC rates were established to be comparable with the rates that providers charged their private pay clients for the same service. If the participant's needs cannot be met within the allowed rate, the DDPM explores other service options. The DDPM makes participants aware of the service cap.

~~The total number of individuals who live in the AFC home who are unrelated to the AFC provider cannot exceed four (4).~~

Limits may be increased as determined by legislative action.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Day Habilitation, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service cannot duplicate any other service in this waiver.

Service definition limitations on the number of people served, without requesting a variance, in each licensed or unlicensed home may be exceeded.

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Specifications				
Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Licensed AFC Provider		

(check one or both):

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Provider Qualifications

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Licensed AFC Provider	Licensed according to NDCC 50-11, NDAC 75-03-21		Enrolled as a Qualified Service Provider according to NDAC 75-03-23-07.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed AFC Provider	State Medicaid Agency, Aging Services and Medical Services Divisions.	<p>Initial licensing of an AFC home is valid for 1 year. AFC homes are re-licensed every 2 years after the 1-year initial licensing period.</p> <p>Re-enrollment of QSP status is required every two years or upon expiration of Qualified Service Provider status whichever comes first, and/or upon notification of provider status change</p>

Service Specification

In Home Supports	
Service Definition (Scope):	
<p>This service requires the need for a specially trained caregiver to meet the excess care needs related to the participant's disability associated with maintaining a participant in their home and not covered through the Medicaid State Plan. In-Home Supports (IHS) is intended to support the participant and their primary caregiver in preventing or delaying unwanted out of home placement. A primary caregiver is a responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization.</p> <p>In-Home Supports benefits the primary caregiver by assisting the participant in activities of daily living such as eating, drinking, toileting, and physical functioning; improving and maintaining mobility and physical functioning when these tasks require more than one person to accomplish. It may also include assisting the participant with maintaining health and personal safety while the primary caregiver is home and attending to other household tasks and children and no other natural support is available.</p> <p>In-Home Support can be provided to the participant while the primary caregiver is either away from the home or is home, but unavailable to care for the participant. The team determines the appropriate tasks or activities that are provided during the primary caregiver's presence or absence and this is included in the participant's person-centered service plan.</p> <p>This service is to provide support for conditions specifically related to IID/DD.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Hours of support will be limited to 300 per month per participant unless an exception is approved by the DD Division as preventing imminent institutionalization.

Individuals providing IHS may not live in the same home as the participant.

The participants receiving In Home Supports (IHS) are supported in the home and community in which they live or in the home of the support staff, if the home is approved by the legal decision maker.

IHS may not be provided to a group of participants or in a facility-based setting (i.e. daycare, school).

~~IHS is not authorized when Part B services of IDEA are offered through the North Dakota Department of Public Instruction as indicated in the participants active IEP.~~ IHS is not authorized when Part B services of IDEA are offered in person through ND Department of Public Instruction.

IHS cannot be provided for the purposes of administering a specialized curriculum or service that is not specifically authorized on the participant's service plan (ISP section of the plan).

An IHS participant cannot be authorized to receive both provider managed and self-directed at the same time.

For families who have more than one participant in the household receiving this service, each participant's individual needs are evaluated by the team to determine if the total number of hours and staff can be combined to still ensure each participant's health and safety.

IHS payments will not be authorized for the routine care and supervision which would be expected to be provided by a family for activities or supervision for which a payment is made by a source other than Medicaid.

To avoid duplication, IHS cannot be authorized on the individual service plan with Residential Habilitation, Independent Habilitation, or Adult Foster Care.

IHS may not be provided at the same time as Day Habilitation and Medicaid State Plan Personal Care services.

In-Home Support cannot be provided in a Family Care Option setting but may be authorized in the natural family home when the participant is present and the requirements above are met.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, Extended Home Health Care, Parenting Support, Behavioral Consultation, Day Habilitation, Homemaker services, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service cannot duplicate any other service in this waiver.

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian	
Provider Specifications							
Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	Individual			Licensed DD Provider			

(check one or both):

Provider Qualifications

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Individual			As required by the participants plan. For self-directed service delivery the individual provider must be 18 years or older.
Licensed DD Provider	Licensed according to NDAC 75-04-01.		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Fiscal Agent	Prior to hiring for verification of age 18 Annually review of the participants plan
Licensed DD Provider	State Medicaid Agency, DD Division	Annually

Service Specification

Infant Development	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
08 home based services	08010 home based habilitation
Category 2:	Sub-Category 2:
09 caregiver support	09020 caregiver counseling and/or training
Category 3:	Sub-Category 3:
Category 4:	Sub-Category 4:
Service Definition (Scope):	

Infant Development is an individualized service that is delivered on a one to one basis professional to participant.

