

FY2012 Waiver Service Definitions

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This is a waiver service definition summary for the Adult Developmental Disabilities (DD), Child DD, and Acquired Brain Injury (ABI) Waivers.

This list of services and changes to existing services are effective JULY 1, 2011 for Fiscal Year 2012.

Significant changes are marked in red and underlined.

<h2 style="background-color: #003366; color: white; padding: 5px;">Case Management</h2>	<p>Note this change: If a relative provides any services to a related waiver participant, the plan of care shall be developed and monitored by a case manager without a conflict of interest to the relative provider or the participant, which means the case manager shall not be employed by or related to the relative provider or the participant (i.e. Sibling, child, grandparent, aunt, uncle, or other parent/step-parent, cousin, step family, or the participant’s guardian). ALSO, note the transition plan listed.</p>	<p>Rate: \$271.58/ month</p>	<p>All Waivers</p>
<p>Definition: Case management is a service to assist participants in gaining access to needed waiver and other Medicaid State Plan services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained.</p>			
<p>Case managers are responsible for the following functions for participants choosing NOT to self-direct services: (Traditional case management)</p>			
<ul style="list-style-type: none"> • Assessment and/or reassessment of the need for waiver services; • Initiating the process to evaluate and/or re-evaluate the individual's level of care • Linking waiver participants to other Federal, state and local programs; • Development of the plan of care adhering to the Division’s policies and procedures; • Coordination of multiple services and/or among multiple providers; • Ongoing monitoring of the implementation of the plans of care; • Ongoing monitoring of participants’ health and welfare; • Addressing problems in service provision, including problems found during the ongoing monitoring of the implementation of the plan of care or concerns with a participant’s health and welfare; • Responding to participant crises; • Reviewing service utilization and documentation of all services provided on a monthly basis to assure the amount, frequency, and duration of services are appropriate. 			
<p>The case manager is required to complete the following responsibilities <u>monthly</u>:</p>			
<ul style="list-style-type: none"> • A home visit with the participant present to monitor the participant’s health and welfare, as well as to discuss satisfaction with services and needed changes to the plan of care with the participant. • Direct contact each month with participant and/or guardian, which must include the home visit but may also include observation of services to assess implementation of the plan of care, telephone contact with participant or guardian and/or meeting with the participant and/or guardian to complete follow up on concerns identified through incident reports, complaints or identified through other means. • Follow-up on all concerns or questions raised by the participant, guardian or plan of care team or identified through incident reports, complaints or through observation of services. • Reviewing service utilization and provider documentation of service, identify significant health changes, trends through incident reports, evaluate the use of restraints and restrictive interventions, interview participant and/or guardian on satisfaction with services, and complete follow-up on concerns identified in any of these processes. 			
<p>Subsequent assessments are provided as part of ongoing case management and will include the necessary collaboration of professionals to assess the needs, characteristics, preferences and desires of the waiver participant. Case managers shall initiate and oversee subsequent assessments, regardless of payment source. These include the psychological assessment, which is required for continued eligibility, and any other assessments that are necessary to determine the participant's needs and are not available through the Medicaid State plan. All assessments shall be prior authorized by the Division.</p>			
<p>Case Managers are responsible for the following functions for participants who choose to self-direct services:</p>			
<ul style="list-style-type: none"> • Assessment and/or reassessment of the need for waiver services; • Initiating the process to evaluate and/or re-evaluate the individual's level of care • Working with the participant, Support Broker and other team members on development of the plan of care that addresses the participant's needs, and submission of the plan of care to the Division adhering to the Division’s policies and procedures; • Ongoing monitoring of the implementation of the plan of care, including monitoring self-directed services and traditional services; • Ongoing monitoring of participants’ health and welfare; • Addressing problems in service provision, including problems found during the ongoing monitoring of the implementation of the plan of care or concerns with a 			

participant's health and welfare, working with the participant, Support Broker and plan of care team members as appropriate;

- Responding to participant crises;
- Reviewing service utilization and documentation of all services provided on a monthly basis, including all self-directed services, to assure the amount, frequency, and duration of services are appropriate.

The role of the Case Manager is to monitor the implementation of the individual plan of care and provide coordination and oversight of supports but not "hands on" involvement in identifying and securing supports. Those are duties of the Support Broker.

The case manager is required to complete the following monthly:

- A home visit with the participant present to monitor the participant's health and welfare, as well as to discuss satisfaction with services and needed changes to the plan of care with the participant.
- Direct contact each month with participant and/or guardian, which must include the home visit but may also include observation of services to assess implementation of the plan of care, telephone contact with participant or guardian and/or meeting with the participant and/or guardian to complete follow up on concerns identified through incident reports, complaints or identified through other means.
- Follow-up on all concerns or questions raised by the participant, guardian or plan of care team or identified through incident reports, complaints or through observation of services.
- Reviewing service utilization and provider documentation of service, identify significant health changes, trends through incident reports, evaluate the use of restraints and restrictive interventions, interview participant and/or guardian on satisfaction with services, and complete follow-up on concerns identified in any of these processes.

