

**Q&As from MLMC Trainings and Stakeholder Calls
March, April and June 2016**

Questions	Answers
General DD Waivers Questions?	
Can someone have the Community Living Waiver and still live in an apartment?	Yes.
When do we use the new VIDES?	The VIDES document will not be used until the new waivers go into effect. The expectation is that it will be completed before July 1, 2016 for individuals on the waitlist who have been determined to be Priority 1.
What is the effective date to start using VIDES for Eligibility Determinations?	When the Waiver Amendments are approved.
When will providers be required to give notice of their intention of changing licenses?	This should already be happening.
Will there be provisions for grandfathering in certain providers related to licensing?	No. Service Modifications will need to be done by providers to add the additional services to their licenses.
When will more information on Provider Competencies be available?	Competencies are being finalized and will be introduced along with the DSP Orientation Manual updates on August 1, 2016. Behavioral and Autism Competencies are currently available for use and are strongly recommended for providers supporting individuals with these needs.
Will providers seeking service modifications have conditional license? If so, will that mean individuals receiving services from those providers need to receive enhanced case management?	If the new license is being added to an existing "core" license then ECM will not be required. If the provider is truly New (and therefore the "core" license is new) then ECM will be triggered.
If Service Facilitation is not available is it the CSB's responsibility to provide it?	No.
Can a Support Coordinator be the Qualified Developmental Disabilities Professional (QDDP) for crisis services for someone in the same agency and not on their caseload?	No.
Is there an option for Emergency Services at a CSB to bill any waiver service?	No.
Can a PBS consultant or an ABA provide all crisis services?	Yes, but they must be affiliated with an agency that is licensed to provide these services.
Can other providers beside REACH provide Community-based and Center-based crisis services?	Individuals have the choice of any provider who meets the criteria and is licensed.
If all of the days of an authorized crisis period are not used, how do we handle the non-used days?	Providers only bill for hours actually used. Terminating the service early provides the person with the rest of the unused days, which would be available for future use.
Has the visit requirement for Service Facilitation changed? The applications say they have changed to 2 x a year versus 30-60-90 days.	The requirements for visits have not changed.
Will the ratio for CD Services change for individuals in the same home receiving CD respite, or personal assistance?	No, these services will continue to have a 1:1 ratio.
Can a new provider with a conditional license do a modification to add a service?	No.

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Can two residential providers bill for the same day in the new waivers? An example would be if an individual moved from one group home to another group home.	No. Only one provider can bill per day. This should be negotiated between the two agencies.
Can individuals still have companion services while living in congregate residential?	These services are compatible; yes a person can receive companion services while living receiving congregate residential services.
Will there need to be a separate plan for every service an individual is receiving, if all the services are being provided by one provider?	DMAS is reviewing the possibility of a single plan option.
What are the documentation requirements for all of the new services?	Supports and services should be documented each time they are provided as is currently required. Information will also be included in the new manual.
Is the waiver portable across the State?	Yes.
Does family have to live in the home to be considered the primary caregiver?	Yes.
Will the rates change for Consumer Directed or Agency Directed services?	Yes.
Where can families find more information about service packages?	At this time, service packages are not being implemented and information is not available
Is the Documentation of Individual Choice Between Institutional Care or Home and Community Based Care (DMAS 459C) still required?	Yes.
Can the personal attendant also be the companion for the same individual?	Yes. Considerations will be provided in the manual.
When are billing units rounded daily, weekly or once prior to submitting the bill?	It is rounded once a month regardless of number of billing submissions each month.
How do support ratios affect billing?	Services requiring ratios should not be billed unless the appropriate ratios are provided.
Is monthly service cost an allowable activity under Electronic Home Based Services?	Yes.
Will DMAS be offering training billing?	Billing training is available on the DMAS website at the following link: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderTrainingLibrary
Is the rate for respite and personal assistance changing?	Yes.
Is there a limit for each tier you bill for?	The services should be based on the individuals needs as specified in the ISP. There is a limit on the amount of SE and Workplace assistance a person can receive. Services are based on individual needs as described in the ISPs. The combination of employment and day services cannot exceed 66 hours per week.