Infant Development is a home-based, family focused service that provides information, support and training to assist the primary caregiver(s) in maximizing the child's development utilizing a parent-coaching model. Infant Development professionals work with primary caregivers to identify and adapt natural learning opportunities that occur during daily family and community routines. The title of the participants plan for children under age three and receiving Infant Development services is called the Individualized Family Service Plan (IFSP). This team determines services necessary to meet the child and caregiver needs, along with the frequency and duration of services.

Home visit: Home visits allow an opportunity for professionals from the team to coach the primary caregiver(s) in how to address the identified needs most effectively for their child. The team will determine the frequency of home visits and should change the frequency based on the needs of the child and family. Home Visits must be scheduled for at least once a month, but may be scheduled for multiple times a week. The expectation is that home visits will last about an hour.

Consults: Consults allow the opportunity for other members of the team to coach both the primary caregiver(s) and home visitor in the area of their specialty. The IFSP outcomes determine the frequency of consults needed to meet the outcomes. The team will determine the expertise needed and what areas of consult are required to meet the child and family's needs and IFSP outcomes.

Evaluation/Assessment: An evaluation is completed to determine eligibility for Developmental Disabilities Program Management (DDPM), as well as for Infant Development services, when a child applies for services. An assessment is completed annually, after a child is eligible for services, to determine progress made on the IFSP outcomes, as well as to offer information for updating the IFSP, which is completed annually. Evaluations and Assessments must be conducted by at least two qualified ID personnel of different disciplines (either contracted or employed) from the Core Evaluation/Assessment team.

IFSP Development/Update: The IFSP directs supports and services, in relation to the prioritized concerns and outcomes of the primary caregiver(s) and rest of the team. Initial meetings must take place within 45 days from referral. Annual meetings must occur annually, 1 year minus 1 day from the date of the last meeting. Periodic reviews must occur at least every 6 months, however, can be more frequent to address child and family needs/concerns. Reviews must be done as a result of discussion and agreement of all team members.

This service is to provide support for conditions specifically related to IID/DD.

This service may be provided using remote/tele support. The initial evaluation may be done remotely however it must be done via video technology so that the child can be observed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Infant Development serves children birth through 2 years of age as they are not eligible for special education services available for children eligible for Part B-619 of IDEA offered through the North Dakota Department of Public Instruction. This service cannot be accessed at the same time as Part C funded services through IDEA.

Infant Development does not provide direct therapies nor can it be provided at the same time as other waiver services.

~~Home visits cannot be conducted over the phone.~~

Nursing consultations can only be billed when needed to ensure the child's health and welfare while participating in another Early Intervention service.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Self-Directed Services, Family Care Option, or Extended Home Health Care.

To avoid duplication, Infant Development cannot be authorized on the individual service plan with Behavioral Consultation, Residential Habilitation, Independent Habilitation, Parenting Support, Adult Foster Care, Day Habilitation, Homemaker services, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service cannot duplicate any other service in this waiver.

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed DD Provider
Provider Qualifications				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

Licensed DD Provider	Licensed according to NDAC 75-04-01.		<p>Infant Development programs must provide services according to the prescribed delivery model and cannot offer other models, including direct therapy to infants and toddlers.</p> <p>The prescribed service delivery model is based on research showing that infants and toddlers do not learn in massed trials, but through natural learning opportunities that occur throughout the day. Infant Development is an individualized service that is delivered on a one to one basis professional to participant. Infant Development professionals work with primary caregivers to identify and adapt natural learning opportunities that occur during daily family and community routines. The team determines services necessary to meet the child and caregiver needs, along with the frequency and duration of services.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed DD Provider	State Medicaid Agency, DD Division	Annually

Service Specification

Small Group Employment Support

Service Definition (Scope):

Small Group Employment Support services provide long-term ongoing supports to assist participants in maintaining paid employment in an integrated setting. Services include on- or off-the-job employment-related support for small groups of participants needing intervention to assist them in obtaining and maintaining employment as a group, in accordance with their person-centered service plan. Supports are provided to groups of two (2) to eight (8) employed participants. Participants are paid by the employer for work performed in accordance with State and Federal laws.