Some participants self-directing services may choose not to have a Support Broker after the first year. This may be because they are skilled enough to complete those tasks themselves (as determined through assessment) or they have natural supports that can assist them. In these cases, the general oversight responsibilities of the case manager are sufficient to monitor the participant's self-direction efforts.

Scope and Limitations:

Case Managers shall be reimbursed up to 1 unit per month and shall provide a minimum of 2 hours of documented case management service and have completed a home visit each month in order to bill. Service time may consist of direct participant contact, guardian contact, phone calls to the participant or guardian, monitoring the participant in services, following up on concerns or questions regarding the participant, team meetings, plan of care development or updating, the monthly home visit, and service documentation review.

A relative, parent, legally responsible person, or guardian may provide case management services to their ward/related participant if they meet all the provider requirements and complete the process to become a certified ~~Waiver~~-Medicaid Waiver case manager, including signing a Medicaid provider agreement. NOTE: Wyoming state law does not permit parents or legally responsible persons to be reimbursed for services provided to their ward but tThe parent, legally responsible person, or guardian may not receive reimbursement for providing case management services. ~~provide the service in accordance with the case manager requirements with no pay.~~ However, they can be reimbursed for case management services they provide to other Waiver participants, who have chosen them to provide these services.

The parent/stepparent acting as an unpaid case manager shall not have a conflict of interest, which means that he/she cannot be a provider of any other service on the plan of care.

If a relative provides services to a related waiver participant as a service provider, an employee of a service provider, or a self-directed employee, then the case manager on the participant's plan of care shall not have a conflict of interest to the relative provider or the participant, which means the case manager shall not be employed by or related to the relative provider or the participant (i.e. Sibling, child, grandparent, aunt, uncle, or other parent/step-parent, cousin, step family, or the participant's guardian).

If hiring a relative through self-direction, the participant's case manager shall not have a conflict of interest with the relative or participant, which means the case manager shall not be a relative of the employee, participant, or the participant's legal representative.

If a parent/stepparent is hired by a participant age 18 and over, whereas the Parent/stepparent is not operating as the Employer of Record, then the participant shall have an actively involved support broker to ensure that the s/he has engaged in recruitment activities and that there is a responsible person other than the paid family member, who,

[in addition to the participant, assumes employer responsibilities. In this arrangement, the participant cannot opt out of support brokerage.](#)

Case management services on the waiver can only be billed and reimbursed after the plan of care is approved by the Division. Prior to entrance to the waiver, targeted case management services are reimbursed through the Medicaid State Plan.

Transition Plan:

[A Participant, who has a relative on his/her plan of care as a service provider, an employee of a service provider, or a self-directed employee, is required to have a case manager without a conflict of interest to the participant or relative provider/employee. The participant will have until December 31, 2011 to switch case managers to one without a conflict, if they have a relative providing services.](#)

Independent Support Broker	Note: Change in limitations	Rate: \$9.54/15 min	All Waivers *can be self-directed if choosing an SB who will only serve one participant
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Definition:

Independent Support Brokerage is a service that assists the participant (or the participant’s legal representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or legal representative, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. The Support Broker offers practical skills training to participants and their legal representatives to enable them to independently direct and manage waiver services. Support Brokers serve at the discretion of the participant and/or their legal representative. Examples of skills training include providing information on recruiting and hiring direct care workers, managing workers and providing information on effective communication and problem-solving. The service includes providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the individual plan of care. This service does not duplicate other waiver services, including case management.

Other functions include assisting the participant in:

1. Identifying immediate and long-term needs, preferences, goals and objectives of the participant for developing the individual plan of care.
2. Making decisions about the individual budget.
3. Developing options to meet the identified needs and access community services and supports specified in the individual plan of care.
4. Negotiating rates of payments and written agreements with service providers.
5. Selecting, hiring and training service providers, as applicable.
6. Developing and implementing risk management agreements and emergency back-up plans.
7. Conducting self-advocacy and assisting with employee grievances and complaints.
8. Assisting with filing grievances and complaints to outside entities, including the appropriate Financial Management Service provider and/or Division.
9. Providing information and practical skills training to the participant in the following areas:
 - a. Person-centered planning and its application.
 - b. The range and scope of individual choices and options.
 - c. The process for changing the individual plan of care and individual budget.
 - d. Recruitment and hiring of service workers.
 - e. Management of service workers, including effectively directing, communicating, and problem-solving.
 - f. Participant responsibilities in self-directed services, including the appeal process.
 - g. Recognition and reporting of abuse, neglect, and exploitation.

Support Brokers have responsibility for training all of the participant's employees on the Policy on Reportable Incidents and ensuring that all incidents meeting the criteria of the Division’s Notification of Incident Process are reported. Support Brokers must review employee time sheets and monthly Fiscal Management Service (FMS) reports to ensure that the individualized budget is being spent in accordance with the approved Individual Plan and Budget, and coordinate follow-up on concerns with the participant’s case manager. Support Brokerage is a waiver service that is funded through the participant’s individual budget.