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Employment and Day Services	
When billing for Community Engagement and Group Day do you always bill for the hour or can you bill for 30 min?	Only whole hours can be billed. If an extra 30 or more minutes of care are provided over the course of a calendar month, the next highest hour can be billed. If less than 30 extra minutes of care are provided, the next lower number of hours must be billed. Providers may bill for services more than one time each month per member; however, the rounding up of hours is for the total monthly hours and not each time the provider bills DMAS.
Will the ISAR change to reflect community engagement for day support in the afternoon and weekends?	Community Engagement is designed to occur at naturally occurring times and locations. Service authorizations will be completed in the WaMS system; therefore, ISARs as we have known them will be replaced with the WaMS process.
Can a residential provider be licensed for community engagement or community coaching and provide the service to individuals and group homes that they operate?	Yes, a provider can become licensed for non-center based day services; however, there will be limitations to ensure that individuals have the opportunity to participate in activities with people other than those they reside with.
Is the appropriate day service determined by the SIS score?	No, that should be determined by the individual's preferences and interests through an informed process as well as with input from the team
Is it possible for an individual who works 40 hours a week to also receive community coaching 2 hours per day on week days and 8 hours per day on the weekend?	Yes, an individual may combine employment and day services up to 66 hours per week. Recognizing that Community Coaching is intended to reduce barriers to community engagement and is not solely for the purpose of providing one to one supports.
If DARS funds are available, can a person access Supported Employment under the waivers without going through DARS first?	No.
Can someone who has a personal assistant at work replace that service with a Work Place assistant on July 1, 2016?	Personal Assistance and Workplace Assistance are different services. If an individual only has personal care needs, Personal Assistance is the appropriate choice. Workplace Assistance would be selected when additional supports are needed to maintain employment. It is not approved solely for personal care activities.
Are there limits on how long a person can receive Workplace Assistance?	No, but the provider will be expected to assess for fading the service at least annually.
Can a person receive Community Engagement, Community Coaching and Group Day at the same time?	Yes, An individual may combine these services to exceed not more than 66 hours per week. Community Engagement and Community Coaching are provided in the Community. Group Day can be provided in the community but can also be provided in a center-based setting. While one person can receive all three services, none can be provided "at the same time."

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How are providers restructuring their models to support Community Engagement?	This depends on how each individual provider is shaping their services. DDS has been working with providers through this transition. If your agency has specific needs please contact Heather Norton at 804-786-5850.
Is Community Coaching consistent with having a higher SIS score?	No.
Is Community Coaching designed to move a person into Community Engagement?	Correct, Community Coaching was developed to address barriers to participating in Community Engagement.
Can Community Coaching be utilized with Day Support Staff for higher level needs?	No, community coaching is a service designed to address barriers to community coaching through one to one supports in the community. It should not be provided in conjunction with group day services as this a center based service.
Can providers teach about health, abuse, neglect?	Yes, providers can support individuals to learn and develop skills in self-advocacy, activities that lead to choice and control, and career planning in accordance with their person centered plan.
If a person is self-employed and owns their own business can they access supports?	Yes. The service would depend on the supports needed/provided.
How are staff ratios determined?	Ratios are included in all day services; however, staffing patterns should continue to be determined by the support needs of the individual being served.
Does Community Coaching and Community Engagement, allow for supporting an individual with activities of daily living (ADLs)?	Yes.
What is the main difference between Community Engagement and Community Coaching?	Community Coaching is designed to address barrier to individuals participating in community engagement through reduction of the staff to individual ratio. Community Engagement ratio is 1:3 and Community Coaching ratio is 1:1.
Is it acceptable for six individuals receiving Community Engagement to go to an event with the proper ratios in separate vehicles, but end up in the same place?	No. Community Engagement has a 1:3 ratio and is about the activity and not how they are transported; however, the 6 individuals could go to the same place and group day be billed instead.
Community Coaching and Engagement can it be 2 staff to 1 individual (for someone with excessive behaviors)?	Yes, but the reimbursement rate remains the same.
Who provides Work Place Assistance?	Workplace Assistance can be provided by a provider with a DARS provider agreement or a DBHDS Non-Center Based Day Support License.

