

Services: Community Living Supports

SERVICE DESCRIPTION	Community living supports (CLS) facilitate a YES Waiver (Waiver) participant's independence and integration into the community, while providing assistance to the family caregiver in the disability-related care of the participant.
LIMITATION	CLS cannot be provided at the same time as: <ol style="list-style-type: none">1. Employment assistance;2. Non-medical transportation;3. Respite services4. Supported employment; or5. Supportive family-based alternatives.
SKILLS TRAINING FOR PARTICIPANT	CLS provide a curriculum based skills training to a participant for skills that are affected by the participant's serious emotional disturbance (SED), as identified in the Wraparound Plan. Training can be related to activities of daily living, such as personal hygiene, household chores, and socialization. CLS may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the participant to attain or maintain his or her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings.
FOR FAMILY CAREGIVER(S)	In addition to training skills for the participant, CLS may also provide skills training to the family caregiver, depending upon the participant's age, the nature of the SED, the role of medications, and the self-administration of medications, if applicable. Instructions on basic parenting skills and other forms of guidance can be provided to the participant's primary caregivers to assist in coping with and managing the participant's SED.
PROVIDER QUALIFICATIONS	CLS services must be provided by a credentialed Qualified Mental Health Professional-Community Services (QMHP-CS) or QMHP-CS equivalent, defined as an individual who: <ol style="list-style-type: none">1. Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major, as determined by the local mental health authority (LMHA), in accordance with 25 TAC §412.316(d), in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development,

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physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;

2. Is a registered nurse (RN);
3. Has completed an alternative credentialing process identified by the Department of State Health Services; or
4. Has a master's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; and
5. Has had a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy of this manual.]

Information regarding competency and credentialing in 25 TAC §412.316(d) is available at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316)

WRAPAROUND PLAN

The Wraparound Plan must describe:

1. The skills training that will be provided to participant, as they relate to achieving the participant's identified goal(s);
2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and
3. The type, scope, and duration of the service.

PROGRESS NOTES

Progress notes are required for the provision of CLS services and must include:

1. Participant name;
2. Date of contact with the participant;
3. Start and stop time of contact with the participant;
4. Service name and description;
5. Service location;
6. Training methods used, if applicable (e.g. instructions, modeling, role play, feedback, repetition)

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7. Title of curriculum being used, if applicable
8. Wraparound plan objective(s) that was the focus of the service;
9. Use of adaptive aids and supports, if applicable;
10. Transportation services, if applicable;
11. Participant response to CLS service being provided;
12. Progress or lack of progress in achieving Wraparound Plan goals;
13. Summary of activities, meals, and behaviors during the service; and
14. Direct service provider's signature and credentials.

NON FACE-TO-FACE
CONTACT WITH
PARTICIPANT

When CLS services provided to a participant are not face-to-face, the provider must document in the progress notes:

1. Date of the contact;
2. Description of the contact; and
3. Direct service provider's signature and credentials.

CONTACT WITH
OTHER PARTIES

When CLS services are provided face-to-face, or provided over the phone with someone other than the participant, such as, but not limited to, the legally authorized representative (LAR), the provider must document in the progress notes:

1. Date of the contact;
2. Person with whom the contact was made;
3. Description of the contact;
4. Outcome(s) of the contact; and
5. Direct service provider's signature and credentials.

PROVISION OF
SERVICE
DOCUMENTATION

The provider must document the provision of service by maintaining up-to-date progress notes, which are reviewed by the Department of State Health Services.

PROGRAM TRAINING

Prior to providing Waiver services and/or participating on a Child and Family Team, a CLS must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for CLS is detailed in BILLING, COMMUNITY LIVING SUPPORTS, policy 2600.4 of this manual.

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