Scope and Limitations:

Service is a 15-minute unit. [The Developmental Disabilities Division will add up to 320 units of Independent Support Brokerage to a participant’s Individualized Budgeted Amount per plan year, partial plans will be pro-rated, if the participant chooses to self-direct some waiver services. Relatives can be a support broker to their related waiver](#)

[participant, if they are a certified support provider and provide no other service to the participant on their plan. However, a parent/stepparent/legal guardian acting as a support broker cannot be reimbursed. They can be an unpaid support broker for the participant and are subject to the same qualification and monitoring requirements as paid support brokers.](#)

All paid Support Brokers shall be free of any conflict of interest including employment with a certified waiver provider or provision of any other Waiver service to the same participant. An Individual Support Broker hired by the participant shall only serve one participant, unless he/she is chosen to serve one additional sibling in the same household.

Support Brokerage is a required service for the first year a participant or representative self-directs services. After the first year, the participant or representative may opt out of support broker services if he/she meets one of the criteria below and submits a formal request to opt out of Support Broker Services.

Criteria for Opting out of Support Broker Services includes the following, which is captured on a assessment tool completed by the case manager and approved by the Division:

1. Participants or their legal representatives who are self-directing through the Financial Management Service Agency with Choice who demonstrate the ability to choose workers, coordinate the hiring of workers through the Financial Management Service Agency with Choice provider, and coordinate the delivery of services with the Financial Management Service Agency with Choice provider.
2. Participants or their legal representatives self-directing less than \$5,000 of support services who demonstrate the ability to hire, fire, train and schedule workers and review timesheets in a timely manner.
3. Participants or their legal representatives who have successfully self-directed services for one year with no concerns, including hiring, firing, training, scheduling workers and reviewing timesheets in a timely manner.

[If a participant is hiring a parent/stepparent/legal guardian as an employee of a direct care services, such as respite or personal care, then the participant shall not opt out of support brokerage and must have an actively involved unrelated support broker to ensure that the s/he has engaged in recruitment activities and that there is a responsible person other than the paid parent, who, in addition to the participant, assumes employer responsibilities.](#)

Personal Care	Notes Can be provided by a parent/stepparent / legal representative to a child under 18 if person is a provider, see limitations	Rate: \$3.89/15 min	All Waivers *can be self-directed
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Definition:
A range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include nursing care and medication administration to the extent permitted by State law.

Such assistance may include assistance in performing activities of daily living (ADLs-bathing dressing, toileting, transferring, maintaining continence) and instrumental activities of daily living on the person's property (IADLs-more complex life activities, e.g. personal hygiene, light housework, laundry, meal preparation exclusive of the cost of the meal, using the telephone, medication and money management). Transportation costs are not included as part of this service.

The participant must be physically present. Personal care shall be provided in the participant's home or on their property. If the individual providing this service is not employed and supervised by an agency, then the participant is responsible for supervising the individual and may coordinate monitoring of the service with his/her case manager.

Scope and Limitations:
This is a 1:1 service based on individual needs. Personal care is available to participants of all ages with units based upon need with a maximum cap of 7280 units. Personal care services are included in Companion, Supported Living, and Residential Habilitation services; therefore, Personal Care cannot be provided in conjunction with those services on the same plan. Personal care cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.—[The amount of personal care services prior authorized by the Division for the legally responsible individual will be based upon individual extraordinary care needs as specified in the individualized plan of care and other assessments.](#)

[Personal care is not covered as a stand-alone service through the state plan. It can be provided through home health only. A home health provider typically provides services](#)

from 8 am to 5 pm. Being a rural state, many Wyoming communities do not have home health providers to serve their community. Those that do, often do not have enough employees to meet the extensive needs of some waiver participants. Waiver participants who need personal care services must utilize providers that can provide the type, amount and flexible hours of services deemed most appropriate for the participant. The waiver service allows the team to find and utilize providers who can best meet the participant's needs.

Any relative providers may provide this service.

RELATIVE PROVIDERS:

For relative providers residing in the same household as the waiver participant, personal care provided by the relative provider in the home shall be for extraordinary care only, as defined by the Division, and cannot exceed four (4) hours per day per participant. Legally Responsible Individuals (parent/stepparent/guardian) of minor children may be a provider of personal care for extraordinary care needs with the same limit of 4 hours a day per participant. It is expected that for those participants living with their families, that the family members will contribute natural support and supervision, similar to how families function. Additional units needed beyond 4 hours a day require additional documentation and shall only be approved by the Division's Extraordinary Care Committee.

For personal care provided to participants under age 18 by a legally responsible individual, payment shall only be authorized for extraordinary care services provided by the legally responsible individual provider as documented in the plan of care and align with the assessed needs of the participant which show the need for extraordinary care.

Extraordinary care cases shall meet the following criteria:

1. The participant's Adaptive Behavior Quotient is 0.35 or lower on the Inventory for Client and Agency Planning (ICAP) assessment; and either b or c
2. The participant needs assistance with Activities of Daily living (ADLs) or Instrumental Activities of Daily Living (IADLs) exceeding the range of expected activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization. (Example: a 12 year old needing assistance with dressing and bathing, whereas the average 12 year old does not.); or
3. The participant requires care from a person with specialized medical skills relating to the participant's diagnosis or medical condition as determined appropriate by the participant's medical professional and the Developmental Disabilities Division.

