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State/Territory Name: Texas

State Plan Amendment (SPA) #: 17-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

**OCT 23 2017**

Ms. Jami Snyder  
State Medicaid/CHIP Director  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code: H100  
Austin, Texas 78711

RE: TN 17-0020

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachments 3.1-A, 3.1-B, and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-0020. The purpose of this amendment is to expand the list of specialized add-on services available to Medicaid recipients residing in a Medicaid-certified nursing facility who are 21 years of age or older and who have been found through the Pre-admission Screening and Resident Review (PASRR) process to need such services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Based upon your assurances, Medicaid State plan amendment 17-0020 is approved effective December 1, 2017. We are enclosing the CMS-179 and the amended plan pages.

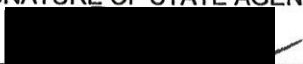
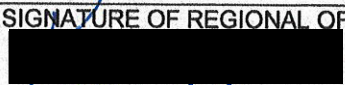
If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

|   |  |  |                               |
|---|--|--|-------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>  |  | 1. TRANSMITTAL NUMBER:<br><br><b>17-0020</b>   | 2. STATE:<br><br><b>TEXAS</b> |
|   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                               |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE:<br><br><b>December 1, 2017</b>   |                               |
| 5. TYPE OF PLAN MATERIAL (Circle One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT   |  |  |                               |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)   |  |  |                               |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 U.S.C. §1396r; 42 C.F.R. §483.120; 42 U.S.C. §1396d(a)(4)(A); 42 C.F.R. §§ 440.40(a), and § 440.155.; Section Social Security Act §§ 1905(a)(4)(A) -and (B), 42 U.S.C. §§ 1396d(a)(4)(A)-(B). of the Social Security Act 42 U.S.C. §1396a(a)(30); 42 C.F.R §447.201(b)  |  | 7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b><br>a. FFY 2018 <b>\$14,449,049</b><br>b. FFY 2019 <b>\$15,901,159</b><br>c. FFY 2020 <b>\$15,901,159</b> |                               |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br><b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>                            |                               |
| 10. SUBJECT OF AMENDMENT:<br><br><b>The proposed amendment expands the list of habilitative specialized services available to Medicaid recipients residing in a Medicaid-certified nursing facility who are 21 years of age or older and who have been found through the Pre-admission Screening and Resident Review (PASRR) process to need such services.</b>                                   |  |  |                               |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                               |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>  |  | 16. RETURN TO:<br><br><b>Jami Snyder<br/>State Medicaid Director<br/>Post Office Box 13247, MC: H-100<br/>Austin, Texas 78711</b>                        |                               |
| 13. TYPED NAME:<br><b>Jami Snyder</b>   |  |  |                               |
| 14. TITLE:<br><b>State Medicaid Director</b>  |  |  |                               |
| 15. DATE SUBMITTED:<br><b>August 01, 2017</b>   |  |  |                               |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |  |                               |
| 17. DATE RECEIVED:<br>August 1, 2017  |  | 18. DATE APPROVED: <b>OCT 23 2017</b>  |                               |
| PLAN APPROVED – ONE COPY ATTACHED   |  |  |                               |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><br>December 1, 2017  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                              |                               |
| 21. TYPED NAME:<br><b>Kristin Fan</b>   |  | 22. TITLE:<br><b>Director, FMC</b>   |                               |
| 23. REMARKS:  |  |  |                               |



**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 17-0020**

**Number of the  
Plan Section or Attachment**

**Number of the Superseded  
Plan Section or Attachment**

**Appendix 1 to Attachment 3.1-A**

Page 5e  
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Page 5i  
Page 5j  
Page 5k  
Page 5l

**Appendix 1 to Attachment 3.19-A**

N/A - New Page  
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**Appendix 1 to Attachment 3.1-B**

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**Appendix 1 to Attachment 3.19-B**

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**Attachment 4.19-D (NF)**

Page 16  
Page 16.a

**Attachment 4.19-D (NF)**

N/A - New Page  
N/A - New Page

**State: Texas**  
**Date Received: August 1, 2017**  
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#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older (continued)

##### Specialized Add-On Services for Certain NF Residents

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the individual in partially or fully attaining, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition. Specialized add-on services are habilitative services available to individuals residing in a Medicaid-certified nursing facility ("resident"). Preauthorization is required. Preauthorization is granted when the individual's need for specialized add-on services is identified, recommended by the individual's interdisciplinary team, and included in the resident's habilitative service plan, which is coordinated with the resident's comprehensive care plan and determined to be medically necessary. Specialized add-on services are provided by community-based providers, not the nursing facility. Each allowable specialized add-on service includes transportation between the nursing facility and the service site. HHSC may reimburse a provider agency for delivering specialized add-on services described below, as set out in Attachment 4.19-D, Page 16.

Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate and include expanded interactions, skills training activities, and programs of greater intensity or frequency than provided under the nursing facility's per diem rate.

Allowable specialized add-on services are behavioral support, employment assistance, supported employment, day habilitation, and independent living skills training.

#### I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training

##### (a) Definitions

(1) Behavioral support – Assistance provided to a resident to increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with the resident's interpersonal relationships across all service and social settings delivered by a community-based provider of behavioral support in the nursing facility. Behavioral support consists of:

(A) assessing the behavior(s) to be targeted necessary to design an appropriate behavioral support plan and analyzing those assessment findings;

(B) developing an individualized behavioral support plan that reduces or eliminates the target behaviors, thereby assisting the resident in achieving the outcomes identified in the resident's habilitative service plan;

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older (continued)**

- (C) training and consulting with the legally authorized representative (LAR), family members, nursing facility staff, or other support providers and, as appropriate, with the resident about the purpose, objectives, and methods;
- (D) documenting in the resident's record and implementing the behavioral support plan or revisions of the plan;
- (E) monitoring and evaluating the success of the behavioral support plan implementation; and
- (F) modifying the behavioral support plan, as necessary, based on documented outcomes of the plan's implementation.

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

(2) Employment assistance – Assistance provided to a resident who requires intensive help locating competitive employment in the community delivered by a community-based provider of employment assistance. Employment assistance consists of:

- (A) identifying a resident's employment preferences, job skills, and requirements for a work setting and work conditions;
- (B) locating prospective employers offering employment compatible with a resident's identified preferences, skills, and requirements;
- (C) contacting a prospective employer on a resident's behalf and negotiating the resident's employment;
- (D) transporting a resident between the nursing facility and the site where employment assistance services are provided and as necessary to help the resident locate competitive employment in the community; and
- (E) participating in habilitative service planning team meetings.

Employment assistance add-on services are not available to a resident of nursing facility through a program funded under the Rehabilitation Act of 1973.



**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

- (3) Supported employment – Assistance provided to a resident who requires intensive, ongoing support to be self-employed, work from home, or perform in an integrated work setting in the community at which individuals without disabilities are employed, and to sustain competitive employment in an integrated work setting and delivered by a community-based provider of supported employment. Supported employment consists of:
- (A) making employment adaptations, supervising, and providing training related to the resident's assessed needs;
  - (B) transporting the resident between the nursing facility and the site where supported employment services are provided and as necessary to support the person to be self-employed, work from the resident's place of residence, or perform in a work setting; and
  - (C) participating in habilitative service planning team meetings.

Supported employment add-on services are not available to a resident of a nursing facility through a program funded under the Rehabilitation Act of 1973.

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

- (4) Day habilitation – Assistance provided to a resident to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live successfully and actively participate in all service and social settings. Day habilitation will be delivered by a community-based provider of day habilitation in a setting other than the resident's nursing facility in a group setting at day habilitation centers owned or under arrangement by the community provider listed on Appendix 1 to Attachment 3.1-A on page 5h. Service provider qualifications are listed on Appendix 1 to Attachment 3.1-A on page 5j. Day habilitation does not include services provided under the Day Activity and Health Services (DAHS) program. Day habilitation consists of expanded interactions, skills training activities, and programs of greater intensity or frequency beyond those 42 CFR §483.24 requires a nursing facility to provide. Day habilitation services include:
- (A) individualized activities consistent with achieving the outcomes identified in a resident's habilitative service plan to attain, learn, maintain, or improve skills;
  - (B) activities necessary to reinforce therapeutic outcomes targeted by other support providers and other specialized services;
  - (C) services in a group setting at a location other than a resident's nursing facility for up to five days per week, six hours per day, on a regularly scheduled basis;
  - (D) personal assistance for a resident who cannot manage personal care needs during the day habilitation activity; and
  - (E) transportation between the nursing facility and the day habilitation site, as well as during the day habilitation activity necessary for a resident's participation in day habilitation activities.
- (5) Independent living skills training – Assistance provided to a resident with a disability, that is consistent with the resident's habilitative service plan and provided in the resident's nursing facility or at community locations by a community-based provider of independent living skills training listed on Appendix 1 to Attachment 3.1-A on page 5h. Service provider qualifications are listed on Appendix 1 to Attachment 3.1-A page 5j. Independent living skills training consists of expanded interactions, skills training activities, and programs of greater intensity or frequency beyond those 42 CFR §483.24 requires a nursing facility to provide. Independent living skills training includes:

