

# Stakeholder Engagement on Day Habilitation - RHSS & SCC - Direct Care Provider - Initial Meeting

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**COLORADO**

Department of Health Care  
Policy & Financing

# Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



# Purpose of Meeting:

- To engage stakeholders on Residential Habilitation Services and Supports (RHSS) & Supported Community Connections (SCC) community integration requirements
- To propose service definition changes to the community integration requirements under both RHSS & SCC services
- To receive feedback on proposed definition changes

# Agenda

1. Outline current issue
2. Review current community integration requirements
3. Review community integration expectations
4. Discuss feedback received via stakeholder survey
5. Outline proposed definition changes to differentiate community integration expectations within each service
6. Receive feedback on proposed definition changes
7. Determine next steps

# Current Issue

- Current service definitions do not differentiate community integration expectations between RHSS & SCC services
- Duplication of services when both RHSS & SCC services are provided by the same direct care provider (i.e. family caregiver, host home provider)
- Direct care workforce crisis

# Key Point

- The Department does not plan to disallow RHSS providers from also providing SCC services to the same member
- In order to do so, however, definitions need to be made more clear to better differentiate the community integration requirements of these two services
- Updating definitions and regulations will ensure that there are clear expectations for providers and no duplication of services is occurring, therefore ensuring compliance with CMS

# Community Integration Regulations - RHSS

7. Residential Habilitation Services & Supports (RHSS) are delivered to ensure the health & safety of the Client & *to assist in the acquisition, retention or improvement in skills necessary to support the Client to live & participate successfully in the community.*

d. The following RHSS activities assist Clients to reside as independently as possible in the community:

vii. Community access services that explore community services available to all people, natural supports available to the Client & develop methods to access additional services, supports, or activities needed by the Client

[10 CCR 2505-10 8.500.5.B.7.](#)



# Community Integration Regulations - SCC

d. SCC Services are provided *to support the abilities & skills necessary to enable the Client to access typical activities & functions of community life*, such as those chosen by the general population, including community education or training, retirement & volunteer activities. SCC services:

- i. Provide a wide variety of opportunities to facilitate & build relationships & natural supports in the community while utilizing the community as a learning environment to provide services & supports as identified in a Client's service plan,
- ii. Are conducted in a variety of settings in which the Client interacts with persons without disabilities other than those individuals who are providing services to the Client. These types of services may include socialization, adaptive skills & personnel to accompany & support the Client in community settings,

[10 CCR 2505-10 8.500.5.B.2.d.i-ii](#)





# Community Integration Regulations - SCC cont.

d. ...SCC services:

- iii. Provide resources necessary for participation in activities & supplies related to skill acquisition, retention or improvement & are provided by the service agency as part of the established reimbursement rate, &
- iv. May be provided in a group setting or may be provided to a single Client in a learning environment to provide instruction when identified in the service plan.
- v. Activities provided exclusively for recreational purposes are not a benefit & shall not be reimbursed.

[10 CCR 2505-10 8.500.5.B.2.d.iii-v](#)



# General Community Integration Expectations

- Community integration is more than simply leaving one's residence.
- Community integration enables persons with disabilities to fully participate in life at the same level as nondisabled individuals.
- Community integration is assisting a member to access community activities *of the member's choosing*.
- This applies to both community integration under RHSS & SCC services.
- However, the difference between the two services includes the goal and intention behind the community activities.



# Community Integration - RHSS

- Organic, necessary community activities
  - Needs-based activities
- Activities can be more recreational in nature
  - Enhance social exposure
- Examples include a hair appt, grocery shopping, going to Home Depot, walking around the neighborhood, getting together with friends and family, going out to eat, going to the movies, going to church, etc.

# Community Integration - SCC

- Intentional, community integrated activities
- Goal-oriented activities that assist the member in practicing or developing a skill required to better access one's community
- Educational in nature vs simply recreational
- Assists the member in building friendships & natural supports in the community
- Intentional vs. incidental interaction with community members
- Examples include assisting a member to access the local library so member can build natural supports & learn skills necessary to become an ongoing volunteer at the library, volunteering at an animal shelter, going to a yoga class at a local gym, playing Bingo at the Community Center, etc.



# Who Can Provide SCC

Per both the DD & SLS Waivers:

**Specify whether the service may be provided by** *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

A legally responsible person for an adult includes a legal guardian or a spouse. Therefore, only a spouse is unable to provide SCC services. A parent, legal guardian, relative, or friend could provide the service.