If a legally responsible individual is providing personal care to his/her ward, the plan of care shall be developed and monitored by a case manager without a conflict of interest to the legally responsible individual provider or to the participant, which means the case manager shall not be employed by or related to the provider or the participant (i.e. sibling, child, grandparent, aunt, uncle, or other parent/step-parent, cousin, step family, or the participant's guardian), to ensure the provision of services is in the best interest of the participant.

The plan shall document that services do not duplicate similar services, natural supports, or services otherwise available to the participant.

Respite

Note

New limitation noted excluding parents from providing this service

Rate:

\$3.53/15 min

All Waivers

***can be self-directed**

Definition: Respite care consists of services provided to participants unable to care for themselves. Respite is intended to be utilized on a short-term basis because of the absence or need for relief of the natural caregiver. Respite must be episodic, for special events when the caregiver needs relief. Respite cannot be used as a substitute for care while the primary caregiver is at work. It cannot be used for daily scheduled supervision. The amount of Respite services authorized shall be based upon need and does not include similar services otherwise available through public education programs in the participant's local school district, including after school supervision, daytime services when school is not in session, and services to preschool age children.

Respite care may be provided in the waiver participant's home, the private residence of a Respite care provider, or in a group home, as long as the staff person in the group home does not have supervision duties to others living in the group home. Respite services shall not cover any cost for room and board. Respite care may include activities that take place in community settings such as parks, stores, recreation centers.

Scope and Limitations:

Service is a 15-minute unit with a limit based upon the participant's need and budget limit, not to exceed 7,280 units per plan year if living with family and not to exceed 2500 units per plan if living in residential services with a non-CARF accredited provider. Services provided must be provided as relief of the primary caregiver, should primarily be episodic in nature, and not used when parents or primary caregivers are working. Respite can only be provided to two participants at the same time unless a participant's plan of care requires 1:1 support. [Relative providers \(excluding parents/stepparents\) may provide this service.](#) Providers cannot provide respite services to children and adults at the same time, unless approved in advance by the Division. Respite services cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.

Residential Habilitation	Note: new limitations regarding relative providers	Rate: daily tiered rates intervention \$6.24/15 minute unit	All Waivers
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Definition:
 Individually-tailored supports for a waiver participant that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care, protective oversight and supervision.
 Residential habilitation may be furnished in a home owned or leased by a provider or in the participant's home (if no unpaid caregivers or adult family members live in the home), where staff provides on-going 24-hour supervision. Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the Americans with Disabilities Act.
 Transportation between the participant's place of residence, other service sites, or places in the community is included in the rate. Payment is not made, directly or indirectly, to members of the participant's immediate family, except as provided in Appendix C-2. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in Appendix I-5.
Residential Habilitation Intervention (*service only available for participants on Adult DD and ABI Waivers*) can be added to a plan for situations where a participant's supervision level may not provide sufficient staffing for specific activities, but the extensive supervision is not needed at all times. Intervention provides an extra staff person to supervise a participant during times of behavioral episodes, extensive personal care, positioning, health, medical, or safety needs. Intervention for behavioral purposes is not intended for watching the person should the behavior occur, but for the purpose of teaching appropriate behaviors and keeping the participant safe.

Scope and Limitations:
 The provision of residential habilitation services includes personal care needs, so plans of care are not approved that include both residential services and personal care or companion services. This service is available for participants ages 18 and up. The participant must be in service a minimum of 8 hours in a 24-hour period (from 12:00am-11:59pm) for the provider to be reimbursed. Family visits and trips are encouraged. The provider will be allowed to be reimbursed on the day the participant returns home from a trip. [Relative providers \(excluding parents/stepparents\) may provide this service to the participant while in the participant's residence. Parents or Stepparents, who are the providers or employees of a provider, may provide this service but shall not live in the same residence as the participant.](#)
 Waiver participants not receiving 24-hour residential services, who are at significant risk due to extraordinary needs that cannot be met in their current living arrangement, may request 24-hour Residential Habilitation services if no other services are available through Foster Care Services managed by the Department of Family Services or the BOCES program managed by the Department of Education and if the participant meets one of the following targeting criteria:

- A substantial threat to a person's life or health caused by homelessness or abuse/neglect that is either substantiated by Department of Family Services or corroborated by the Developmental Disabilities Division or Protection & Advocacy Systems, Inc.
- Situations where the person's condition poses a substantial threat to a person's life or health, and is documented in writing by a physician.
- Situations where a person has caused serious physical harm to him or herself or someone else in the home, or the person's condition presents a substantial risk of physical threat to him or herself or others in the home.
- Situations where there are significant and frequently occurring behavior challenges resulting in danger to the person's health and safety, or the health and safety of others in the home.
- Situations where the person's critical medical condition requires ongoing 24-hour support and supervision to maintain the person's health and safety.
- Loss of primary caregiver due to caregiver's death, incapacitation, critical medical condition, or inability to provide continuous care.

