

Integrated community supports (ICS)

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Legal authority	Federally approved BI and CADI waiver plans (2021) , federally approved CA and DD waiver plans (2023) , Minn. Stat. §245D.03 , Minn. Stat. §245D.12 , Minn. Stat. §256B.49, subd. 23	
Definitions	<p>Integrated community supports (ICS): Services that provide support and training/habilitation in community living service categories to adults age 18 and older who reside in a living unit of a provider-controlled ICS setting (e.g., apartment in a multi-family housing building). ICS can be delivered up to 24 hours per day in the person’s living unit or in the community.</p> <p>Note: For information about community living service categories, refer to the covered services section on this page.</p> <p>Support in community living service categories: Cueing, skill maintenance, guidance, instruction, assistance with activities of daily living, assistance with coordination of community living activities or direct supervision within an allowable community living service category.</p> <p>Training in community living service categories: Skill-building and instructional services to acquire, retain and improve the person’s experience living in the community within an allowable community living service category. Training must meet the person’s identified needs.</p> <p>ICS setting: A setting in which a provider has an approved setting capacity report and has direct/indirect control over a person’s living unit. A provider has direct or indirect control over a person’s living unit when the provider either:</p> <ul style="list-style-type: none"> • Owns, operates or leases the living unit. • Has direct or indirect financial interest in the property or housing, including a financial relationship with the property owner. <p>ICS settings have a minimum capacity of three or more living units for the delivery of ICS services.</p> <p>An ICS setting does not meet the requirements for a person’s own home, community residential program or family residential program.</p> <p>Living unit: A self-contained living unit (e.g., apartment) with living, sleeping, eating, cooking and bathroom areas.</p>	
Eligibility	<p>ICS is available to adults who live in an ICS setting. For a list of approved ICS settings, refer to CBSM – Resource: Integrated community supports (ICS) settings. If the provider does not own, operate or lease the living unit(s) or have direct or indirect financial interest in the property or housing where services are delivered, refer to CBSM – Individualized home supports instead.</p> <p>Effective Jan. 1, 2021, ICS is available to adults on the following waivers:</p> <ul style="list-style-type: none"> • Brain Injury (BI). • Community Access for Disability Inclusion (CADI). <p>Effective Jan. 1, 2023, ICS is available to adults on the following waivers:</p> <ul style="list-style-type: none"> • Community Alternative Care (CAC). • Developmental Disabilities (DD). <p>DD Waiver only</p> <p>ICS meets the habilitation requirement for the DD Waiver. For more information about this requirement, refer to CBSM – Habilitation.</p>	
Covered services	<p>ICS covers training/habilitation and support to meet the person’s individualized assessed needs and goals in at least one of the community living service categories:</p>	

- Community participation.
- Health, safety and wellness.
- Household management.
- Adaptive skills.

Community participation

This category may include:

- Community mobility and pedestrian safety (e.g., safely getting in and around the community).
- Community resource use and access.
- Community safety and awareness.
- Informal support system and network development.
- Interpersonal communication skills.
- Leisure, recreation and socialization planning.
- Skill-building to meet transportation needs.

Health, safety and wellness

This category may include:

- Collaboration with the person to arrange health care (e.g., physical, mental, chemical), meaningful activities, social services, meetings and appointments.
- Training or support to complete self-care activities, including ADLs.
Note: Training or support cannot duplicate use of eligible Medical Assistance state plan home care services; refer to [CBSM – Home care overview](#).
- Health services support, as defined in [Minn. Stat. §245D.05](#).
- Help for the person to activate and build resiliency factors (e.g., [whole health action management](#)).
- Support for the person to design and meet individualized strategies to reach their health, safety and wellness goals.

Household management

This category may include:

1. Cueing, guidance, supervision, training or instructional support to complete routine household care and maintenance.
2. Household safety knowledge and skills.
3. Tenancy support and advocacy.
4. Training, assistance, support and/or guidance with:
 - Budgeting and assistance to manage money.
 - Cooking, meal-planning and nutrition.
 - Healthy lifestyle skills and practices.
 - Household chores, including minor household maintenance activities.
Note: The person is responsible for the cost of the maintenance replacement items or products.
 - Personal-needs purchasing.

Adaptive skills

This category may include:

- Crisis prevention skills.
- Implementation of positive support strategies.
- Problem-solving.
- Sensory/motor development involved in acquiring functional skills.
- Support strategies for self-sufficiency.