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

- (A) habilitation and support activities that foster improvement of, or facilitate, a resident's ability to attain, learn, maintain, or improve functional living skills and other daily living activities;
- (B) activities that help preserve the resident's bond with family members, such as educating the family on techniques for teaching the resident appropriate social behaviors and how to effectively respond to the resident's inappropriate behaviors;
- (C) activities that foster inclusion in community activities generally attended by individuals without disabilities; and
- (D) transportation to facilitate a resident's employment opportunities and participation in community activities, and between the resident's nursing facility and training site.

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**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

(b) Provider Agency Qualifications - A provider agency of a specialized add-on service is a community-based provider agency with experience in delivering services to individuals with intellectual disabilities or developmental disabilities. The community-based provider agency must be licensed or certified by HHSC to provide program services for at least one of the following programs:

- (1) Home and Community-based Service (HCS) waiver;
- (2) Texas Home Living (TxHmL) waiver;
- (3) Community Living Assistance and Support Services (CLASS) waiver; or
- (4) Deaf Blind and Multiple Disabilities (DBMD) waiver.

(c) Provider Qualifications for Individual Services

- (1) Behavioral support – An employee or contractor of a fee-for-service provider agency who provides behavioral support must:
  - (A) be licensed as a psychologist in accordance with State law;
  - (B) be licensed as a psychological associate in accordance with State law;
  - (C) have been issued a provisional license to practice psychology in accordance with State law;
  - (D) be certified by HHSC as an authorized provider in accordance with Texas Administrative Code;
  - (E) be licensed as a clinical social worker in accordance with State law;
  - (F) be licensed as a professional counselor in accordance with State law; or
  - (G) be certified as a behavior analyst by the Behavior Analyst Certification Board®, Inc. (BACB®).

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(c) Provider Qualifications for Individual Services (continued)**

- (2) Employment assistance – An employee or contractor of a fee-for-service community-based provider agency who provides employment assistance must:
- (A) be at least 18 years of age;
  - (B) not be the LAR of the resident receiving employment assistance or the spouse of the resident;
  - (C) have at least one of the following:
    - (i) a bachelor's degree in rehabilitation, business, marketing, or a related human services field, and at least six months of paid or unpaid experience providing services to people with disabilities;
    - (ii) an associate's degree in rehabilitation, business, marketing, or a related human services field, and at least one year of paid or unpaid experience providing services to people with disabilities; or
    - (iii) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma, and at least two years of paid or unpaid experience providing services to people with disabilities.
- (3) Supported employment – An employee or contractor of a fee-for-service community-based provider agency who provides supported employment must:
- (A) be at least 18 years of age;
  - (B) not be the LAR of the resident receiving supported employment or the spouse of the resident;
  - (C) have at least one of the following:
    - (i) a bachelor's degree in rehabilitation, business, marketing, or a related human services field, and at least six months of paid or unpaid experience providing services to people with disabilities;
    - (ii) an associate's degree in rehabilitation, business, marketing, or a related human services field, and at least one year of paid or unpaid experience providing services to people with disabilities; or
    - (iii) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma, and at least two years of paid or unpaid experience providing services to people with disabilities.

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older  
Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day  
Habilitation, and Independent Living Skills Training (continued)**

**(c) Provider Qualifications for Individual Services (continued)**

- (4) Day habilitation and Independent living skills training – An employee or contractor of a fee-for-service community-based provider agency who provides day habilitation must
- (A) be at least 18 years of age; and
  - (B) have one of the following:
    - (i) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
    - (ii) documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
      - (I) a written competency-based assessment of the ability to document service delivery and observations of a resident to be served; and
      - (II) at least three written personal references from persons not related by blood or marriage to the employee or contractor that indicate the employee or contractor has the ability to provide a safe, healthy environment for a resident being served.

