



Michelle Lujan Grisham, Governor  
Kari Armijo, Acting Secretary  
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**DEPARTMENTAL MEMORANDUM**  
**MAD-MR: 23-03**  
**DATE: June 14, 2023**

**TO: MAD STAFF**

**FROM: LORELEI KELLOGG, ACTING DIRECTOR, MEDICAL ASSISTANCE DIVISION,**

**THROUGH: TALLIE TOLEN, BUREAU CHIEF, LONG-TERM SERVICES AND SUPPORTS BUREAU (LTSSB)**

**BY: KRISTEN BORDERS WOOD, COMMUNITY BENEFITS STAFF MANAGER, LTSSB**

**SUBJECT: CENTENNIAL CARE 2.0, COMMUNITY BENEFIT SERVICES QUESTIONNAIRE (MAD 742)**

**GENERAL INFORMATION**

The Centennial Care Community Benefit Services Questionnaire (CBSQ) is completed by the MCO Care Coordinator initially and annually and is considered part of the member's Comprehensive Needs Assessment. It is administered in accordance with the Managed Care Policy Manual Section Four (4).

The CBSQ is used to guide the Care Coordinator in discussing the Community Benefit service options with the members. The CBSQ is used in conjunction with the Centennial Care Community Benefit Member Agreement (CBMA). The CBMA is completed by the Care Coordinator with the member and his/her representative.

The CBSQ has been updated to align with the HCBS Final Settings Rule.

**FILING INSTRUCTIONS**

Please remove and replace the following forms from the Medical Assistance Forms Manual:

DELETE MAD 742- Revised 1-1-19  
INSERT MAD 742- Revised 4-12-2023

Please address questions concerning this material to: Kristen Borders Wood  
[kristena.borderswoo@hsd.nm.gov](mailto:kristena.borderswoo@hsd.nm.gov).

Attachments:  
MAD 742

## CENTENNIAL CARE BENEFITS QUESTIONNAIRE

### GENERAL INFORMATION

**The Community Benefit is Centennial Care’s name for the Home and Community-Based Services (HCBS) benefit package. Community Benefits are services that allow eligible members to receive care in their home or community as an alternative to being placed in a long-term care facility. Community Benefits are intended to supplement natural supports and support community living.**

**Eligibility – Nursing Facility Level of Care (NFLOC)** – The Member’s functional level is such that two or more activities of daily living cannot be accomplished without consistent, ongoing, daily provision, of some or all of the following levels of service: skilled, intermediate or assisted. A member must meet a NF LOC to be eligible for nursing facility placement and community benefit services.

**Activity of Daily Living (ADL)** –Tasks that are essential for self-care, such as bathing, feeding oneself, dressing, toileting and transferring.

**Community Benefits** -Services for members who qualify for nursing facility services but want to live at home. This program is an option to be utilized instead of placement in a nursing facility. Community Benefits are not available for 24-hour care. This benefit supplements your natural supports. Centennial Care Managed Care Organizations (MCOs) provide Community Benefits based on your needs and available services. Your care coordinator will review the list of benefits with you.

Eligible Centennial Care members have the option of selecting the Agency-Based Community Benefit or the Self-Directed Community Benefit.

#### **Agency-Based Community Benefits**

Agency Based Community Benefits are delivered by a provider who is contracted with your MCO. With the help of your care coordinator you will develop a care plan. Your care coordinator will coordinate and manage your services based on your needs.

#### **Self-Directed Community Benefits**

Members have more responsibilities under this option. You will have a care coordinator, and choose a support broker agency to help with self-direction. You get to choose the people who provide your services. You will become the employer of your providers or you may ask another qualified person to be the employer of record. With help from your support broker, you will create a care plan. You are responsible for managing your care plan and budget. Your support broker will also help you manage your care plan and budget to meet your needs, as identified by you and your care coordinator.

