

## Guidance Document for Flexible Day Service Hours DIDD HCBS Waivers

In response to public comment and stakeholder feedback, the State added flexibility to the provision of day service hours and days of the week in order to allow people supported more options in when day services are delivered. These changes align with the principles of the CMS Final Rule for HCBS Settings. The rule reflects CMS's intent to ensure that people are receiving services and supports through Medicaid reimbursed programs to have full access to the benefits of community living and are able to receive services in the most integrated settings. This also aligns with the CQL Personal Outcome Measures ® indicators and specifically relates to My World; where people experience outcomes related to being connected to life in the community. Along with others, people choose from an array of services and supports available to everyone and access all the community has to offer, allowing opportunities to emerge as they discover and react to the choices available to them.

- Service planning for persons supported in Medicaid HCBS programs under section 1915 (c) must be developed through person-centered planning that addresses both clinical and long-term services and supports needed in a manner that reflects individual desires and goals.
- Day services must be delivered in accordance with the Individual Support Plan.
- Services must be delivered and documented as written in the waiver service definitions and meet DIDD requirements for billing.

### **Implementation considerations**

- Effective October 1, 2015 Day Services are no longer restricted to being provided in between the days and hours of Monday to Friday from 7:30am to 6:00pm.
- Providers should begin talking with the people they support and identifying how the flexibility of Day Services will be provided and contact the person's ISC to determine if a COS meeting and an ISP amendment is needed.
- Flexible day hours may or may not be important to the person supported. The person should be made aware of their options in order to make informed decisions about the delivery of their services.
- No changes should be made in the delivery of services as outlined in the person's ISP without the person's input as part of the planning process. DIDD strongly encourages the use of Person Centered Thinking Tools and the CQL Personal

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Outcomes Measures ® in the planning process to assist in identifying meaningful outcomes for people using services.

- When there is more than one day service provider involved in the provision of services, the person, with support from their COS, should determine when and how services will be delivered by each provider and documented in the ISP.  
Documentation regarding the delivery of day services in the ISP should be specific to the person's needs and desires, but not so prescribed that the person loses flexibility of changing schedules and opportunities to participate in activities.
- Providers of day services must work collaboratively to ensure the person receives the appropriate amount, duration and frequency of day services as outlined in the ISP.
- It is essential to describe in the ISP the activities, services and supports that tie directly to the person's desired personal outcomes and vision for his/her life.
  - **Example** – Billy has a desire to learn more about working at a nursery. He has thought about working in a job with plants. (Reference CQL personal outcome measure indicator 2b, people choose where they work.) Through collaboration with the COS, Billy's provider found an opportunity to volunteer on Tuesday, Thursday and Saturday from 9:00-12:00 at a farmers market that sells plants and herbs.
  - **Actions steps:**
  - **1)** Billy will remember to clock in/out by setting a reminder on his I-phone.
  - **2)** Billy will put tasks in his I-phone so that he can check off what he has completed and know what tasks he has left to do.
  - **3)** Billy will learn about the tasks performed when working in a nursery so he can figure out if he wants to get a job at a nursery.
- Providers must ensure services are delivered as outlined in the waiver service definitions for day services and that there is sufficient documentation to demonstrate service delivery for six hours of day services to meet billing requirements.
  - Document in/out times
  - Specify when a certain day activity begins, when it ends and when another starts.
    - Example – Carrie had lunch with friends at 1:00pm then ran errands (picked up some personal items at the drug store, went to the post

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office and got a haircut) until 3:30pm. Then, she got ready for work and worked at Kroger from 4:00 to 7:00. (Reference CQL indicators 2b. People choose where they work. 2c People use their environments, and 3c People participate in the life in the community.)

- The maximum number of units for Day Services has not changed. Day service units are still capped at 243 days per year, for 6 hours per day at 5 days per week. Day services may be provided at different times on varying days of the week allowing the person supported to select the days and hours in which they receive day services. Providers may bill one (1) daily unit (representing 6 hours in a day), 5 days per week.
- Day Services for individuals under 22 years of age are limited to regular school break periods (spring break, summer break, etc.) with the exception of those that graduated prior to May 2014.
- Supported Employment is provided by a job coach that is on-site to support the person **OR**
- When a job coach is not needed on-site, the provider oversees Supported Employment services by conducting a minimum of one contact per week with the person including at least one contact per month at the job site. Additionally, there must be a job coach available on-call if needed to go to the work site.
- Facility Based Day providers must allow opportunities for persons supported to engage in the broader community, including opportunities to move into more integrated settings.
  - This applies to both day activities and employment.
  - The opportunity to move persons supported to more integrated settings must be evaluated annually until July 1, 2016, and will be authorized in six month periods thereafter.