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If licensed as a Non-Centered Based Day Support provider, can the individual come to the facility for any percentage of the day?	Yes, however the amount of time that they are in the facility would need to be billed as group day.
Can the individual receive Community Engagement and Group Day from the same provider in the same day?	Yes.
If you are providing Community Engagement and the weather becomes bad can you return to the center and bill?	Yes, but once the individuals have returned to the center then it is no longer community engagement and group day would need to be the service billed.
Is 1:3 or 2:6 the same ratio? If not why? What about 2:2 ratios?	No, 1:3 and 2:6 are not considered the same ratio for Community Engagement purposes. Because, the service is about the activity and the ability to develop naturally occurring relationships once you increase the number of individuals with developmental disabilities, you decrease the opportunity for naturally occurring relationships.
Could Private Duty Nursing be provided at any of the day service options?	Yes, if the individual needs that support and it is reflected in the ISP.
Who will be responsible for monitoring ratio size for in home, day support, etc.?	Licensing, Human Rights and DMAS QMR. The SC should also know what supports the individual they are working with is receiving. However, they are not responsible for enforcing the ratios, although should report if they see services not being delivered appropriately.
If Supported Employment groups are smaller on different days can the rate be easily adjusted?	Rate is based on the group size and group size is determined by what your contract requires, not whether or not people call out for any given day or if there are temporary vacancies.
Is it ok for people to do work tasks/get paid in day support, just not a part of their outcomes and activities, correct?	There is nothing under the day regulations that prevent providers from paying Individuals. However, in order to meet the HCBS Settings Rule the provider must also show integration in the community. Providers must also have outcomes that are habilitative in nature and meet the requirements of the allowable activities associated with day services.
How are ratios for all the different services determined?	Every Individual participating in that group whether or not they receive waiver are counted for ratio purposes.
What are the qualifications for a QDDP?	The waiver amendments provide the following QDDP qualifications: <ol style="list-style-type: none"> 1. At least one year of documented experience working directly with individuals who have developmental disabilities. 2. A bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; or a bachelor's degree in another field in addition to an advanced degree in a human services field; and 3. The required Virginia or national license, registration, or

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	certification, as is applicable, in accordance with his or her profession.
Can a basement of a group home be used for day services if there is a separated entrance?	This will not meet the HCBS Settings Rule for integration into the community.
How do we introduce natural supports for a person receiving community engagement?	Natural supports are not introduced but developed over time. As individuals have the opportunity to participate more inclusively in their community they will develop relationships over time and thus natural supports are born from this growth of this relationship.
Can Community Coaching be used to attend medical appointments?	Community Coaching is not intended to replace services and supports that have been provided through residential services. This is not an appropriate use of community coaching.
Can Community Coaching be provided 1:1 with a Community Engagement Group?	No, Community Coaching may not be provided while with a staff and another group doing Community Engagement. The community coaching should lead to people having the skills to participate in Community Engagement.
When does billing for Community Engagement and Community Coaching begin when getting into the vehicle to leave or once arriving at the destination?	Community Coaching and Engagement include travel so billing starts for the service once they are loaded into the vehicle and ready to depart.
Is attention to task a job coach or workplace assistant duty? Or both?	This would be dependent on what was interfering with the attention to task. If it was environmental and something that could be addressed through workplace modifications this would be a job coach related activity. If the attention to task was a function of the individual's behavior this may be an appropriate use of workplace assistance- if the person other than this "behavior" is able to complete the work.
Can a parent start a non-center based day support agency to provide community engagement for their child?	Yes, just should not provide the service him/herself.
Is Community Engagement billing based on staff ratio or level of supports?	It is based on a person's level and corresponding tier. It can be a smaller ratio but can never exceed 1:3 ratio
How will individuals build a skill in Group Day if they are only using it for transportation purposes and the rest of the day is spent in Community Engagement?	Group day should not be used for this purpose; the program should look at the support needs of the individual and determine if this is the case if the person even needs to participate in group day services.
If individuals are in a program for 30 minutes prior to going out into the community is it billable?	If there are identified allowable activities that the program is working on during those 30 minutes, it is billable. See question on billing that explains combining hours/rounding for billing.
What are the guidelines to community engagement if say 2 groups ride to the destination together?	It is fine for two groups to ride together on the same van but they must be going to different events.
What about picnics, fishing etc.. That is usually done with a large group.	Large groups are not community engagement; however it could be group day.
Do individuals have to remain in the community for a certain length of time?	No, they should be in the community for as long as the activity would typically last.