## BENEFIT REVIEW

1. Does the member or legal guardian give verbal permission to discuss the member's needs?
  - YES
  - NO **[End of Assessment]**
  
2. What is member's current Community Benefit Setting of care?
  - ABCB **[Go to #3]**
  - SDCB **[Go to #22]**
  - Currently no Community Benefit Setting of Care approved **[Go to #3]**

## BENEFIT REVIEW - ABCB

3. **Adult Day Health** – Service that promotes personal growth and enhances self-esteem by providing opportunities to learn new skills and adaptive behaviors. Examples of members that may choose to access these services:
  - ✓ Cognitive or other similar disabilities
  - ✓ No or limited natural supports
  - ✓ Members needing/wanting psychosocial stimulation
  - ✓ Any member with a NFLOC choosing to utilize these services
  - ✓ Member is **NOT** in an Assisted Living Facility
  - ✓ **Must be a minimum** of 2 hours per day for 1 or more days per week

### Services Includes:

- ✓ Supervision of self-administrated medication
- ✓ Activities geared towards improving capacity for independent functioning
- ✓ Activities that include group interaction geared towards social engagement and therapeutic activities
- ✓ Meals (up to three per day)
- ✓ Social exposure to members of the community with similar health issues
- ✓ Involvement in the community
- ✓ Providing access to community resources as needed

Is the member interested in receiving **Adult Day Health Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

If the member is currently receiving this service, ensure alignment with the HCBS Final Rule. Inquire about the member's experience with the service to include:

- ✓ Are you able to interact with other guests at the facility?
- ✓ Are you able to have outside visitors?
- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Are you, along with your legal guardian/POA if applicable, actively involved in the development of your plan of care?
- ✓ Do you feel you are valued based on your strengths and individual qualities?

- ✓ Did the agency develop a Individual Plan of Care with you and your guardian/POA?

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

4. **Assisted Living Services\*** – Residential service that provides a homelike environment designed to respond to the member’s needs. This alternative promotes a level of independence not available in a nursing facility. Examples of members that may choose to access these services:

- ✓ No or limited natural supports
- ✓ Members needing/wanting psychosocial stimulation
- ✓ Continent of bowel and bladder
- ✓ Diabetics must be able to monitor blood sugar and administer insulin independently
- ✓ Any member with a NFLOC choosing to utilize these services rather than live in the community setting

**Services Include:**

- ✓ Activities that include individual and group interaction geared towards social engagement
- ✓ Meal preparation and dining
- ✓ Housekeeping and laundry
- ✓ 24 hour support of unanticipated needs
- ✓ Transportation

\*Room and board is not covered as part of this benefit. Room and board fees may vary from facility to facility. These fees are not paid by the MCOs.

Is the member interested in receiving **Assisted Living Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

If the member is currently receiving this service, ensure alignment with the HCBS Final Rule. Inquire about the member’s experience with the service to include:

- ✓ Do you have opportunities to spend time with others outside of the facility?
- ✓ Are you able to participate in activities such as recreation, fitness, church, shopping, etc.?
- ✓ Are you allowed to have outside visitors?
- ✓ If you share a space, were you given a choice for a roommate or how to change a roommate?
- ✓ Did the facility explain your rights to privacy to you?
- ✓ Are you able to obtain snacks/food when you are hungry?”
- ✓ If you have expressed a desire to move to a different facility, did the facility educate you on how to do that?
- ✓ If you have a legal representative, does the facility allow them input and involvement in your care?
- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Do you feel you are valued based on your strengths and individual qualities?
- ✓ Did the agency develop a Individual Plan of Care with you and your guardian/POA?
- ✓ Did the facility review the eviction process with you?

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

5. **Behavior Support Consultation** – Behavior support consultation services assist a participant and his or her family as well as the direct support professionals (DSP). Examples of members that may choose to access these services:

- ✓ Members with challenging behaviors
- ✓ Members needing support with coping skills
- ✓ Members that have developmental disabilities

**Services Include:**

- ✓ Assessment and evaluation of condition and support needs
- ✓ Treatment by BH Licensed Professionals
- ✓ Training for families and direct support professionals
- ✓ Activities and treatments geared towards stabilization in the community
- ✓ Services in the clinic, home or community setting

Is the member interested in receiving **Behavior Support Consultation** at this time?

