The Community Living Options Process

IDD-BH PASRR Training Unit
Community Living Options (1 of 2)

At the end of this presentation, participants will be able to:

1. Summarize the goal of CLO presentations.
2. Explain the relevant timelines for CLO presentations.
3. Identify the required materials for CLO presentations.
4. Summarize key elements from the CLO emphasizing those that are integrated with the Habilitation Service Plan.
The goals of CLO are for LIDDA staff to provide information and discussion with a person and LAR to increase their understanding of:

1. The range of community living services, support, and alternatives;
2. The services and support the person would need to live in the community; and
3. Their barriers to community living.

“[People] ended up in [nursing] facilities because of stress and no support.”

“NF was the only support they knew existed.”

“...a lot of it is about options for the family.”
# Form 1054, Community Living Options

Local Intellectual and Developmental Disabilities Authorities (LIDDA)

**Community Living Options**

<table>
<thead>
<tr>
<th>PASRR Evaluation Community Living Options (CLO) Date:</th>
<th>Date of CLO presentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Basic Timelines for CLO

The LIDDA’s PE staff presents CLO with anyone determined PASRR Positive for ID or DD. The CLO is presented each time a PE is completed (e.g., initial alerts, resident reviews or CHOWS).

CLO Presentation/Review is conducted by the habilitation coordinator 6 months after the PE. The CLO presentation is provided at in advance of the 6-month quarterly SPT meeting; it cannot be provided in conjunction with, or after, the 6-month quarterly SPT meeting.

Habilitation coordinator conducts CLO Presentation/Review in advance of the Annual IDT/SPT meeting (again, it cannot be provided in conjunction with, or after, the annual IDT meeting).

The Base Schedule of CLO remains every 6 months prior to the 2nd quarterly SPT Meetings and the Annual IDT/SPT meetings. This schedule remains intact regardless of whether special CLO presentations are conducted during the plan year.

The Basic Timeline For People who accept Habilitation Coordination
Special CLO Presentations

- Anytime the person/LAR requests it.
- Whenever the HC is notified or becomes aware the person wants to review CLO.
- When the NF submits a positive response in Section Q of its MDS
- Anytime a new PE is conducted.

Important: Performance of special CLO presentations outside the normal timeline DO NOT reset the basic timeline, provided no new PE is conducted.

CLOs conducted as result of a new PE and initial IDT reset the 6-month interval.
## General Revenue Funded Programs

### Medicaid Waiver Services (non-entitlement--interest list maintained for programs)

<table>
<thead>
<tr>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Community First Choice (CFC) Services (Non-residential Services). “Pas-Hab”</td>
</tr>
<tr>
<td>ICF/IID—State Support Living Ctr. (Residential Services)</td>
</tr>
<tr>
<td>ICF/IID—Community-based (Residential Services)</td>
</tr>
<tr>
<td>Nursing Facilities</td>
</tr>
</tbody>
</table>

### Programs that Routinely Serve People with ID or DD

<table>
<thead>
<tr>
<th>Medicaid, Non-Waiver (entitlement--no interest list maintained for program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Community First Choice (CFC) Services (Non-residential Services). “Pas-Hab”</td>
</tr>
<tr>
<td>ICF/IID—State Support Living Ctr. (Residential Services)</td>
</tr>
<tr>
<td>ICF/IID—Community-based (Residential Services)</td>
</tr>
<tr>
<td>Nursing Facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid Waiver Services (non-entitlement--interest list maintained for programs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community-based Services Program (HCS)</td>
</tr>
<tr>
<td>Community Living Assistance and Support Services Program (CLASS)</td>
</tr>
<tr>
<td>Deaf Blind with Multiple Disabilities Program (DBMD)</td>
</tr>
<tr>
<td>STAR+PLUS HCBS Program</td>
</tr>
</tbody>
</table>

---

**A Quick Summary of Community Programs for People with ID or DD**
CLO: Required Documents

These are the first pages from each required booklet as part of a full review of CLO.

Only recorded when person has an LAR
If the person is also positive for mental illness, this booklet must be reviewed as well.