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#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older

##### II. Habilitation Coordination

- (a) Definition of Habilitation Service Plan. The habilitative service plan is developed by the interdisciplinary team and includes specialized add-on services and specialized services recommended by PASRR. The habilitative service plan is shared with all community-based providers who deliver specialized add-on services. Implementation of the services identified on the habilitative service plan is monitored by the habilitation coordinator.
- (b) Definition of Habilitation Coordination. Assistance for a nursing facility resident with a disability who has chosen to remain in the facility to access appropriate specialized add-on services necessary for the resident to achieve a quality of life and level of community participation acceptable to the resident (and LAR on the resident's behalf). If the resident decides to leave the nursing facility, a service coordinator will be assigned to assist the resident with transitioning into the community. Habilitation coordination consists of:
  - (1) assessing and periodically reassessing habilitative service needs by gathering information from the resident and other appropriate sources, such as the family members, social workers, and service providers, to determine the resident's habilitative needs and the specialized add-on services that will address those needs;
  - (2) developing (and periodically revising) an individualized habilitative service plan by identifying with the resident and LAR, if any, desired habilitation outcomes and specifying a course of action to accomplish those outcomes;
  - (3) assisting the resident to access needed specialized add-on services and other habilitative programs and services that can provide services to address needs and achieve outcomes identified in the habilitative service plan;
  - (4) monitoring and follow-up activities that consist of ensuring the resident receives needed specialized add-on services, evaluating the effectiveness and adequacy of specialized add-on services, facilitating the coordination of the resident's habilitative service plan and the nursing facility comprehensive care plan, and determining if outcomes identified in the habilitative service plan are being achieved; and
  - (5) offering educational opportunities and informational activities about community living options, arranging visits to community providers, and addressing concerns about community living.

#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older

##### II. Habilitation Coordination

- (c) Qualifications of Service Provider of Habilitation Coordination. A service provider of habilitation coordination must:
- (1) be an employee of the habilitation coordination provider agency;
  - (2) have a bachelor's or advanced degree from an accredited college or university with a major in a social, behavioral, or human service field, such as psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human development, gerontology, educational psychology, education, or criminal justice; and,
  - (3) have at least one year of experience working directly with individuals with intellectual or other developmental disabilities.



#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older (continued)

##### Specialized Add-On Services for Certain NF Residents

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the individual in partially or fully attaining, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition. Specialized add-on services are habilitative services available to individuals residing in a Medicaid-certified nursing facility ("resident"). Preauthorization is required. Preauthorization is granted when the individual's need for specialized add-on services is identified, recommended by the individual's interdisciplinary team, and included in the resident's habilitative service plan, which is coordinated with the resident's comprehensive care plan and determined to be medically necessary. Specialized add-on services are provided by community-based providers, not the nursing facility. Each allowable specialized add-on service includes transportation between the nursing facility and the service site. HHSC may reimburse a provider agency for delivering specialized add-on services described below, as set out in Attachment 4.19-D, Page 16.

Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate and include expanded interactions, skills training activities, and programs of greater intensity or frequency than provided under the nursing facility's per diem rate.

Allowable specialized add-on services are behavioral support, employment assistance, supported employment, day habilitation, and independent living skills training.

#### I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training

##### (a) Definitions

(1) Behavioral support – Assistance provided to a resident to increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with the resident's interpersonal relationships across all service and social settings delivered by a community-based provider of behavioral support in the nursing facility. Behavioral support consists of:

(A) assessing the behavior(s) to be targeted necessary to design an appropriate behavioral support plan and analyzing those assessment findings;

(B) developing an individualized behavioral support plan that reduces or eliminates the target behaviors, thereby assisting the resident in achieving the outcomes identified in the resident's habilitative service plan;

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**4.a Nursing Facility Services for Individuals 21 Years of Age or Older (continued)**

- (C) training and consulting with the legally authorized representative (LAR), family members, nursing facility staff, or other support providers and, as appropriate, with the resident about the purpose, objectives, and methods;
- (D) documenting in the resident's record and implementing the behavioral support plan or revisions of the plan;
- (E) monitoring and evaluating the success of the behavioral support plan implementation; and
- (F) modifying the behavioral support plan, as necessary, based on documented outcomes of the plan's implementation.