- Yes – member is interested in services
- No – member not interested in services
- Member is currently receiving this service

6. **Community Transition Services\*** – For Adults 21 years and older who are transitioning from a skilled nursing facility to a community setting. Examples of members that may choose to access these services:

- ✓ Members in the Nursing Facility **for at least 90 calendar days** identified for Community Transition
- ✓ Members prepared to manage on-going living expenses in the community
- ✓ Member has an established Transition Plan identifying Community Transition Services

**Services Include:**

- ✓ Security deposits
- ✓ Household essentials (bed/bath linen, furniture, food prep items, etc.)
- ✓ Set-up fees for utilities (water, gas, electric, phone)
- ✓ Services for health and safety such as one-time cleaning, etc.
- ✓ Moving expenses
- ✓ Fees for copy of birth certificate, identification card or driver’s license
- ✓ Maximum of \$3500.00 every five years

**Limits or Exclusion:**

\*Room and board is not covered as part of this benefit. Room and board fees may vary depending on housing identified for the transition. These fees are not paid by the MCOs.

Is the member interested in receiving **Community Transition Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

- Member not eligible

7. **Emergency Response Services** – Electronic monitoring system to secure help in the event of an emergency, 24 hours 7 days a week. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may be at risk (falls, cognition, etc.)
- ✓ Member must have a landline. (If no landline available, provider with cellular connection may be selected for the services.)
- ✓ Member is **NOT** in an Assisted Living Facility

**Services Include:**

- ✓ Installation, testing and maintenance of equipment
- ✓ Equipment training for members/family and first responders
- ✓ 24 hour monitoring for alarms
- ✓ Monthly systems check or more frequently as needed
- ✓ Report of member emergencies to Care Coordinator to identify changes in member condition
- ✓ Emergency response services

Is the member interested in receiving **Emergency Response Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

8. **Employment Supports** – include job development, job seeking and job coaching supports. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may need assistance with employment supports
- ✓ Members who are interested in employment

**Services Include:**

- ✓ Job coach provides training
- ✓ Help with developing skills
- ✓ Job coach connects with prospective employers
- ✓ Co-worker training
- ✓ Job site adaptations as necessary

Is the member interested in receiving **Employment Supports** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

If the member is currently receiving this service, ensure alignment with the HCBS Final Rule. Inquire about the member's experience with the service to include:

- ✓ Have you had opportunities to seek employment?
- ✓ Has the employment agency offered you work in integrated settings?
- ✓ Do you feel you earn a competitive wage?

- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Did the agency develop a Individual Plan of Care with you and your guardian/POA?

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

9. **Environmental Modifications\*** – the purchase and/or installation of equipment or adaption of areas of a member home to ensure the health and safety of the member. This can help improve the member’s independence. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may need equipment or home modification
- ✓ Members needing assistance with accessibility in the home
- ✓ Member is **NOT** in an Assisted Living Facility
- ✓ Evaluation of all other alternative methods of meeting the member’s needs for environmental modifications

Examples:

- Workman’s Compensation
- Vocational Rehabilitation
- Other volunteer organizations

**Services Include:**

- ✓ Installation of ramps, hand rails, etc.
- ✓ Modifications of bathrooms
- ✓ Specialized equipment such as trapeze and mobility tracks
- ✓ Fire safety/smoke detectors

**Limits or Exclusions:**

- \*Requires permission from property owner
- \*Services limited to \$5000 every five years
- \*General household repairs (Some exclusions may apply based on policies and regulations.)
- \*Contractor must be Medicaid approved

Is the member interested in receiving **Environmental Modifications** at this time?

- Yes – member is interested in services
- No –member is not interested in services
- Member is currently receiving this service
- Member not eligible

10. **Home Health Aide** – Home Health Aides may provide basic non-invasive nursing assistant skills. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing long-term supports that are more skilled than personal care services, but not nursing services
- ✓ Members needing ostomy site care
- ✓ Members needing assistance with ambulation and exercise
- ✓ Assistance with medications that are normally self-administered
- ✓ Must be supervised by a registered nurse or other appropriate professional staff
- ✓ Cannot be duplicative of Personal Care Services

**Services Include:**

- ✓ Bowel and bladder care
- ✓ Ambulation and exercise
- ✓ Household services
- ✓ Services both in and outside the member's home

Is the member interested in receiving **Home Health Aide** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- N/A – Member is currently receiving this service
- Member not eligible

11. **Nutritional Counseling\*** - services provided to meet the unique food and nutritional needs of members.