To continue increasing your knowledge of various Medicaid Programs in the state of Texas, the IDD-BHS Training Unit recommends that you access the Texas Long-Term Service and Supports (LTSS) Waiver Programs (Revised August 1, 2018) using the following link:
CLO and Other Requirements

• There is also digital content available for CLO explanations.

https://www.youtube.com/watch?v=YInfCr3p6-4
A habilitation coordinator must invite designated residents to all LIDDA EIOs and document results in the HSP.

LIDDA Responsibility

- Do you know what types of EIOs the LIDDA conducts?

- How are habilitation coordinators informed about the EIOs offered by the LIDDA where you are employed?

Educational & Informational Opportunities (EIO)
Think about how you chose where you currently live...

1. Did you just review a brochure and then sign on the dotted line?

2. Do you believe that reviewing this information with the person is sufficient to support their understanding of options?

The IDD PASRR handbook states a habilitation coordinator *arranges exploratory visits to community programs for a person and addresses concerns about community living from the person and LAR*. Additionally, the habilitation coordinator may assist a person and LAR with exploring different types of community programs using print and digital media, such as brochures, magazines, DVDs, virtual visit apps and virtual tours.
Using CLO Information

For People Receiving Habilitation Coordination:

1. Barriers to community living are documented in the CLO form.

2. These barriers are copied from the person’s CLO form to the person’s HSP.

3. The SPT addresses all identified barriers to the person’s community living options and may identify additional barriers to address.

4. Habilitation coordinator follows through and ensures all recommended actions are completed.
Completing the CLO: Section Two

<table>
<thead>
<tr>
<th>Section 2, Current Knowledge of Community Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the individual’s history of community living experiences.</td>
</tr>
<tr>
<td>Describe what the individual knows about community services, supports and programs.</td>
</tr>
<tr>
<td>Describe what the LAR knows about community services, supports and programs.</td>
</tr>
</tbody>
</table>
These three items must be checked.
Completing the CLO: Section Four

This section is completed for everyone.

Be descriptive. Example:

**Level of Supervision:** Person requires line-of-sight supervision.

Level of Supervision: High

Leave no item blank. If the support would not apply to the person, document “currently, not a need for this person”.

<table>
<thead>
<tr>
<th>Supports/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Setting</td>
</tr>
<tr>
<td>Level of Supervision</td>
</tr>
<tr>
<td>Architectural Modifications</td>
</tr>
<tr>
<td>Behavioral Support Services</td>
</tr>
<tr>
<td>Behavioral/Mental Health Services</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
</tr>
</tbody>
</table>
Completing the CLO: Section Five

The responses in this section will direct how to complete the rest of the form.

From the Form Instructions: *Does the LAR agree...?*

If “No” is checked, summarize why the LAR disagrees in the space on the form. *Then identify the LAR’s preference in the drop-down box and proceed to the section indicated by the LAR’s preferences (emphasis added).*
# Completing the CLO: Section Six

## Section 6, Barriers Preventing a Transition to the Community

Identify the barriers that are preventing the individual from transitioning to the community. (Indicate all reasons that apply.) Copy all identified barriers in this section into Section 7 of Form 1057, Habilitation Service Plan (HSP) to address each barrier.

### Individual’s reasons that prevent community living:

- Lack of understanding of CLO
- Individual has been provided information and exposure to CLO, but is not interested in community living
- Mistrust of providers
- Individual is not interested in being provided information and exposure to CLO
- Prior community living for the individual was unsuccessful or resulted in an adverse experience

### LAR’s reasons that prevent community living:

- Lack of understanding of CLO
- LAR has been provided information and exposure to CLO, but is not interested in community living for individual
- LAR is not interested in being provided information and exposing individual to CLO
- Mistrust of providers
- Prior community living for the individual was unsuccessful or resulted in an adverse experience

- Behavioral/mental health needs require frequent monitoring by psychiatric/psychology staff and/or enhanced levels of supervision by direct service staff

- Other (Describe)

Proceed to Section 9 to continue.
### Section 7, Wants More Information Before Selecting a Community Program

For an individual who wants to transition to the community, but wants more information before selecting a program, identify barriers preventing program selection. (Indicate all reasons that apply.)

Copy all barriers identified in this section into Section 7 of Form 1057, Habilitation Service Plan (HSP), to address each barrier.