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**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

(2) Employment assistance – Assistance provided to a resident who requires intensive help locating competitive employment in the community delivered by a community-based provider of employment assistance. Employment assistance consists of:

- (A) identifying a resident's employment preferences, job skills, and requirements for a work setting and work conditions;
- (B) locating prospective employers offering employment compatible with a resident's identified preferences, skills, and requirements;
- (C) contacting a prospective employer on a resident's behalf and negotiating the resident's employment;
- (D) transporting a resident between the nursing facility and the site where employment assistance services are provided and as necessary to help the resident locate competitive employment in the community; and
- (E) participating in habilitative service planning team meetings.

Employment assistance add-on services are not available to a resident of nursing facility through a program funded under the Rehabilitation Act of 1973.

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

(3) Supported employment – Assistance provided to a resident who requires intensive, ongoing support to be self-employed, work from home, or perform in an integrated work setting in the community at which individuals without disabilities are employed, and to sustain competitive employment in an integrated work setting and delivered by a community-based provider of supported employment. Supported employment consists of:

(A) making employment adaptations, supervising, and providing training related to the resident's assessed needs;

(B) transporting the resident between the nursing facility and the site where supported employment services are provided and as necessary to support the person to be self-employed, work from the resident's place of residence, or perform in a work setting; and

(C) participating in habilitative service planning team meetings.

Supported employment add-on services are not available to a resident of a nursing facility through a program funded under the Rehabilitation Act of 1973.



**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

- (4) Day habilitation – Assistance provided to a resident to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live successfully and actively participate in all service and social settings. Day habilitation will be delivered by a community-based provider of day habilitation in a setting other than the resident's nursing facility in a group setting at day habilitation centers owned or under arrangement by the community provider listed on Appendix 1 to Attachment 3.1-A on page 5h. Service provider qualifications are listed on Appendix 1 to Attachment 3.1-A on page 5j. Day habilitation does not include services provided under the Day Activity and Health Services (DAHS) program. Day habilitation consists of expanded interactions, skills training activities, and programs of greater intensity or frequency beyond those 42 CFR §483.24 requires a nursing facility to provide. Day habilitation services include:
- (A) individualized activities consistent with achieving the outcomes identified in a resident's habilitative service plan to attain, learn, maintain, or improve skills;
  - (B) activities necessary to reinforce therapeutic outcomes targeted by other support providers and other specialized services;
  - (C) services in a group setting at a location other than a resident's nursing facility for up to five days per week, six hours per day, on a regularly scheduled basis;
  - (D) personal assistance for a resident who cannot manage personal care needs during the day habilitation activity; and
  - (E) transportation between the nursing facility and the day habilitation site, as well as during the day habilitation activity necessary for a resident's participation in day habilitation activities.
- (5) Independent living skills training – Assistance provided to a resident with a disability, that is consistent with the resident's habilitative service plan and provided in the resident's nursing facility or at community locations by a community-based provider of independent living skills training listed on Appendix 1 to Attachment 3.1-A on page 5h. Service provider qualifications are listed on Appendix 1 to Attachment 3.1-A page 5j. Independent living skills training consists of expanded interactions, skills training activities, and programs of greater intensity or frequency beyond those 42 CFR §483.24 requires a nursing facility to provide. Independent living skills training includes:

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(a) Definitions (continued)**

- (A) habilitation and support activities that foster improvement of, or facilitate, a resident's ability to attain, learn, maintain, or improve functional living skills and other daily living activities;
- (B) activities that help preserve the resident's bond with family members, such as educating the family on techniques for teaching the resident appropriate social behaviors and how to effectively respond to the resident's inappropriate behaviors;
- (C) activities that foster inclusion in community activities generally attended by individuals without disabilities; and
- (D) transportation to facilitate a resident's employment opportunities and participation in community activities, and between the resident's nursing facility and training site.



**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

(b) Provider Agency Qualifications - A provider agency of a specialized add-on service is a community-based provider agency with experience in delivering services to individuals with intellectual disabilities or developmental disabilities. The community-based provider agency must be licensed or certified by HHSC to provide program services for at least one of the following programs:

- (1) Home and Community-based Service (HCS) waiver;
- (2) Texas Home Living (TxHmL) waiver;
- (3) Community Living Assistance and Support Services (CLASS) waiver; or
- (4) Deaf Blind and Multiple Disabilities (DBMD) waiver.