Examples of members who may choose to access this service:

- ✓ Members who have a diagnosis of diabetes
- ✓ Members with a renal diagnosis such as ESRD
- ✓ Members with blood clots
- ✓ Members who have been diagnosed with obesity or malnutrition

**Services Include:**

- ✓ Assessment of nutritional needs
- ✓ Development of a nutritional plan
- ✓ Counseling and nutritional intervention

\*This benefit does not include oral-motor skill development services, such as those provided by a speech pathologist

Is the member interested in receiving **Nutritional Counseling** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

12. **Personal Care Services\*** – For members 21 years and older who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing assistance with ADLs/IADLs
- ✓ Member is **NOT** in an Assisted Living Facility
- ✓ Member is not under 21 years of age (services provided under EPSDT Personal Care Services)

**Services Include:**

- ✓ Bathing/Dressing/Grooming
- ✓ Meal preparation/Eating
- ✓ Prompting and cueing
- ✓ Ambulation and transfers
- ✓ Toileting



- ✓ Household and Support services like shopping, cleaning and laundry

**Limits or Exclusions:**

\* Some exclusions may apply based on policies and regulations

Is the member interested in receiving **Personal Care Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

13. **Private Duty Nursing\*** - Nursing services for members 21 years and older requiring intermittent or extended direct nursing services. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing private duty nursing
- ✓ Member is not under 21 years of age (services provided under EPSDT Private Duty Nursing)
- ✓ Must be ordered by a physician/provider
- ✓ Can only be provided by an LPN/RN
- ✓ Member cannot be receiving Skilled Nursing Services through Medicare/Medicaid

**Services Include:**

- ✓ Medication administration/all types
- ✓ Wound care
- ✓ Tube feedings
- ✓ Performance of physical assessments as needed
- ✓ Catheter insertion, care and removal

\*This benefit is not intended to provide 24 hour/7 day a week nursing care

Is the member interested in receiving **Private Duty Nursing** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

14. **Nursing Respite\*** - Provides the member’s primary caregiver with a limited leave of absence to prevent burnout and temporary relief to the primary caregiver/family members. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing nursing respite
- ✓ Provided by an LPN/RN
- ✓ Must be ordered by a physician/provider
- ✓ Member is **NOT** in an Assisted Living Facility

**Services Include:**

- ✓ Administering enteral feedings
- ✓ Personal care requiring a nurse
- ✓ Tube feedings

- ✓ Performance of physical assessments as needed
- ✓ Catheter insertion, care and removal

**Limits or Exclusions:**

\*Limited to a maximum of 300 hours per care plan year

Is the member interested in receiving **Nursing Respite** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

15. **Respite\*** - Provides the member’s primary caregiver with a limited leave of absence to prevent burnout and temporary relief to the primary caregiver/family members. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing respite
- ✓ Member is **NOT** in an Assisted Living Facility

**Services Include:**

- ✓ Bathing/Dressing/Grooming
- ✓ Meal preparation/Eating
- ✓ Prompting and queueing
- ✓ Ambulation and transfers
- ✓ Toileting
- ✓ Household and Support services like shopping, cleaning and laundry

**Limits or Exclusions:**

\*Limited to a maximum of 300 hours per care plan year

Is the member interested in receiving **Respite** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

16. **Skilled Maintenance Therapies** - Provides Occupational (OT), Physical (PT) and Speech and Language (SLT) therapies. Examples of members that may choose to access these services:

- ✓ When general skilled therapy services are exhausted
- ✓ Must be ordered by a physician/provider
- ✓ Member is not under 21 years of age (EPSDT Rehabilitation Services)
- ✓ Any member with a NFLOC needing skilled maintenance therapy

**Services Include:**

- ✓ Physical Therapy
- ✓ Speech Therapy
- ✓ Occupational Therapy

Is the member interested in receiving **Skilled Maintenance Therapies** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

### ABCB to SDCB Transition

17. Care Coordinator explains the SDCB benefits and the requirements to the member.

#### **SDCB Member Rights:**

- ✓ Decide where and with whom to live;
- ✓ Choose his/her own work or productive activity;
- ✓ Choose how to establish community and personal relationships;
- ✓ Make decisions regarding his/her own support, based upon informed choice;
- ✓ Be respected and supported during the decision-making process and in the decisions made;
- ✓ Recruit, hire, train, schedule, supervise and terminate service providers, as necessary;
- ✓ Receive training, resources and information related to SDCB in a format that meets the American with Disabilities Act (ADA) requirements;
- ✓ Have the right to appeal denial decisions through the MCO appeals and state fair hearing processes;
- ✓ Transfer to programs that are not self-directed; and
- ✓ Receive culturally competent services.