- [ ] Needs assistance to explore CLO (e.g., peer to peer, group home tours, invite providers to visit)
- [ ] Individual/LAR wants more information regarding programs
- [ ] Behavioral/mental health needs require frequent monitoring by psychiatric/psychology staff and/or enhanced levels of supervision maintained by direct service staff
- [ ] Other (Describe)

---

Proceed to Section 9 to continue.
Each time CLO is presented during the HSP Plan Year, the hab co inserts and completes an additional Section 7 in the Habilitation Service Plan.
Describe the individual’s preference on transitioning to the community:

- Does not want to transition
- Unable to determine
- Undecided
- Wants to transition into the community but wants more information before selecting a program
- Wants to transition into the community, and has selected a program

Behavioral/mental health needs require frequent monitoring by psychiatric/psychology staff and/or enhanced levels of supervision by direct service staff.

- Individual has been provided information and exposure to community living options, but is not interested in community living
- Individual is not interested in being provided information and exposure to community living options
- Individual/LAR wants more information regarding programs
- Lack of understanding of community living options
- LAR has been provided information and exposure to community living options, but is not interested in community living for individual
- LAR is not interested in being provided information and exposing individual to community living options
- Mistrust of providers
Exercise: Addressing Common Barriers to Transition

1. Lack of Understanding of Community Living Options by a Person who does not use words to communicate.

1. Person visits different options with people who know the person best and can gauge the person’s reactions. Habilitation coordinator will coordinate visits and record results for SPT review—sister will provide transportation.

2. Person watches digital tours of group homes or other options. Habilitation coordinator will coordinate with others who know the person best to assist person in understanding and to gauge reactions.

3. Person meets with others who receive services and are living in community-based options—someone who can communicate with the person is present to assist. Habilitation coordinator will coordinate visits and include others who know the person best.

4. Person visits “community living” fairs where they can listen to presentations by community providers. Habilitation coordinator will coordinate attendance and transportation to fair.

5. Any others?
CLO Information Documented in the HSP (4 of 4)

- LAR is not interested in being provided information and exposing the person to community living options.

1. Show “what is possible” videos via YouTube or other medium. Habilitation coordinator will offer opportunities to watch together.
2. Digging deeper with the LAR to see if there are other underlying issues.
3. Joining LAR with other LAR/parents, advocacy groups, etc. to see if interest can be generated. Habilitation coordinator will coordinate invitations.
4. Any other ideas?
# Section 8, Barriers to Transitioning to a Program

If the individual wants to transition to the community and has selected a program, identify the barriers to transitioning to the selected program. (Indicate all reasons that apply.)

Copy all barriers identified in this section into Section 6 of Form 1053, Transition Plan to address each barrier.

- [ ] Lack of supports for people with significant challenging behavior. Explain:
- [ ] Lack of specialized behavioral/mental health supports. Explain:
- [ ] Need for environmental modifications to support the individual. Explain:
- [ ] Lack of availability of specialized medical supports. Explain:
- [ ] Lack of availability of specialized therapy supports. Explain:
- [ ] Other (Describe)

Proceed to Section 9 to continue.
## Section 9, Comments

Enter any additional comments related to the CLO process. Additionally, if the individual/LAR refused to participate in this CLO process, identify the reasons for the refusal and encourage participation in future CLO.
## Tasks Related to CLO (Slide 1 of 3)

### HSP Section 8

#### Section 8, Educational Activities

List all CLO education, informational and support activities offered to the individual/legally authorized representative (LAR) and actively involved persons.

*If “Date Attended” is entered, in the “Attended by” column, check “I” if attended by individual, check “L” if attended by the LAR, and check “AIP” if attended by an actively involved person.