	<ul style="list-style-type: none"> • Support and training to increase positive behavior, resulting in reduction or elimination of challenging behavior.
Non-covered services	<p>Not covered within the service ICS does not cover:</p> <ul style="list-style-type: none"> • Transportation. • Nursing. <p>Services that cannot be authorized with ICS If a person receives ICS, they cannot receive state plan or waiver services that duplicate ICS, such as:</p> <ul style="list-style-type: none"> • 24-hour emergency assistance. • Adult foster care. • Community residential services. • Customized living (including 24-hour customized living). • Caregiver living expenses. • Family residential services. • Individualized home supports (without training, with training and with family training). • Night supervision services. • Respite. <p>Ineligible settings ICS is not covered if it is delivered in a setting that is a:</p> <ul style="list-style-type: none"> • Building licensed or registered under Minn. Stat. Ch. 144D or Minn. Stat. Ch. 144G to deliver customized living or assisted living services. • Living unit licensed under Minn. Stat. Ch. 245A or Minn. Stat. Ch. 245D to deliver adult foster care, child foster care, community residential services or family residential services.
Remote support	ICS can be delivered through remote support. Services delivered through remote support must meet all the requirements listed on CBSM – Remote support .
Secondary information	<p>Choice in provider A person who lives in an ICS setting is not required to receive ICS. However, when a person lives in an ICS setting, ICS can only be delivered by the provider who controls the setting. The provider who controls the ICS setting cannot deliver other HCBS services in the setting (except transportation and extended home care nursing). When a person who lives in an ICS setting chooses not to receive ICS, they may choose to receive other services from another provider who does not control the setting. A person who receives ICS may also receive the following services from a different provider (i.e., not the ICS provider):</p> <ul style="list-style-type: none"> • Chore. • Home-delivered meals. • Homemaker. • Personal care assistance (PCA) services. <p>The case manager must clearly define in the person’s support plan how ICS and the above services do not duplicate one another.</p> <p>Roommates If more than one person resides in a single living unit of an ICS setting, the ICS provider must:</p> <ul style="list-style-type: none"> • Not direct or facilitate who will and will not live in the unit.

	<ul style="list-style-type: none"> • Allow each person to choose who lives in the unit with them, as allowed by rental guidelines or a lease agreement. • Maintain documentation that each person, their case manager and their legal representative (if applicable) are aware of and have chosen the living arrangement. <p>Documentation The lead agency must clearly document the person’s service needs and identify outcomes in the person’s support plan. The ICS provider is responsible to provide written reports to the lead agency and the person at a minimum of once per year or the frequency established in the person’s support plan.</p> <p>Transition plans <u>CBSM – ICS transition plans</u> provide instructions and scenarios for lead agencies and providers to:</p> <ul style="list-style-type: none"> • Determine when a provider can choose to develop an ICS setting. • Determine when a provider must develop an ICS setting. • Transition a setting to an ICS setting. • Provide people with information about their choices in who provides their services, regardless of their living setting. • Understand the rolling implementation of ICS. • Understand ICS service authorizations and timelines.
<p>Setting requirements</p>	<p>ICS settings are considered home and community-based services (HCBS) provider-controlled settings. ICS settings have a minimum capacity of three or more living units for the delivery of ICS services. For a list of approved ICS settings, refer to <u>CBSM – Resource: ICS settings</u>. The provider must comply with all requirements for HCBS settings in <u>42 C.F.R. 441.301(c)</u>. For more information about the HCBS settings rule, refer to <u>DHS – HCBS settings transition plan</u>. If a person lives in an ICS setting and receives ICS from the provider who controls the setting, it is not considered a residential program (as defined on <u>CBSM – Requirements for a person’s own home</u>). Other units in the build might be considered:</p> <ul style="list-style-type: none"> • Community residential setting or family foster care setting when operated by a different provider. • Person’s own home when the own home requirements are met and different provider(s) support the person. <p>Setting capacity report Before an ICS provider can deliver services, they must submit a <u>Setting Capacity Report, DHS-8062</u> to DHS for each ICS setting, as required by <u>Minn. Stat. Ch. 245D</u>. An ICS provider’s license must be in good standing to receive approval for a new ICS setting. Only one HCBS provider may deliver ICS in the approved setting. To submit a setting capacity report, email the completed DHS-8062 form to <u>HCBS.Settings@state.mn.us</u>.</p> <p>Capacity limit ICS may be provided in:</p> <ul style="list-style-type: none"> • All of the living units in a multi-family housing building that has three or four units. • Less than 25% of the living units in a multi-family housing building that has five or more units. • 25% or more of the living units in a multi-family housing building that