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Do day service providers need separate staff for each day service (e.g. Community Engagement, Group Day, and Community Coaching)?	Providers are expected to have sufficient staff to support the individuals in the program/service. Support provided in one service should not be diminished or insufficient because of support provided in another.
How does Workplace Assistance differ from job coaching?	Workplace assistance services are supports provided to someone who has completed job development or almost completed job development but requires more than typical job coaching services to maintain stabilization in the employment workplace. They are supplemental services to job coaching.
What is expected of members of group SE who work 3 rd shift and don't interact with others but want to keep their job?	The whole picture needs to be looked at in every situation. If it is typical of that particular job even if non-disabled people were doing it then it should not be an issue. However, additional technical assistance and support to review these situations can be provided by Heather Norton, 804-786-5850.
Residential Supported Living	
How many people can live in a supported living situation/apartment?	One per bedroom is advisable.
Does Supported Living allow the individual to live with parents in their home?	No.
Can already existing Supported Living environments (apartments) billing under congregate residential with staff available 24 hours, be able to switch to Supported Living for billing purposes? Do they have to switch?	For providers currently offering a supported living model, but billing under congregate residential, it is necessary to switch to an alternate service and code.
Is there a limit on hours someone can receive while living in a Support Living arrangement?	Supports are available around the clock and the service is billed at a daily rate.
Can anything other than an apartment, licensed by DBHDS, be considered for supported living?	Yes.
Do Supported Living Providers need an on-site office or can they be down the street and provide a timely response?	A timely response is needed.
Residential In Home	
Does the primary caregiver have to be a blood relative?	No.
With group In-Home services, do the 3 individuals have to live in the same residence?	No, for example, if three individuals live near each other and choose to spend time together in-home could be provided to all three.
Can In-home supports be provided in a provider-operated home?	No.
When providing in-home to two or three people, do we bill them all at the same rate?	Yes.

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Residential Shared Living	
With Shared Living can a roommate be family?	It cannot be parents, spouses, or the legal guardian. Could be brother, sister, cousins, etc.
In the shared living situation is the money given to the individual to pay for the room and board for the roommate or does the overseeing agency do this?	Funds are provided to the agency who supports the individual to dispense per the agreement with the roommate.
Could residential services and shared living be billed at the same time?	Other services, not billed at a daily rate, can be provided in a shared living arrangement.
Is the roommate expected to be on site 24/7?	No, the support provided by the roommate will be agreed upon by the individual and the roommate, and individually determined through a person centered planning process.
Does the gender of the roommate matter?	No, there is no specification regarding gender unless the individual has a preference.
Can an individual support an elderly parent under Shared Living?	No. Parents, spouses and legal guardians cannot be the roommate under Shared Living.
Can you receive a voucher and receive shared living services?	Yes.
Will there be payment to providers who would like to be the provider agency for shared living?	Yes, a flat administrative overhead fee is provided to the provider agency.
Who coordinates the background checks for shared living?	The administrative agency.
What waiver will those individuals with MFP slots go into?	If they are currently enrolled in an MFP ID Waiver they will transition into the Community Living Waiver. If they currently enrolled in an MFP IFDD slot they will transition into the Family and Individual Waiver.
Can a person with a disability be the live-in roommate providing supports under the Shared Living Services?	Yes.
What is the response if abuse occurs in a Shared Living Arrangement? Will the administrative agency be held accountable?	Mandated reporting by providers should continue as required. It will be the <u>joint responsibility</u> of the <u>provider agency and case manager</u> (TBD) to periodically monitor the safety, health and welfare of the individual as detailed in the provider manual.
How do you terminate a roommate agreement under Shared Living when the roommate does not want to leave?	Terms should be included in the agreement between the person and the roommate. One would follow the Landlord Tenant Act rules on how to evict someone.
Will the provider doing administrative oversight be held responsible if something happens to the individual because the roommate was not with them?	No, however the agency is responsible for managing and tracking back-up support provisions, and contingency and risk management planning. The Support Coordinator also monitors as part of SC responsibilities.
Residential Sponsored	
For Sponsored Residential homes that were grandfathered in with more than 2 individuals will this change?	No it will not change for those providers who were grandfathered.

