

Can the Host Home Model be utilized under CCO?

No, the Host Home Model is not an option under the Consumer Choices Option (CCO) as there is no Supported Community Living (SCL) Provider Agency subcontracting for the delivery of SCL. Parents and/or guardians of adult children with disabilities **cannot** be Host Home providers. The Department does not consider parents as “hosts” and the Department does not consider the family home (home of parents, stepparent or foster family) a host home. The Department considers it the member’s family home and the SCL rules related to residing in the family home apply.

An adult child residing in the family home may receive SCL delivered by their parent(s). A parent of an adult may be the employee of an SCL Provider Agency or an employee of the member under the CCO program and provide SCL services to their adult child. If the member needs eight (8) or more hours per day (daily SCL) in the family home, an ETP will be required to authorize the SCL daily rate, otherwise the 15 minutes unit of service is applicable. Overtime is not available under the CCO program.

The Employment Agreement under Employer Acknowledgements Form (#470-4427) states: The employer understands that they may not schedule their employee for more than 40 hours per week. The employer may not authorize overtime payment.

A parent or other legally responsible adult of a minor (age 17 and under) may be an employee of an SCL Provider Agency or an employee of the member under the CCO and provide intermittent SCL up to 52 hours per month to that child. If the legally responsible person is the CCO employee, that person may not act as the employer or budget authority under CCO. Those responsibilities must be delegated to someone who is not an employee of the CCO member. If member is enrolled with a Managed Care Organization (MCO) no ETP is needed, the MCO reviews and approves the request to exceed 52 hours of SCL per month. If member is not enrolled with a MCO and is Fee-for-Service (FFS) then the waiver Case Manager will submit an ETP to HHS on the member’s behalf. This is because Medicaid members under the age of 21 and enrolled in an HCBS waiver must first use all the Medicaid State Plan services including Early and Periodic Screening, Treatment and Diagnosis (EPSDT) services available to that individual before receiving like services through the waiver.