<table>
<thead>
<tr>
<th>Description</th>
<th>Date Offered</th>
<th>Date Attended</th>
<th>Attended by*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Sue, her LAR and sister attended a Community Provider Fair hosted by</td>
<td>08/18/2021</td>
<td>09/03/2021</td>
<td>✔ I ✔ L ✔ AIP</td>
</tr>
<tr>
<td>the LIDDA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Sue visited with a peer self-advocate who lives in a community based</td>
<td>09/01/2021</td>
<td>09/17/2021</td>
<td>✔ I ☐ L ☐ AIP</td>
</tr>
<tr>
<td>home. They discussed what daily life was like in the peer's home. LAR and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIP declined offer of visit.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Denise will visit with a local HCS Provider accompanied by her sister. 6/2/21
Visit occurred on 6/2/21—Denise indicated that she was pleased with the visit. Both she and her sister were able to get answers to their questions of how Denise's dietary texture needs could be addressed in the community.

Section 9, Documentation of Exploration of Community Programs

Describe planned visits of community living programs and the targeted date for completing arrangement. Describe the outcome of the visit and identify who attended the visit in the “Attended by” section. Check “I” if attended by the individual, check “L” if attended by the LAR and check “AIP” if attended by an actively involved person.

<table>
<thead>
<tr>
<th>Description:</th>
<th>Mary Sue will visit an HCS host home setting in which one of her friends already resides.</th>
<th>Targeted Date:</th>
<th>10/01/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome:</td>
<td>Mary Sue visited the host home. She said it was fine, but that she would have to have her own bedroom. The LAR states she supports Mary Sue's decision, regardless.</td>
<td>Attended by:</td>
<td>☑ I ☑ L ☐ AIP</td>
</tr>
</tbody>
</table>
# Task Related to CLO (3 of 3)

Documenting Preferences: the PASRR Comprehensive Service Plan (PCSP)

## PASRR Comprehensive Service Plan (PCSP) Form

<table>
<thead>
<tr>
<th>Alternate Placement Consideration</th>
<th>1. PASRR Evaluation</th>
<th>2. Meeting Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2600. Alternate Placement Consideration</td>
<td>Date of Meeting =</td>
<td>0. Nursing Facility</td>
</tr>
<tr>
<td>A. Individual Is Best Served In</td>
<td>01. Community Setting</td>
<td>0. No</td>
</tr>
<tr>
<td>B. Does the Individual wish to transition into the community?</td>
<td>1. Yes</td>
<td></td>
</tr>
</tbody>
</table>
CLO: Important Points

1. The exploration of community living options may extend for a longer time with multiple meetings for people who have limited exposure to available options.

2. Also, people with IDD may need ongoing and repeated exposure using various approaches to meaningfully build the knowledge that will inform their decision making.

3. The CLO presentation is a process that should be viewed as an ongoing dialogue between the habilitation coordinator and the person/LAR; the results of that dialogue are incorporated into the Habilitation Service Plan, SPT review and possible actions or recommendations for specialized services.

4. Pursuit of supported decision-making may be considered for people with whom the hab co and SPT remain unable to reach any definitive conclusions (for preferences) despite all CLO efforts.
What is on the Horizon for CLO?
Question One

True or False—A CLO presentation should always be included in a PASRR Evaluation (PE) that is positive for ID or DD.

true
Question Two

True or False—Minimally, CLO presentations should be conducted at least 6 months apart. No other circumstances warrant any CLO presentations other than these.
Of the following Medicaid Waiver programs, which is most often accessed to support people (who are PASRR positive for ID or DD) to transition or divert from nursing facility residence?

A. CLASS  
B. HCS  
C. DBMD  
D. Star+Plus HCBS program

B. The HCS Program
True or False—The *Long-term Services and Supports* document is one of the required documents for a CLO presentation.
Question Five

How often is a LIDDA responsible for providing Educational and Informational Opportunities to people living in nursing facilities?

Twice a year
Question Six

A habilitation coordinator is completing section 4 of the CLO form? Which statement would be most descriptive regarding Johnny’s recommended level of supervision?

A. Johnny requires a moderate level of supervision.
B. Staff should keep Johnny in line of site since he needs support when getting up from his wheelchair.

B is the correct answer
Question Seven

True or False—It isn’t important for the barriers identified in the CLO to be transferred to the HSP for review by the Service Planning Team.

FALSE STATEMENT
Closing Remarks

Are there any questions?

Thank you for your valuable time.

Please remember to complete an evaluation to share your learning experience with us.

Natasha Stavish, Lead Trainer, IDD-BH Training Unit

IDD-BHPASRRTraining@hhsc.state.tx.us