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Will having family as a provider still be an issue for DMAS and OL? How do we support going forward?	Service descriptions state when a family member can or cannot provide the service. There will still need to be justification and documentation that there are no providers available for the service.
Can a Sponsored Residential provider offer respite services?	DBHDS does not have a license category for providers licensed as SRS to provide respite services.
Does Sponsored Residential bill at 344 days like congregate residential?	Yes.
Do you have to adjust your license to serve the new population coming in (if you currently only serve individuals with ID and will begin to serve individuals with DD)?	No, but updating your agencies policies and procedures and ensuring staff are qualified to support each individual's unique needs is expected.
Residential Group Home	
Can a child go to school while living in a waiver group home?	Yes.
Residential General Questions	
Can a person or couple receiving services who is/are married access the housing choice voucher?	Yes, it is based on the size of the household and the income limits.
If an individual is already living independently in rental housing, can they receive a housing voucher?	DBHDS reserves the right to process referrals for individuals that are currently living in their own rental housing. Please refer to Housing Q&A on the DBHDS website.
Can the 344 day billing be spread out throughout the year? Rather than leaving 21 days unpaid at the end of the year? Or is it based on the ISP date?	Across the plan year 21 days should be excluded from billing at times when the individual is absent from services, in the hospital or when 344 days has successfully be billed.
Can the providers bill on a day when a person is in the hospital?	No. This would be excluded from billing. Please watch the video at the following link to explain how the 344 day billing works. https://vimeo.com/114981312
How will DMAS look at General Supervision going forward?	"General Supervision" or General Supports will be included in the services where tiered rates apply.
Will Licensure and Human Rights look at Leases? And give feedback?	No.
Will individuals receiving Congregate Residential Services or Sponsored services still be able to get Companion Services since that billing is going to per day?	Yes.
I understand that the rate for reimbursement is based on	If a Group Home is 5 beds and one bed is a respite bed, four

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the number of beds a program is licensed to provide services for in a specific location. But if a provider who was licensed for a 5 bed GH and used one bed as an agency directed respite bed now wants to be licensed as a 4 bed GH and have a 5th bed licensed for Respite are they still seen as a 5 bed location for reimbursement?	beds will be entered into WaMS for that provider's reimbursement rate.
Do licensed group homes require staff that is awake overnight?	Yes.
Do residential providers receive the same pay whether an individual stays home or goes to day services?	The residential rate is a per diem rate and is the same whether the individual stays home or goes to day services.
Do we have to eliminate our respite bed in order to receive the higher rate?	The rate is based on the number of beds for which a home is licensed.
Who does the backup plan for Independent Living Services?	The backup plan should be addressed in the ISP.
Who does the backup plan for Shared Living Services?	The backup plan should be addressed in the ISP.
Can group homes have month-to-month leases?	Yes, but they must follow all the rules in the Virginia Landlord Tenant Act.
Nursing, Crisis, Therapeutic Consultation, PERs	
Will people who currently have Skilled Nursing have to transition to Private Duty Nursing?	Yes, if their needs are individual and continuous per the definition of Private Duty Nursing.
What is the time frame for a shift under Private Duty Nursing?	A shift is not specifically defined. If a nurse is needed for the majority of the day and needs are too complex to delegate, Private Duty Nursing would be the appropriate service.
Is it the physician's order that will determine the use of Registered Nurse or Licensed Practical Nurse?	Yes.
Who decides that a duty can be delegated?	The delegating nurse, per the Nurse Practice Act.
How often do nursing services have to be reauthorized by the physician?	The time frame for the authorization for skilled nursing is made on the 485 by the doctor. He/she will order from one date to an end date. It is highly recommended if further skilled nursing is recommended/required that the nurse has a new 485 signed with a new start and end date prior to the present one expiring. If the person requires a change in service frequency or needs to add a skilled service that was not previously ordered, the nurse should get a new one signed.
Can a RN bill waiver for delegating a specific medical task to an LPN?	Yes, education and monitoring are billable services. The RN should assure the instructions in the form of written care plans and protocols are in place for the LPN to provide the care and that the LPN has been determined competent to provide the skilled care; these are billable services. The RN must write a note that she provided these services (educating, health care monitoring, written health care plan completion etc. not just state "nursing delegation."