#### **SDCB Member Responsibilities:**

- ✓ Comply with the rules and policies that govern the SDCB;
- ✓ Maintain an open and collaborative relationship with the care coordinator and support broker, and work together to determine support needs related to the activities of self-direction, develop an appropriate SDCB care plan/budget request, receive necessary assistance with carrying out the approved SDCB care plan/budget and with documenting service delivery;
- ✓ Communicate with the support broker at least once a month, either in person or by phone, and meet with the support broker in-person at least once every three (3) months. Report concerns or problems with any part of SDCB to the support broker or care coordinator;
- ✓ Use SDCB funds appropriately by only requesting services and goods covered by the SDCB and only purchasing services and goods after they have been approved by the Managed Care Organization/Utilization Review;
- ✓ Comply with the approved SDCB care plan and not spend more than the authorized budget;
- ✓ Work with the care coordinator by attending scheduled meetings and assessments, in the member's home as required, and providing documentation as requested;
- ✓ Respond to requests for additional documentation and information from the care coordinator, support broker, Fiscal Management Agency (FMA), and the MCO/UR within the required deadlines;
- ✓ Report to the local Income Support Division (ISD) office, within 10 business days, any change in circumstances, including a change in address or hospitalization, which might affect eligibility for the program. Changes in address or other contact information must also be reported to the care coordinator, support broker and the FMA within 10 calendar days;

- ✓ Report to the care coordinator and support broker if hospitalized for more than three (3) consecutive nights so that a new appropriate LOC can be obtained; and
- ✓ Communicate with SDCB service providers, State contractors and State personnel in a respectful, non-abusive and non-threatening manner.
- ✓ Focused technical assistance may be provided to you or your EOR pertaining to training, education or technical assistance, or a combination of both. Focused technical assistance is defined as a minimum of three (3) separate occasions in which technical assistance (TA) was provided and may lead to dismissal from the program.
- ✓ **EOR Responsibilities:** In Self Direction, an EOR is responsible for recruiting, hiring, training, supervising and terminating employees, as necessary. The EOR will establish work schedules and tasks and provide relevant training. The EOR will keep track of SDCB budget amounts spent on paying employees and for approved services and related goods. EORs authorize the payment of timesheets and invoices by the Financial Management Agency (FMA). You or your EOR will be required to: Recruit, interview, hire, train, supervise and terminate all employees;
- ✓ Coordinate the enrollment of employees and vendors with the Financial Management Agency (FMA);
- ✓ Ensure that all employee/vendor enrollment packets are complete and submitted to the FMA;
- ✓ Ensure that providers meet all background checks and credentialing criteria before providing services;
- ✓ Approve and submit employee timesheets and submit vendor invoices in a timely manner.
- Member verbalized the understanding of the education and the SDCB responsibilities and is interested in SDCB **[Go to #18]**
- Member declined the SDCB education and is not interested in SDCB at this time **[End Assessment]**

18. Is the member interested in being his/her own EOR?

- YES
- NO

19. Does the member have an identified individual to be his/her EOR?

- YES – Who will that be: \_\_\_\_\_ (Name, Phone# and Relationship)
- NO

20. Does the member currently have stable service provider supports?

- YES
- NO – **What challenges does member have? Please explain:** \_\_\_\_\_
- N/A

21. **ABCB to SDCB Transition** – Is the member interested in transitioning to SDCB?