Day Habilitation	Notes New limitations added	Rate: 15 minute unit and daily tiered rates intervention \$6.24/15 minute unit	Adult DD and ABI Waivers only
<p>Definition: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant’s private residence or other residential living arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Services are furnished four (4) or more hours per day on a regularly scheduled basis for one (1) or more days per week or as specified in the participant’s service plan. Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in other settings. Individuals in Day Habilitation may be paid for work activities if the focus of the activity is not independent employment but a means to encourage acquisition, retention, or improvement of skills. If an organization is paying less than minimum wage, all wage and hour labor laws will be met. All transportation including trips to and from the residence, therapy, volunteer sites, and any community activities will be included in the rate.</p> <p>Day Habilitation Intervention can be added to a plan for situations where a participant’s supervision level may not provide sufficient staffing for specific activities, but the extensive supervision is not needed at all times. Intervention provides an extra staff person to supervise a participant during times of behavioral episodes, extensive personal care, positioning, health, medical, or safety needs. Intervention for behavioral purposes is not intended for watching the person should the behavior occur, but for the purpose of teaching appropriate behaviors and keeping the participant safe.</p>			
<p>Scope and Limitations: The daily unit <u>provides for at least 7 hours of service and</u> requires <u>the participant to receive</u> a minimum of four (4) hours <u>of service</u> a day of service <u>for the provider to bill and shall not exceed five units or days per week. and assumes five (5) units per week.</u> Units will be based on individual need with the maximum of 15-minute units being 3750 units in a plan year. <u>The plan of care must identify either the daily unit or the 15 minute unit based on the participant's need. Both the daily unit and the 15 minute unit may be on a participant’s plan of care but they cannot be used on the same day. If both types of units are on the plan, the maximum dollar amount for units over the plan year cannot exceed the current approved amount for this service. Additional units of the service require additional documentation of need and shall be reviewed on a case by case basis by the Division. All relative providers may provide this service.</u> Day habilitation services cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.</p>			
Special Family Habilitation Home			Rate: \$131.72/day Child DD Waiver only
<p>Definition: Special Family Habilitation Home consists of participant specific, individually designed and coordinated training within a family (other than biological or adoptive parents) host home environment. This service is intended for children birth through 20 years of age. The provider is the primary caregiver and assumes 24-hour care of the individual.</p>			

Scope and Limitations:

This service cannot be used in conjunction with Residential Habilitation Training services. The provision of special family habilitation home services includes personal care needs, so plans of care are not approved that include both residential services and personal care services. The participant must be in service a minimum of 8 hours in a 24 hour period (from 12:00am-11:59pm) for the provider to be reimbursed. Family visits and trips are encouraged. The provider will be allowed to be reimbursed on the day the participant returns home from a trip. [Relative providers \(excluding parents/stepparents\) may provide this service.](#)

Waiver participants not receiving 24-hour residential services, who are at significant risk due to extraordinary needs that cannot be met in their current living arrangement, may request 24-hour Special Family Habilitation Home services if the service is not available through the Foster Care Service managed by the Department of Family Services or the BOCES program through the Department of Education. The participant must meet one of the following targeted criteria:

- A substantial threat to a person’s life or health caused by homelessness or abuse/neglect that is either substantiated by Department of Family Services or corroborated by the Developmental Disabilities Division or Protection & Advocacy Systems, Inc.
- Situations where the person’s condition poses a substantial threat to a person’s life or health, and is documented in writing by a physician.
- Situations where a person has caused serious physical harm to him or herself or someone else in the home, or the person’s condition presents a substantial risk of physical threat to him or herself or others in the home.
- Situations where there are significant and frequently occurring behavior challenges resulting in danger to the person’s health and safety, or the health and safety of others in the home.
- Situations where the person’s critical medical condition requires ongoing 24-hour support and supervision to maintain the person’s health and safety.
- Loss of primary caregiver due to caregiver’s death, incapacitation, critical medical condition, or inability to provide continuous care.

Community Integrated Employment

**Rate: individual - \$6.85 /15 min
group - \$2.73/15 min**

**All Waivers
* can be self-directed**

Definition:

Supported Employment Service consists of Individual Community Integrated Employment Services and Group Employment Services.

Individual Community Integrated Employment Services: Individual Community Integrated Employment services consist of intensive, ongoing support that enable a participant, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of his/her disability, need supports to perform in a regular work setting. Individual Community Integrated Employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Services are conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Individual Community Integrated Employment includes activities needed to sustain paid work by a participant, including supervision and training. When Individual Community Integrated Employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting. Transportation is included in the reimbursement rate.

Objectives must be identified in the participant's plan that support the need for continued job coaching. The job coach must be in the immediate vicinity and available for immediate intervention and support.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

Group Support Employment Services: Group Supported Employment Services consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Group Supported Employment may include assisting the participant to locate a job or develop a job with a community employer. Group Supported Employment

includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Group Supported Employment can include employment in community businesses or businesses that are part of a provider organization. Transportation is included in the reimbursement rate.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

Scope and Limitations:

Service available to Child DD Waiver participants 18 years of age and older. [Relative providers \(excluding parents/stepparents\) may provide this service.](#) Documentation must be maintained in the participant file verifying this service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Service cannot be provided during the school hours set by the local school district.