Transportation costs from a participant's residence to their workplace may be included in the service rate when a participant needs it as a support intervention for the participant to maintain employment. It is not allowed as a substitute for personal, public, or generic transportation, is not billable as a discrete service, and cannot duplicate any transportation under any other service in this waiver or Medicaid State Plan. If transportation is to be included in the rate, the Regional DDPA must certify the number of participants for whom transportation is necessary as part of intervention to successfully support continued employment.

This service is to provide support for conditions specifically related to IID/DD.

Participants who require ongoing nursing support may be eligible for a higher medical acuity level. There are 3 additional medical acuity tiers for the Small Group Employment Support rate. These tiers are based on the participant's assessed medical needs.

Staff who provide services in the medical acuity tiers are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.

A nurse assessment and care plan are required for the medical acuity tiers. The participant's person-centered service plan must address medical needs. Nursing services must be within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse (RN), or licensed practical nurse (LPN) under the supervision of a RN licensed to practice in the state North Dakota.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

~~Group size shall be limited to no fewer than two (2) and no more than eight (8) participants.~~

This service cannot duplicate any other service in this waiver.

This service may not be used to support a self-employed participant.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Residential Habilitation, Independent Habilitation, Extended Home Health Care, Parenting Support, Adult Foster Care, Behavioral Consultation, or Homemaker services.

This service shall be available to those receiving Day Habilitation, Prevocational Services and Individual Employment Support Services are subject to limitations stipulated in Division policy. Billing for such services may not be duplicated in a time period (e.g., billed for more than one service for 1:00 to 5:00 p.m. on April 1). Hours in Day Habilitation, Individual Employment Support, Prevocational Services, and Small Group Employment Support Services may not exceed 40 cumulative hours per week per participant.

This service does not include facility-based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

This service does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

This service does not include training and services available to a participant through the Rehabilitation Act of 1973 or Individuals with Disabilities Education Act (IDEA).

Supported Employment cannot be authorized on the individual service plan with Family Care Option.

May be rendered by legally responsible individuals when they have been hired by the DD licensed provider agency. The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
				Licensed DD Provider		
Provider Qualifications						
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)			
Licensed DD Provider	Licensed according to NDAC 75-04-01.		For Medical Acuity Tiers, staff are required to have a current Certified Nursing Assistant (CNA) certification or equivalent or higher.			

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed DD Provider	State Medicaid Agency, DD Division	Annually

Service Specification

Parenting Support

HCBS Taxonomy	
Category 1:	Sub-Category 1:
13 Participant training	13010 participant training
Category 2:	Sub-Category 2:
Category 3:	Sub-Category 3:
Category 4:	Sub-Category 4:

Service Definition (Scope):

Parenting Support assists participants who are, or will be, parents. Parenting Support is different from family support programs as the eligible participant is the parent. In other family support programs the eligible participant is the child.

Parents receive parenting skills training that is individualized and focused on the health and welfare and developmental needs of their child. Close coordination is maintained with informal supports and other formal supports.

This service is to provide support for conditions specifically related to IID/DD.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Parenting Support is available from the first trimester until the eligible participant's child is 18 years of age.

Parenting Support is limited to an average of four hours of individualized child-focused direct training per week during a quarter.

This service cannot be authorized on the individual service plan with Residential Habilitation or Independent Habilitation. If the eligible participant (parent) does not have physical custody or visitation rights, they will not receive individualized child--focused training, but group training and support activities are provided.

This service shall not be furnished or billed at the same time of day as other services that provide direct care to the participant. These services include Medicaid State Plan Services, In-Home Supports, Family Care Option, Extended Home Health Care, Adult Foster Care, Behavioral Consultation, Day Habilitation, Homemaker services, Prevocational Services, Small Group Employment Supports, or Individual Employment.

This service cannot duplicate any other service in this waiver.

Services may be provided using remote/tele support only when verbal cue or instruction is needed to meet the health and safety needs of the participant.

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed DD Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Licensed DD Provider	Licensed according to NDAC 75-04-01.		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed DD Provider	State Medicaid Agency, DD Division	Annually



ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.