	<ul style="list-style-type: none"> • has five or more units when DHS has approved a site-specific review. <p>Setting connected to an institution The lead agency cannot authorize ICS for people who reside in a living setting that is adjoined to or on the same property as an institution (i.e., nursing facility, hospital, intermediate care facility for persons with developmental disabilities [ICF/DD], institution for mental disease [IMD]), or if the institution has any financial interest in the living setting.</p> <p>Collocated settings When a single provider leases or owns more than one service setting located on the same or adjoining property, the lead agency can only authorize services in one of the settings. A service setting includes a setting used to deliver any of the following services:</p> <ul style="list-style-type: none"> • Adult and child foster care. • Adult day services, including adult day bath and family adult day services. • Community residential services. • Customized living or 24-hour customized living. • Day support services. • Family residential services. • ICS. • Prevocational services. <p>Exceptions to the collocated ICS settings policy A provider may request an exception to the collocated settings policy to deliver ICS in two or more multi-family housing buildings that are part of the same multi-family housing apartment complex that are either:</p> <ul style="list-style-type: none"> • On adjoining property. • On the same property. <p>The exception to the collocated settings policy requires:</p> <ul style="list-style-type: none"> • The completion of a site-specific review for all included ICS settings (refer to the site-specific review process section below). • The number of living units used for the delivery of ICS in any single multi-family housing building cannot exceed 25% of the total units in the building. <p>When the ICS provider subleases a living unit If the ICS provider rents a living unit from the property manager, the ICS provider must be able to demonstrate the authority granted by the property manager/owner to sublease that unit to people who receive ICS services. To comply with the HCBS settings rule, a person receiving services must have a lease that complies with the Minn. Stat. Ch. 504B landlord and tenant law.</p> <p>Additional information The ICS provider and their delegated staff members may not live in or otherwise occupy space in a person’s individual living unit for business-related purposes (e.g., office space, break room).</p>
<p>Site-specific review process</p>	<p>A site-specific review is required for:</p> <ul style="list-style-type: none"> • Single multi-family housing buildings of five or more units in which 25% or more of the living units will be occupied by people who receive ICS. • Exceptions to the collocated ICS settings policy. • Housing that is developed, funded or designed specifically for people with disabilities to receive HCBS.

	<p>The site-specific review is required to ensure the setting does not isolate or create a stigma for people living there.</p> <p>Required information</p> <p>Information the provider submits to DHS for the site-specific review must include, but is not limited to:</p> <ul style="list-style-type: none"> • Setting-specific provider community integration plan that includes strategies to reduce the potential effects of isolation. • Policies and practices that demonstrate staff training and monitoring of the community integration plan. • Documentation of the community living service category supports and training offered at the setting. • Documentation of how the provider ensures people are given informed choice to receive HCBS from providers who are not the ICS provider who controls the setting. • Description of provider’s continuous quality improvement process, including measures to demonstrate a person’s experience over time. • Identification of any specialized care the provider will deliver and/or populations the provider will serve at the setting. • Input from the lead agency and community where the setting is located, including local perspectives of the setting, with supporting information or strategies to address potential concerns. <p>DHS will not approve the site-specific review if the information submitted does not:</p> <ul style="list-style-type: none"> • Demonstrate that the setting meets the HCBS setting rule characteristics. • Demonstrate that the setting does not have the effects of isolation. • Identify a plan to monitor and remediate people’s ongoing experience at the setting. • Ensure people in the setting have choice to receive HCBS from providers who are not the ICS provider who controls the setting. <p>Instructions</p> <p>If a site-specific review is required for a setting based on the setting capacity report, DHS will contact the provider to obtain the required information. Technical assistance about the site-specific review criteria is available to lead agencies or providers upon request by submitting information using the DSD Contact Form.</p>
<p>Provider standards and qualifications</p>	<p>ICS is a DHS enrollment-required service. For more information, refer to CBSM – Waiver/AC service provider overview.</p> <p>Licensing requirements</p> <p>An ICS provider must have a license under Minn. Stat. Ch. 245D as an intensive support services provider.</p> <p>Each provider-controlled setting where ICS is delivered must complete a Setting Capacity Report, DHS-8062, as required by Minn. Stat. Ch. 245D. To submit a setting capacity report, email the completed DHS-8062 form to hcbs.settings@state.mn.us.</p> <p>Reporting</p> <p>A provider licensed under 245D must report all uses of controlled procedures, emergency use of manual restraint and prohibited procedures according to Minn. Stat. §245D.06, subd. 5 to DHS via the Behavioral Intervention Report Form, DHS-5148.</p>

	<p>Background studies To provide ICS, providers must have a background study. For more information, refer to CBSM – Waiver/AC service provider overview – Required DHS background studies for direct-contact services.</p>
<p>Authorization, rates and billing</p>	<p>ICS is a framework service. The lead agency uses the Rate Management System (RMS) to determine rates. For more information, refer to CBSM – RMS and Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF).</p>
<p>Additional resources</p>	<p> CBSM – Habilitation CBSM – ICS settings CBSM – ICS transition plans CBSM – Individualized home supports CBSM – Remote support CBSM – Requirements for a person’s own home CBSM – RMS CBSM – Waiver, AC and ECS general processes and procedures CBSM – Waiver/AC programs overview CBSM – Waiver/AC provider overview CBSM – Waiver Reimagine streamlined service crosswalk DHS – Frequently asked questions about ICS Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF) RMS User Manual RMS User Manual – Quick reference guide on business rules for ICS staffing RMS User Manual – Quick reference guide on staffing hours for ICS </p>