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If an individual has a new, involved medical need that can't be delegated and the current nursing services are part time and intermittent, how do you decide on the correct service?	Physician's orders will designate the nursing needs and the appropriated services will be requested by the provider.
Can Private Duty Nursing bill for the 8 hours if approved and justified on top of a daily residential rate?	Yes.
Can Skilled Nursing be provided by the Sponsored Residential Provider?	The Skilled Nurse cannot also be the Sponsored Residential provider.
Is there a limit of hours that may be authorized for Private Duty Nursing?	No, the physician will order the amount of hours as necessary.
How do you bill for writing plans under Therapeutic Consultation?	Plan writing and assessment are built into the new rates.
Can an individual access transition services to move from a family home to own home?	No.
Are Personal Emergency Response System (PERS) services available in cluster homes and group homes?	PERS is not available to individuals receiving residential supports that are reimbursed on a daily basis (e.g., group home, sponsored or supported living residential services).
Will there be a list of PERS service providers made available?	DDS will be surveying providers to identify the locations of those responding to the survey. This listing will be made available.
Can a person be approved for different waiver services and receive skilled nursing at the same time?	Yes. Due to the medical nature of these services, they can be provided alongside other services as long as the activities are distinct and separate.
Will there be a data based made available with providers that listed what they are licensed for and what their competencies are?	DDS will be working to identify providers by location and expertise. More information will be provided as this effort progresses.
If someone is receiving Community Based Crisis supports and CD services would both services be able to bill?	Yes.
Is there a per day cap on private nursing reimbursement?	The hours are determined by the ordering physician.
Can private duty nursing be provided in group homes where the daily rate applies?	Yes.
Can individuals receive behavioral services through Therapeutic Consultation in conjunction with Crisis Supports services?	There is nothing that precludes the two services happening at the same time.
Can an individual with PA services have a licensed provider come in and provide crisis services?	Yes.
Is congregate nursing an option?	No. Nursing services are provided 1:1.
WaMS	
When will providers and CSBs get training on WaMS	A recorded training webinar customized for private providers will be available on Monday, June 27th, 2016 on-line at

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	http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/my-life-my-community-waiver-redesign
When is WaMS rolling out?	It will roll out in 3 phases between now and 2017.
What will WaMS be able to do initially?	Broadly, Phase I will implement enrollment and eligibility for individuals on waivers and processing of Service Authorizations.
Is there a Plan B if WaMS is not ready July 1, 2016?	Yes, DBHDS will start manually processing any services that are not automated in WaMS.
Integrated Supports and The Planning Calendar	
Is the calendar going to be a part of PA authorization?	Yes.
When do we start using the planning calendar? How often is it up dated?	The Planning Calendar is still in development and more information will be coming once completed.
Will DMAS have look behind option with the calendar?	The calendar will be submitted to DBHDS during preauthorization and will be built into the new Waiver Management System (WaMS). It will be part of the person's record and therefore subject to review. It is intended to facilitate discussion about and reflect the supports a person accesses in achieving his or her outcomes in a typical week.
What is the purpose of the calendar?	The calendar is used during "shared planning" to identify the variety of supports (both paid and natural) that the individual has selected to pursue his or her outcomes. Service authorization is requested after completing the calendar for any paid services included and which are necessary for achieving the life he or she wants (the Good Life).