Agency with Choice	Note: Used to self-direct services. Service does not allow for budget authority. Workers are paid the wage set by the Agency.	Rate: \$51.62/month	All Waivers
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Definition: The financial management service (FMS) Agency-with-Choice provider operates as co-employer with the waiver participant and/or their legal representative, who serve as the managing employer, for the purpose of ensuring that the necessary employer-related duties and tasks, including payroll are carried out as described below. Service only available to people self-directing at least one service under employer authority. Participants or their legal representatives self-directing services under the Financial Management Service Agency with Choice do not have budgetary authority, including the option to purchase Individual Goods and Services. Participants or their legal representatives who choose to self-direct services must choose either the Financial Management Service Fiscal/Employer Agent or the Financial Management Service Agency with Choice service. Requirements include:

1. Performing accurate and timely payroll services, providing workers compensation insurance and other benefits administration for workers, as applicable pursuant to federal and state rules and regulations.
2. Using generally accepted accounting practices for record keeping.
3. Serving as employer of record for workers employed by the agency including those who are recruited, referred and managed by participants.
4. Processing criminal background checks and Central Registry checks on prospective employees as required or requested.
5. Assuring prospective employees meet the standards for the service being provided, including when applicable, maintaining current CPR and First Aid Certification, participant specific training, general training on recognizing abuse, neglect and exploitation, Division’s Notification of Incident process, service documentation, HIPAA/Confidentiality, implementing objectives, and complaints/grievance procedures.
6. Receiving, responding to/resolve and track the receipt of calls and grievances from participants and their representatives and service providers, including the reporting of incidents as a mandatory reporter.
7. Providing services in accordance with the philosophy of self-direction.
8. Establishing a system for developing and maintaining Agency-with-Choice, participant, service worker, and vendor records and files (both current and archived) that is secure and HIPAA compliant.
9. Providing the co-employment services serving as the employer of record in which the participant, who is the managing employer has the rights and responsibilities to:
 - a. Recruit and refer prospective workers to the Agency-with-Choice for hire and assignment back to the participant.
 - b. Orient and train workers.
 - c. Determine workers’ terms and conditions of work and work schedules.
 - d. Supervise workers’ day-to-day activities.

- e. Evaluate workers' performance.
 - f. Discharge workers as necessary from their work sites (homes).
 - g. Request that the Agency-with-Choice refer workers for consideration and assignment to the participant.
10. Develop and implement a quality assurance program to ensure continuous quality improvement including measurements of participant satisfaction.
 11. Develop an FMS Agency-with-Choice Policies and Procedure Manual that includes policies, procedures and internal controls for all FMS Agency-with-Choice tasks, including the requirements listed above. This Manual must be completed and reviewed by the Division before the agency can be certified in the Agency with Choice Service and must be updated as needed and at least every 12 months.
 12. A Certificate of Good Standing from the Wyoming Department of Employment, verifying provider is in compliance with the unemployment insurance and Workers Compensation requirements of Wyoming.

Scope and Limitations: Service only available to people self-directing at least one direct care service. [Relative providers \(excluding parents/stepparents\) may provide this service.](#)

Child Habilitation Services

Rate: \$2.78 /15 min (ages 0-12)
\$3.53 /15 min (ages 13-17~~8~~)

Child DD Waiver Only

Definition:

Child Habilitation Services provide children with regularly scheduled activities (and/or supervision) for part of the day. Services include training, coordination and intervention directed at skill development and maintenance, physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration and domestic and economic management. This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision, daytime services when school is not in session, and services to preschool age children.

Service may provided at various times of the day in multiple settings, when other waiver services would not be more appropriate, such as Respite or Personal Care. Service may occur in a single physical environment or in multiple environments, including natural settings in the community. Training activities may involve children and their families.

Child Habilitation Services also includes the provision of supplementary staffing necessary to meet the child's exceptional care needs in a daycare setting. Coordination activities may involve the implementation of components of the child's family-centered and individualized service plans and may involve family, professionals, and others involved with the child as directed by the child's plan. Transportation is included in the reimbursement rate.

Scope and Limitations:

1. This service is limited to children under age 18.
2. This service is a 15-minute unit. A provider can receive reimbursement for up to two (2) participants at one time, with a limit of three (3) persons being supervised by a provider or provider staff at one time.
3. The rate for this service, for children through age 12, does not include the basic cost of childcare unrelated to a child's disability that may be needed by parents or regular caregivers to allow them to work or participate in educational or vocational training programs. The "basic cost of child care" means the rate charged by and paid to a childcare center or worker for children who do not have special needs. The basic cost of childcare does not include the provision of supplementary staffing and environmental modifications necessary to provide accessibility at regular child care settings; these costs can be covered by this service.
4. For children over age 12 through age 17, the rate for the service shall have a modifier "add in" component to cover the amount of the child care cost, which is no longer required after age 12.
5. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA).
6. Child Habilitation Services include personal care services, so providers cannot be reimbursed for providing both services at the same time.
7. Child Habilitation Services cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.
8. Units shall be limited based upon the participant's need during non-school times and during summer, breaks, etc. A further limit is the participant's budget amount.
9. [Relative providers \(excluding parents/stepparents\) may provide this service.](#)