(c) Provider Qualifications for Individual Services

- (1) Behavioral support – An employee or contractor of a fee-for-service provider agency who provides behavioral support must:
  - (A) be licensed as a psychologist in accordance with State law;
  - (B) be licensed as a psychological associate in accordance with State law;
  - (C) have been issued a provisional license to practice psychology in accordance with State law;
  - (D) be certified by HHSC as an authorized provider in accordance with Texas Administrative Code;
  - (E) be licensed as a clinical social worker in accordance with State law;
  - (F) be licensed as a professional counselor in accordance with State law; or
  - (G) be certified as a behavior analyst by the Behavior Analyst Certification Board®, Inc. (BACB®) .



**4.a Nursing Facility Services for Individuals 21 Years of Age or Older Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day Habilitation, and Independent Living Skills Training (continued)**

**(c) Provider Qualifications for Individual Services (continued)**

- (2) Employment assistance – An employee or contractor of a fee-for-service community-based provider agency who provides employment assistance must:
- (A) be at least 18 years of age;
  - (B) not be the LAR of the resident receiving employment assistance or the spouse of the resident;
  - (C) have at least one of the following:
    - (i) a bachelor's degree in rehabilitation, business, marketing, or a related human services field, and at least six months of paid or unpaid experience providing services to people with disabilities;
    - (ii) an associate's degree in rehabilitation, business, marketing, or a related human services field, and at least one year of paid or unpaid experience providing services to people with disabilities; or
    - (iii) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma, and at least two years of paid or unpaid experience providing services to people with disabilities.
- (3) Supported employment – An employee or contractor of a fee-for-service community-based provider agency who provides supported employment must:
- (A) be at least 18 years of age;
  - (B) not be the LAR of the resident receiving supported employment or the spouse of the resident;
  - (C) have at least one of the following:
    - (i) a bachelor's degree in rehabilitation, business, marketing, or a related human services field, and at least six months of paid or unpaid experience providing services to people with disabilities;
    - (ii) an associate's degree in rehabilitation, business, marketing, or a related human services field, and at least one year of paid or unpaid experience providing services to people with disabilities; or
    - (iii) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma, and at least two years of paid or unpaid experience providing services to people with disabilities.

**4.a Nursing Facility Services for Individuals 21 Years of Age or Older  
Specialized Add-On Services (continued)**

**I. Behavioral Support, Employment Assistance, Supported Employment, Day  
Habilitation, and Independent Living Skills Training (continued)**

(c) Provider Qualifications for Individual Services (continued)

(4) Day habilitation and Independent living skills training – An employee or contractor of a fee-for-service community-based provider agency who provides day habilitation must

(A) be at least 18 years of age; and

(B) have one of the following:

- (i) a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
- (ii) documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
  - (I) a written competency-based assessment of the ability to document service delivery and observations of a resident to be served; and
  - (II) at least three written personal references from persons not related by blood or marriage to the employee or contractor that indicate the employee or contractor has the ability to provide a safe, healthy environment for a resident being served.



#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older

##### II. Habilitation Coordination

- (a) Definition of Habilitation Service Plan. The habilitative service plan is developed by the interdisciplinary team and includes specialized add-on services and specialized services recommended by PASRR. The habilitative service plan is shared with all community-based providers who deliver specialized add-on services. Implementation of the services identified on the habilitative service plan is monitored by the habilitation coordinator.
- (b) Definition of Habilitation Coordination. Assistance for a nursing facility resident with a disability who has chosen to remain in the facility to access appropriate specialized add-on services necessary for the resident to achieve a quality of life and level of community participation acceptable to the resident (and LAR on the resident's behalf). If the resident decides to leave the nursing facility, a service coordinator will be assigned to assist the resident with transitioning into the community. Habilitation coordination consists of:
  - (1) assessing and periodically reassessing habilitative service needs by gathering information from the resident and other appropriate sources, such as the family members, social workers, and service providers, to determine the resident's habilitative needs and the specialized add-on services that will address those needs;
  - (2) developing (and periodically revising) an individualized habilitative service plan by identifying with the resident and LAR, if any, desired habilitation outcomes and specifying a course of action to accomplish those outcomes;
  - (3) assisting the resident to access needed specialized add-on services and other habilitative programs and services that can provide services to address needs and achieve outcomes identified in the habilitative service plan;
  - (4) monitoring and follow-up activities that consist of ensuring the resident receives needed specialized add-on services, evaluating the effectiveness and adequacy of specialized add-on services, facilitating the coordination of the resident's habilitative service plan and the nursing facility comprehensive care plan, and determining if outcomes identified in the habilitative service plan are being achieved; and
  - (5) offering educational opportunities and informational activities about community living options, arranging visits to community providers, and addressing concerns about community living.