- YES **[Go to #22]**  
**HINT:** Care Coordinator will discuss the SDCB Self Assessment with member at a later time.
- NO **[End Assessment]**

## BENEFIT REVIEW - SDCB

22. **Behavior Support Consultation** – Behavior support consultation services assist a participant and his or her family as well as the direct support professionals (DSP). Examples of members that may choose to access these services:

- ✓ Members with challenging behaviors
- ✓ Members needing support with coping skills
- ✓ Members that have developmental disabilities

**Services Include:**

- ✓ Assessment and evaluation of condition and support needs
- ✓ Treatment by BH Licensed Professionals
- ✓ Training for families and direct support professionals
- ✓ Activities and treatments geared towards stabilization in the community
- ✓ Services in the clinic, home or community setting

Is the member interested in receiving **Behavior Support Consultation Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- N/A – Member is currently receiving this service

23. **Customized Community Supports\*** – Designed to offer flexible supports to the member that are related to the member’s qualifying condition or disability. Examples of members that may choose to access these services:

- ✓ Members needing/wanting psychosocial stimulation
- ✓ Members who desire to improve self-help abilities
- ✓ Members who desire to develop adaptive skills

**Services Include:**

- ✓ Participation in community day programs and centers that offer activities
- ✓ Participation in adult day health services
- ✓ Participation in habilitation services

\*These services are provided at least four (4) or more hours per day one (1) or more days per week as specified in the member’s SDCB care plan.

Is the member interested in receiving **Customized Community Supports** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

If the member is currently receiving this service, ensure alignment with the HCBS Final Rule. Inquire about the member’s experience with the service to include:

- ✓ Are you able to interact with other guests at the facility?
- ✓ Are you able to have outside visitors?

- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Are you, along with your legal guardian/POA if applicable, actively involved in the development of your plan of care?
- ✓ Do you feel you are valued based on your strengths and individual qualities?
- ✓ Did the facility develop a Individual Plan of Care with you and your guardian/POA?
- ✓ Did the facility review the eviction process with you?

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

24. **Emergency Response Services** – Electronic monitoring system to secure help in the event of an emergency, 24 hours 7 days a week. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may be at risk (falls, cognition, etc.)
- ✓ Member must have a landline. (If no landline available, provider with cellular connection may be selected for the services. Or member may opt to purchase the landline services through the SDCB budget.)

**Services Include:**

- ✓ Installation, testing and maintenance of equipment
- ✓ Equipment training for members/family and first responders
- ✓ 24 hour monitoring for alarms
- ✓ Monthly systems check or more frequently as needed
- ✓ Report of member emergencies to care coordinator to identify changes in member condition
- ✓ Emergency response services

Is the member interested in receiving **Emergency Response Services** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

25. **Employment Supports** – include job development, job seeking and job. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may need assistance with employment supports
- ✓ Members who are interested in employment

**Services Include:**

- ✓ Job coach provides training
- ✓ Help with developing skills
- ✓ Job coach connects with prospective employers
- ✓ Co-worker training
- ✓ Job site adaptations as necessary

Is the member interested in receiving **Employment Supports** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

- Member not eligible

If the member is currently receiving this service, ensure alignment with the HCBS Final Rule. Inquire about the member's experience with the service to include:

- ✓ Have you had opportunities to seek employment?
- ✓ Has the employment agency offered you work in integrated settings?
- ✓ Do you feel you earn a competitive wage?
- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Did the provider develop a Individual Plan of Care with you and your guardian/POA

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

26. **Environmental Modifications\*** – the purchase and/or installation of equipment or adaption of areas of a member home to ensure the health and safety of the member. This can help improve the member's independence. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC who may need equipment or home modification
- ✓ Members needing assistance was accessibility in the home
- ✓ Evaluation of all other alternative methods of meeting the member's needs for environmental modifications

Examples:

- Workman's Compensation
- Vocational Rehabilitation
- Other volunteer organizations

**Services Include:**

- ✓ Installation of ramps, hand rails, etc.
- ✓ Modifications of bathrooms
- ✓ Specialized equipment such as trapeze and mobility tracks
- ✓ Fire safety/smoke detectors

\*Requires permission from property owner

\*Services limited to \$5000 every five years

\*General household repairs (Some exclusions may apply based on policies and regulations)

Is the member interested in receiving **Environmental Modifications** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

