

What are Home and Community-Based Services?

Home and community-based waiver services (HCBS) provide flexibility to allow states to develop and implement community-based services for individuals instead of placing individuals in hospitals, nursing facilities or Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD). HCBS allows individuals to be supported in the most integrated (inclusionary) setting possible providing additional services beyond the services provided by state-plan (typical) Medical Assistance (MA) services.

Disability waiver programs must help an individual avoid institutionalization and help the individual act with greater independence in the community. In determining if a person is eligible for HCBS services, a county assessment will determine (among other things), if the services:

- Are necessary to meet the health and safety needs of the individual
- Are an alternative to institutional services
- Meet the individual desires, preferences and needs of the person
- Costs reasonable and customary
- Are covered by other funding sources?

What are Personal Supports?

Personal supports are currently available through the Developmental Disabilities (DD) waiver. (In the near future, it will be available to people on the Brain Injury (BI), Community Access for Disability Inclusion (CADI) and Community Alternative Care (CAC) waivers.) Personal supports can provide supervision and assistance in the home or community that help an individual attain greater independence and inclusion in the community by learning new skills or having new experiences. Personal supports must be combined with at least one other service under the DD waiver only in order to satisfy a habilitation requirement. Personal supports can't duplicate another service offered under the waiver.

Personal support requirements

Personal supports requires an “anchor” service and a habilitation service. Below are options to meet these requirements.

- Paid caregiver: when one parent is paid to provide personal supports, the recipient of services must have:
 - In-home family support
- Unpaid caregiver: when the other parent is not paid through personal supports, the recipient of services must have one of the following:
 - Respite: short-term care services provided due to the absence or need for relief of the family member(s) or primary caregiver normally providing the care

For further information or advocacy services, contact The Arc Minnesota at 952-920-0855 or visit www.arcminnesota.org. Thank you!

This document is not legal advice, and should not be construed as such. Thus, no information herein should replace the sound advice of an attorney.

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The Arc Guide to Personal Supports

- Homemaker: services ranging from light household cleaning to household cleaning with incidental assistance with home management and/or activities of daily living
- In-home family support: skill development and training of the person and their family to increase their capabilities to care for and maintain the person in the home
- Supported living services (SLS): services that support the person to remain independent by helping them avoid behavioral issues, address medical conditions and support for any physical limitations*

When someone chooses personal supports, they must use a licensed agency authorized to provide the service. All staff must be employed by the licensed agency. For the requirements of Personal Supports, an agency licensed under Minnesota Statutes 245D must provide licensed services under the DD waiver like In-Home Family Support, Supportive Living Services and Respite. When a family member or friend of the person receiving services provides personal supports, that personal supports staff must become an employee of the licensed agency. Each licensed agency will have orientation and training requirements for personal supports staff.

County role and responsibilities

It will be necessary for the county to approve a plan for the provision of personal supports services called a Coordinated Service and Support Plan (CSSP). This plan is sometimes called a “map” that identifies the needed services, supports, goals, and outcomes for services provided to an individual through personal supports. The CSSP will list the licensed agency providing services, the types of services that will be provided, the number of hours that are authorized to be billed for the services and any other licensing requirements. It is up to the provider to follow the map and implement the plan.

*Definitions are from Department of Human Services documents

Resources

[Arc Guide to Developmental Disabilities Waiver](#)

[Arc Guide to Community Access for Disability Inclusion](#)

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