#### 4.a Nursing Facility Services for Individuals 21 Years of Age or Older

##### II. Habilitation Coordination

- (c) Qualifications of Service Provider of Habilitation Coordination. A service provider of habilitation coordination must:
- (1) be an employee of the habilitation coordination provider agency;
  - (2) have a bachelor's or advanced degree from an accredited college or university with a major in a social, behavioral, or human service field, such as psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human development, gerontology, educational psychology, education, or criminal justice; and,
  - (3) have at least one year of experience working directly with individuals with intellectual or other developmental disabilities.

### Specialized Add-On Services for Nursing Facility Residents

- (a) Employment assistance, supported employment, day habilitation, independent living skills training, and behavioral support as described in Appendix 1 to Attachment 3.1-B, Pages 5e-5j, and habilitation coordination as described in Appendix 1 to Attachment 3.1-B, Pages 5k-5l, are reimbursed in the same manner as the Health and Human Services Commission (HHSC) or its designee reimburses Medicaid fee-for-service providers for the same services. HHSC or its designee reimburses Medicaid fee-for-service providers for employment assistance, supported employment, day habilitation, independent living skills training, behavioral support, and habilitation coordination at the published Medicaid rate. Each rate compensates a provider for all activities listed in the definition of the specialized service set out in Appendix 1 to Attachment 3.1, Pages 5e-5g, including transportation.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (c) The agency's fee schedule was revised with new rates for employment assistance, supported employment, day habilitation, independent living skills training, and behavioral support effective December 1, 2017, and this rate schedule was posted on HHSC's website on October 1, 2017.
- (d) No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
- (e) There is no duplication of services or payments between the nursing home base rate and the items listed on Attachment 3.1-A pages 5e through 5l.
- (f) There is no duplication of services or payments between the State Plan case manager and a MCO case manager provider for Habilitation Coordination services.
- (g) Rates for Day Habilitation, Independent Living Skills Training, Supported Employment, Employment Assistance and Behavioral Support were calculated using state developed Home and Community-based Services Cost Reports. The rate for Habilitation Coordination was developed using state developed cost reports submitted by Local IDD Authorities. The rates are developed from the most recent audited cost reports available at the time the proposed rates are calculated and projected to the rate period. HHSC adjusts reported expenses using a cost finding methodology to determine allowed costs. Providers are responsible for eliminating all unallowable expenses from the cost report. HHSC will exclude unallowable costs from the cost report and will exclude entire cost reports from rate determination if it believes that the cost reports do not reflect economic and efficient use of resources.
- (h) Rates do not include costs related to room and board or other unallowable facility costs.
- (i) In accordance with 42 CFR §431.107, each provider or organization furnishing services will agree to keep any records necessary to disclose the extent of services that the provider furnishes to beneficiaries and, on request, will furnish HHSC any information maintained and any information regarding payments claimed by the provider for furnishing services under this plan.

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**Specialized Add-On Services for Nursing Facility Residents (continued)**

- (j) In accordance with Section 2500.2(A) of the State Medicaid Manual, which prescribes the use of the quarterly CMS-64 Form:
- (1) HHSC will report on the CMS-64 Form only expenditures for which all supporting documentation is available, in readily reviewable form, which has been compiled and which is immediately available when the claim is filed.
  - (2) The supporting documentation will include, as a minimum, the following data:
    - (A) Date of service;
    - (B) Name of recipient;
    - (C) Medicaid identification number;
    - (D) Name of provider agency and person providing the service;
    - (E) Nature, extent, or units of service; and
    - (F) The place of service.
- (k) To develop and revise as necessary economic and efficient rates, HHSC will require providers to maintain all documentation necessary to support the allowable costs data that is submitted in state-developed cost reports, which providers file with HHSC in accordance with 42 CFR §447.253(f). Additionally, in accordance with 42 CFR §447.253(g), HHSC will conduct periodic audits of the financial and statistical records of participating providers. During the conduct of cost report audits by HHSC, if a provider is unable to furnish supporting documentation in a readily reviewable form and/or upon immediate request, HHSC will exclude any cost report data that cannot be validated.

Except as otherwise noted in the plan, state developed rate schedules are the same for both governmental and private providers.