

Service Title: Family-Directed Community Support Services

Service Definition (Scope):

- Family-Directed Community Support Services allow for the provision of medically necessary goods and supports that are compatible with the level of need of the participant; reflect the participant's strengths and preferences; and minimize the participant's need for institutionalization. The support services identified on the participant's support and spending plan may include one (1) or more of the following support categories:
- Personal support to help the participant achieve and maintain health, safety, and basic quality of life.
- Relationship support to help the participant achieve and maintain positive relationships with immediate family members, friends, or others to establish and promote a natural support network and community.
- Emotional support to help the participant practice and maintain behaviors consistent with their goals and wishes while minimizing interfering behaviors.
- Transportation support to help the participant obtain the necessary non-medical transportation needed to accomplish their identified goals.
- Adaptive and therapeutic equipment needed to address an identified medical or accessibility need to improve and maintain the participant's opportunities for involvement in their community.

Adaptive and therapeutic equipment:

- Are medically necessary items not otherwise covered under Medicaid Durable Medical Equipment (DME).
- Must meet the following requirements and be:
 - A safe and effective treatment that meets evidence-based treatment criteria.
 - Needed by the participant to optimize their health, safety and welfare
 - The least costly alternative that reasonably meets the participant's identified need
 - For the sole benefit of the participant
 - Requested to address needs and limitations resulting from a developmental disability diagnosis.
- And must also meet at least one (1) of the following:
 - Service must maintain the ability of the participant to remain in the community,
 - Service must enhance community inclusion and family involvement,
 - Service should decrease dependency on formal support services and thus increase independence of the participant OR

Complimentary Care:

- Complimentary Care services are services not available through the Medicaid state plan as 1905(a) services for children and must meet the following criteria:
 - Must be recommended by an attending medical professional
 - Recognized as an effective treatment for children with developmental disabilities
 - Provided by a nationally certified and/or licensed individual working in their scope of practice, when applicable

Limitations

- Services and equipment that are available through the Medicaid state plan as 1905(r) services for children per Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under family-directed community support services;
- Family-directed support services funds cannot be used to purchase items typically needed by developing children of the same age.
- Experimental treatments are not allowed under any support category.
- Children's Habilitation Intervention Services cannot be paid for under any support category.
- Duplication of services cannot be provided.
- Vocational, Educational, or Recreational services cannot be paid for under any support category.

Additional needs-based criteria for receiving the service, if applicable (specify):			
N/A			
Specify limits (if any) on the amount, duration, or scope of this service for (chosed each that applies):			
<input checked="" type="checkbox"/>	Categorically needy (specify limits):		
	Subject to individual budget maximums.		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications			
Provider Type:	License:	Certification:	Other Standard:
Community Support Vendor	If required to identify goods or supports.	If required to identify goods or supports.	Must have completed employment/vendor agreement specifying goods or supports to be provided, qualifications to provide identified supports, and statement of qualification to provide identified supports.
Community Support Worker	If required to provide recommended supports.	If required to identify supports.	Must have completed employment agreement specifying supports to be provided, and a statement of qualification to provide identified supports.
Provider Qualifications			
Provider Type	Entity Responsible for Verification		Frequency of Verification
Community Support Agency	Participant and parent/decision-making authority Paid Support Broker (if applicable) Department of Health and Welfare (during plan approval and retrospective quality assurance reviews)		Initially and annually, with review of employment/vendor agreement
Community Support Provider	Participant and parent/decision-making authority Paid Support Broker (if applicable) Department of Health and Welfare (during retrospective quality assurance reviews)		Initially and annually, with review of employment/vendor agreement
Service Delivery Method			
<input checked="" type="checkbox"/>	Participant-directed	<input type="checkbox"/>	Provider Managed