Companion Services		Rate: Individual \$3.89/15 min Group \$1.50/15 min	All Waivers *can be self-directed
<p>Definition: Companion services include non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and community and enhancing independence. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. Companion services include informal training goals in areas specified in the individual plan of care. The provision of companion services does not entail hands-on nursing care, but does include personal care assistance with activities of daily living as needed during the provision of services. Transportation is included in the reimbursement rate.</p>			
<p>Scope and Limitations: This service is available to participants ages 18 and up. It is 15-minute unit and is available as a 1:1 service or a group rate— reimbursable to up to 3 participants. Companion Services provided to participants ages 18 through 21 may not duplicate or replace services that are covered under IDEA and cannot be provided during school hours. With the group rate, providers can provide companion services for up to three participants at the same time. Providers cannot serve children and adults at the same time unless authorized in advance by the Division. Relative providers (excluding parents/stepparents) may provide this service. Companion services cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.</p>			
Unpaid Caregiver Training and Education		Note: Service can only be used if a person is using the Fiscal/Employer Agent FMS – Public Partnership, LLC	Rate: Event All Waivers *must be self-directed thru PPL
<p>Definition: This service enables family members and other unpaid caregivers to gain the knowledge and skills needed to participate more fully in various aspects of caring and advocating for a participant with a disability in their homes, schools and communities. This service includes learning the various techniques and intervention strategies necessary to help a participant to progress, instruction on equipment use as specified in the individual plan of care, and updates as necessary to safely maintain the individual at home. Education includes reimbursement of registration fees for unpaid caregivers to attend seminars and similar opportunities for knowledge dissemination when such opportunities are approved as appropriate. Education must be included in the participant plan of care. Only training and education that is determined to be for the purpose of improving the care of the participant and/or otherwise contributing to the greater welfare of the participant will be approved. Unpaid caregivers are the persons who live with or provide care to a participant on the waiver and may include a parent, spouse, children, relatives, foster family, in-laws, neighbors or other people providing natural supports. This does not include individuals who are employed to care for the participant.</p>			
<p>Scope and Limitations: \$2,000 annual limit. This service is only available for participants self-directing at least one direct care service through the Fiscal Employer Agent FMS option. The limit provides adequate funding for attending a conference, including conference fees and depending on the location, provides adequate funding for targeted training by professionals. Service cannot cover the costs of travel, meals and overnight lodging to attend a training event or conference. The Division shall review any request above the specified limit and <i>may</i> approve the request if it is within the person’s individualized budget amount and based upon the health and safety needs of the participant. Criteria for approval above this limit may include that the unpaid caregiver training must address critical health or welfare needs, the unpaid caregiver training is a one-time training to assure unpaid caregivers can fulfill their role successfully reducing the need for waiver services, or other extenuating circumstances. All services must be prior authorized by the Developmental Disabilities Division.</p>			
Individual Directed Goods and Services		Note: Service can only be used if a person is using the Fiscal/Employer Agent FMS – Public Partnership, LLC	Rate: Event All Waivers *must be self-directed thru PPL
<p>Definition: Goods and services are services, equipment, and supplies that provide direct benefit to the participant and support specific outcomes in the individual plan of care. The service, equipment or supply must:</p> <ol style="list-style-type: none"> 1. Reduce the reliance of the participant on other paid supports, or 2. Be directly related to health or safety of the participant in the home or community, or 3. Be habilitative and contribute to a therapeutic objective, or 4. Increase the participant’s ability to be integrated into the community, or 5. Provide resources to expand self-advocacy skills and knowledge. 			

Goods and Services may include:

- Specialized equipment
- Devices, aids, controls, supplies, or household appliances which enable individuals to increase the ability to perform activities of daily living or to perceive, control, or communicate with the environment and/or community in which s/he lives. Service includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Service includes vehicle modifications but does not include items of direct medical or remedial benefit to the individual. All items must meet applicable standards of manufacture, design, and installation.
- Transportation provided by family members (excluding parents, step-parents, guardians, or spouses per Wyoming State Statute), friends, and other licensed drivers for using non-agency vehicles to transport the person to services and activities specified in the person's individual plan of care unless the service includes transportation. The unit of service is one mile. The rate may not exceed the current state rate for mileage reimbursement and cannot include medical transportation covered by the Medicaid State Plan.
- Home modifications - Physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, enhance the individual's level of independence, or which enable the individual to function with greater independence in the home.
- Camps - May cover cost of the participant attending a camp, and in some cases, an attendant to accompany the person to a camp that he/she could not attend alone and additional staffing was not available at the camp to ensure the person's health and safety.
- Consultation, evaluation and training, and/or a written document that evaluates and identifies the participant's strengths, needs, current availability and potential capacity of natural supports, and the need for service and financial resources, if appropriate. As appropriate for the participant, a consultation shall include participant preferences, health status, medications, conditions and treatments, functional performance, including Activities of Daily Living (ADLs), level of assistance needed, and assistive devices used and/or needed. Behavior and emotional factors, including pertinent history, coping mechanisms, and stressors. Cognitive functioning, including memory, attention, judgment, and general cognitive measures. Environmental factors, including architectural, transportation, other barriers. Social supports and networks, including natural supports. Financial factors, including guardianship or conservatorships, or entitlements that influence the array of supports and services that are needed.
- Consultations and evaluations may be warranted based upon a specific disability, diagnosis, behavior concern, or medical condition relating to the disability. Family members and the person's environment may be involved in the consultation and training, which will help the person increase their health and safety, minimize the use of paid supports, and reduce the likelihood of institutionalization. This consultation and evaluation shall be used by the family and participant's team to better provide both paid and unpaid supports for the participant.