# Stakeholder Survey Feedback

- 112 respondents
- Combination of parents/advocates/guardians & RHSS &/or SCC providers
- All but 11 respondents believe there is not a duplication of services
- Almost all respondents cited a combination of provider shortage, high behavioral needs, member/family preference and extensive training of the provider as reasons for the 2 services to be provided by the same direct service provider (DSP)
- Additional comment: “Individuals on the DD waiver are eligible to receive RHSS & SCC on the same day & the services are not duplicative considering the DD waiver was approved at the federal level & intentionally omits ALL of the services that are duplicative of RHSS such as Respite, Homemaker, Personal Care, Mentorship & access to LTHH.”
  - The concern is not whether RHSS & SCC are duplicative services in nature, only if these two services are provided by the same DSP
  - For example, Specialized Habilitation services are similar to that of RHSS services, mainly differing in the location where those service are provided, & for that reason, an RHSS provider cannot also provide Spec Hab services, however a member can receive both Spec Hab & RHSS in the same day through different providers



# Stakeholder Survey Feedback

- RHSS includes more typical household community events/outings - community access through normal routine & life
- SCC is more educational & caters to the interests, desires, goals & dreams of the member & challenges the member to learn new skills & could lead to employment/volunteering
- RHSS is more recreational & includes general life community activities (movies, ball games, hair stylist, shopping for personal items) - no skill development requirement. Skills can be worked on but not the focus of the outing
- RHSS does not necessarily focus on the wants/needs of the member as SCC does
- RHSS is focused on the health and wellbeing of the member
- SCC requires additional time & planning to access the community and is connected to actual goals of the member

# Stakeholder Survey Feedback

- Settings Final Rule ultimately drives community integration for both services & achieving community integration from one setting does not equate to receiving community integration in another setting
- A number of respondents were not sure if there is a difference between RHSS & SCC outings/activities
  - RHSS could be more learning in the community whereas SCC is more participating in the community
- Other respondents stated that the requirements should be the same for both RHSS & SCC services
- Varying opinions on whether RHSS or SCC services are more individualized vs more generalized
- Some respondents said there should be an exception process for members to receive both services from the same DSP



# Proposed Definition Changes - RHSS

- vii. Community access services that explore **organic, spontaneous, and necessary** community services **and social exposure** available to all people, natural supports available to the Client & develop methods to access additional services, supports, or activities needed by the Client,
- Add language: **RHSS provider can be the direct care provider of both RHSS and SCC services, however the provider needs to demonstrate the ability to meet all the needs of the member, including having a backup provider, etc.**

# Proposed Definition Changes - SCC

- d. SCC Services are provided *to support the abilities & skills necessary to enable the Client to access typical activities & functions of community life of interest to the Client*, such as those chosen by the general population, including community education or training, retirement & volunteer activities. SCC services:
  - i. Provide a wide variety of **intentional** opportunities to facilitate & build relationships & natural supports in the community while utilizing the community as a learning environment to provide services & supports as identified in a Client's service plan,
  - ii. Are conducted in a variety of settings in which the Client interacts with persons without disabilities other than those individuals who are providing services to the Client. These types of services **are goal-oriented and** may include socialization, adaptive skills & personnel to accompany & support the Client in community settings,
- Add language: **Provider must maintain documentation that includes the date & start/end times of activities completed, what activities were completed, & what goals of the Client are being achieved through the activity/ies.**



# Feedback on Proposed Changes

- What questions or concerns do stakeholders have about these proposed changes?
- Do the proposed changes outline clear expectations for community integration provided under both services?
- Do the proposed changes differentiate community integration expectations provided under both services?
- Do further changes need to be made to make the expectations more clear?
- What concerns do you see for direct care providers providing both services?
- Do you foresee any unintended consequences to these proposed changes?



# Feedback on Proposed Changes

Please provide feedback using the following link:

[www.surveymonkey.com/r/NBCKJHN](http://www.surveymonkey.com/r/NBCKJHN)



# Renaming “Day Habilitation”

- Reasons include that “Day Habilitation” is ambiguous & services are not just provided during the “day”
- Stakeholders at the 1:1, Tier 3 Day Hab meeting also supported removing “habilitation” as they are unsure what that terms means or how it relates to day services
- Suggested new names include “Community Habilitation,” “Community Services & Supports,” “Community Inclusion,” or “Community Access Services & Supports”
- What other suggestions for name changes do you all have?

# Next Steps

- Submit additional questions & feedback to [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us)
- Follow up stakeholder engagement meeting on Thursday, October 27, 2022 from 11:00 a.m. - 12:30 p.m.
- Share results of the survey and propose second iteration of RHSS and SCC service definition changes



# Questions?



# Contact Info

[HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us)





# Thank you!