27. **Home Health Aide** – Home Health Aides may provide basic non-invasive nursing assistant skills. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing long-term supports that are more skilled than Self-Directed Personal Care services, but not nursing services
- ✓ Members needing ostomy site care
- ✓ Members needing assistance with ambulation and exercise

- ✓ Assistance with medications that are normally self-administered
- ✓ Must be supervised by a registered nurse or other appropriate professional staff
- ✓ Cannot be duplicative of Self-Directed Personal Care services

**Services Include:**

- ✓ Bowel and bladder care
- ✓ Ambulation and exercise
- ✓ Household services
- ✓ Services both in and outside the member's home

Is the member interested in receiving **Home Health Aide** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

**28. Nutritional Counseling\*** - Services provided to meet the unique food and nutritional needs of members.

Examples of members who may choose to access this service:

- ✓ Members who have a diagnosis of diabetes
- ✓ Members with a renal diagnosis such as ESRD
- ✓ Members with blood clots
- ✓ Members who have been diagnosed with obesity or malnutrition

**Services Include:**

- ✓ Assessment of nutritional needs
- ✓ Development of a nutritional plan
- ✓ Counseling and nutritional intervention

\*This benefit does not include oral-motor skill development services, such as those provided by a speech pathologist

Is the member interested in receiving **Nutritional Counseling** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

**29. Private Duty Nursing\*** - Nursing services for members 21 years and older requiring intermittent or extended direct nursing services. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing private duty nursing
- ✓ Member is not under 21 years of age (services provided under EPSDT Private Duty Nursing)
- ✓ Must be ordered by a physician/provider
- ✓ Can only be provided by an LPN/RN
- ✓ Member cannot be receiving Skilled Nursing Services through Medicare/Medicaid

**Services Include:**

- ✓ Medication administration/all types



- ✓ Wound care
- ✓ Tube feedings
- ✓ Performance of physical assessments as needed
- ✓ Catheter insertion, care and removal

\*This benefit is not intended to provide 24 hour/7 day a week nursing care

Is the member interested in receiving **Private Duty Nursing** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

30. **Related Goods\*** - Provides the member with equipment, fees or memberships that are not otherwise provided through SDCB, the Medicaid state plan or Medicare. Examples of members who may choose to access this service includes:

- ✓ Members who would like to engage in exercise
- ✓ Members in need of office supplies to enable them to actively participate in self-direction
- ✓ To increase member engagement in the community

**Services Include:**

- ✓ Exercise Equipment
- ✓ Office Supplies
- ✓ Fees/Memberships
- ✓ Nutritional Supplements/Over the Counter Medications
- ✓ Adaptive Equipment and Supplies
- ✓ Household Related Goods

\*Related goods do not include services such as housecleaning, yard maintenance, personal trainers, etc.

\* For members who enter the SDCB program after January 1, 2019, related goods are limited to a total maximum of \$2000 annually.

Is the member interested in receiving **Related Goods** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

31. **Nursing Respite\*** - Provides the member's primary caregiver with a limited leave of absence to prevent burnout and temporary relief to the primary caregiver/family members. Examples of members that may choose to access these services:

- ✓ Any member with a NFLOC needing nursing respite
- ✓ Provided by an LPN/RN
- ✓ Must be ordered by a physician/provider

**Services Include:**

- ✓ Administering enteral feedings

- ✓ Personal care requiring a nurse
- ✓ Tube feedings
- ✓ Performance of physical assessments as needed
- ✓ Catheter insertion, care and removal

\*Limited to a maximum of 300 hours per care plan year

Is the member interested in receiving **Nursing Respite** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member is not eligible

32. **Respite\*** - Provides the member’s primary caregiver with a limited leave of absence to prevent burnout and temporary relief to the primary caregiver/family members. Any member with a NF LOC may access this service.

**Services Include:**

- ✓ Bathing/Dressing/Grooming
- ✓ Meal preparation/Eating
- ✓ Prompting and queueing
- ✓ Ambulation and transfers
- ✓ Toileting
- ✓ Household and Support services like shopping, cleaning and laundry

\*Limited to a maximum of 300 hours per care plan year

Is the member interested in receiving **Respite** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

33. **Self-Directed Personal Care-** Self-Directed Personal Care assist the member with daily tasks that the member needs assistance with, as identified in the comprehensive needs assessment. Examples of member who may choose to access this service:

- ✓ Any member who is NFLOC and needs assistance with activities of daily living
- ✓ A member who expresses feelings of isolation or a desire for companionship
- ✓ Services may be provided in the member’s home and in the community

**Services Include:**

- ✓ Assisting the member with activities of daily living
- ✓ Performing general household tasks
- ✓ Provide companionship and improve social interaction skills
- ✓ Attend trainings as identified in the member’s SDCB care plan

\*Self-Directed Personal Care services are not designed to replace natural supports

\*Self-Directed Personal Care services are not provided 24 hours a day

\*This service is not available for members under age 21 because personal care services are provided under the EPSDT benefit.

Is the member interested in receiving **Self-Directed Personal Care** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

If the member is currently receiving this service, is the service provided by a vendor agency where you reside? If the member answered “yes”, ensure alignment with the HCBS Final Rule. Inquire about the member’s experience with the service to include:

- ✓ Are you able to interact with other guests at the facility?
- ✓ Are you able to have outside visitors?
- ✓ Do you feel your needs and concerns are adequately addressed?
- ✓ Are you, along with your legal guardian/POA if applicable, actively involved in the development of your plan of care?
- ✓ Do you feel you are valued based on your strengths and individual qualities?

\*The Care Coordinator will take appropriate actions to follow up on any noted concerns.

34. **Skilled Maintenance Therapies** - Provides Occupational (OT), Physical (PT) and Speech and Language (SLT) therapies. Examples of members that may choose to access these services:

- ✓ When general skilled therapy services are exhausted
- ✓ Must be ordered by a physician/provider
- ✓ Member is not under 21 years of age (EPSDT Rehabilitation Services)
- ✓ Any member with a NFLOC needing skilled maintenance therapy

**Services Include:**

- ✓ Physical Therapy
- ✓ Speech Therapy
- ✓ Occupational Therapy

Is the member interested in receiving **Skilled Maintenance Therapies** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service
- Member not eligible

35. **Specialized Therapies** - Provides non-experimental therapies or techniques proven effective for certain conditions. Examples of members that may choose to access these services:

- ✓ Must be ordered by a physician/provider

**Services Include:**

- ✓ Acupuncture
- ✓ Biofeedback
- ✓ Chiropractic
- ✓ Cognitive Rehabilitation Therapy
- ✓ Hippotherapy
- ✓ Massage Therapy
- ✓ Naprapathy
- ✓ Native American Healing

\*Specialized Therapies \$2,000 annual limit for new members entering SDCB on or after 1/1/19

Is the member interested in receiving **Specialized Therapies** at this time?

- Yes – member is interested in services
- No – member is not interested in services
- Member is currently receiving this service

36. **Start-Up Goods** – Start-up goods are available to a first time member who is transitioning from ABCB to the SDCB and are limited to access during the initial transition budget care plan year. Start-up goods help the member in self-directing his or her services.

Examples of start-up goods include, but are not limited to:

- ✓ computer
- ✓ fax machine
- ✓ printer

\*Start-up goods are a one-time limit up to \$2,000 to be utilized during the member’s first SDCB budget period.

Is the member interested in **Start-Up Goods**?

- Yes – member is interested in services
- No – member is not interested in services

37. **Transportation (Non-Medical)\*** - Provides transportation services to enable the member to gain access to and from community services. Examples of members that may choose to access these services:

- ✓ Members who have specialized therapies
- ✓ Members who have memberships to local gyms
- ✓ Members who desire to become more actively engaged in the community

**Services Include:**

- ✓ Provides rides to members so that they can get to their approved SDCB activities
- ✓ Not to be utilized for medical appointments

\*This benefit is limited to a 75 mile radius of the member’s home.

\*Non-Medical Transportation is available by mileage or commercial pass only.

\*Non-Medical Transportation \$1,000 annual limit for new members entering SDCB on or after 1/1/19.

Is the member interested in receiving **Transportation (Non-Medical)** at this time?

- Yes – member is interested in services

- No – member is not interested in services
- Member is currently receiving this service