Scope and Limitations:

Individually Directed Goods and Services have a \$2,000 annual limit. All goods and services must be prior authorized by the Division and cannot be available through Specialized Equipment or Environmental Modifications on the waiver as specified in Chapter 44 of the Medicaid Rules. The Division may approve requests above the limit if the request meets the specified criteria. Criteria for approving requests above the limit shall include goods or service needs that are due to:

- Unmet needs because of aging out of school
- Documented unavailability of vocational rehabilitation services
- Increasing health concerns that require more services
- Increasing behavioral concerns that require more intervention
- Health needs of unpaid caregivers who cannot continue the historical level of support.

[This service is only available for participants self-directing at least one direct care service through the Fiscal Employer Agent FMS option. ~~This service is only available for individuals who self-direct their own supports.~~ This service may be provided by a relative \(excluding parents/stepparents\). This service may not duplicate any Medicaid State Plan service.](#)

Limitations:

Modifications to a residence are not approved when the cost of such modifications exceeds the value of the residence before the modification. Covered modifications of rented or leased homes shall be those extraordinary alterations that are uniquely needed by the individual and for which the property owner would not ordinarily be responsible. Does not include adaptations or improvements to the home, which are of general utility and are not of direct medical or remedial benefit, nor adaptations that add to the total square footage of the home.

Residential Habilitation Training		Rate: \$29.96/hour unit	Child DD Waiver only *can be self-directed
Definition: Individually-tailored supports that assist a participant with the acquisition of, retention of, or improvement in skills related to gaining more independent living skills. Services are designed to increase or maintain the participant's skills and independence, and promote self-advocacy. Residential Habilitation Training services are for participants who live with unpaid caregivers or who need less than 24-hour supervision and support. Supports and training objectives may include: adaptive skill development; assistance with activities of daily living; support during transportation; educational supports; and social and leisure skill development. Services include: personal care; assistance with money management; assistance with maintaining social, spiritual and individual relationships; reminding, observing and monitoring medication and pharmacy needs; and providing assistance with the self-administration of medication. This service also includes community access, which is designed to promote maximum participation in community life, support individuals in achieving their desired outcome, promote self-advocacy, and enhance a waiver participant's ability to control his/her environment through focused teaching of adaptive skills, self-help and socialization skills. Services are provided in integrated settings with persons who do not have disabilities. Community access services cross the lifespan from childhood to adulthood. Supports include facilitation of inclusion of the individual within a community group or volunteer organization; opportunities for the participant to join formal/informal associations and community groups; opportunities for inclusion in a broad range of community settings including opportunities to pursue social and cultural interests, choice making, and volunteer time. Transportation relating to the participant's Residential Habilitation Training objective, such as trips into the community, shall be provided by the service provider and is included in the rate for the service. This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision, daytime services when school is not in session, and services to preschool age children.			
Scope and Limitations: Residential Habilitation Training is a 1:1 service with an hourly unit, which can be provided in 15-minute increments throughout the day but cannot be rounded to the nearest hour to bill. It is available to participants of all ages on the Child DD Waiver. Relative providers (excluding parents/stepparents) may provide this service. Residential Habilitation Training services have a limit based upon the participant's need and budget limit. For participants through age 21, Residential Habilitation Training services cannot duplicate or replace services covered under IDEA and services cannot be provided during school hours. Residential Habilitation Training cannot be provided during the same time period as other waiver services, which is subject to audit by the Program Integrity Unit within the Single State Medicaid Agency.			
Homemaker		Rate: \$3.89/15 minutes	All Waivers
Definition: Services consisting of general household activities such as meal preparation and routine household care, which are provided by a trained homemaker when the individual regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home or when the person who usually does these things is temporarily unavailable or unable to perform the tasks. This service does not include direct care/supervision of the waiver participant.			
Scope and Limitations: Plan limit is 156 hours, with a maximum of 3 hours per week per household. Service is not available to participants who receive residential habilitation or special family habilitation home services on the waiver. Relative providers (excluding parents/stepparents) may provide this service.			
Supported Living		Note see new limitations on provider type and unit limit Rate: \$8.35/15 min unit for individual \$3.20/15 min group \$89.66 -Daily unit group	All Waivers, age 18+ *can be self-directed
Definition: Supported Living Services assist persons with disabilities to live in their own home, family home, or rental unit. These individuals do not require ongoing 24-hour supervision but do require a range of community-based support to maintain their independence. They require individually-tailored supports to assist with the acquisition, retention, or improvement in skills related to living successfully in the community. Supported living services shall be based upon need. These services can include: assisting with common daily living activities; performing routine household activities to maintain a clean and safe home; assistance with health issues, medications, and medical services; teaching the use of the community's transportation system; teaching the use of police, fire and emergency assistance; managing personal financial affairs; building and maintaining interpersonal relationships; participating in community life; and 24-hour emergency assistance. This service includes personal care, therefore personal care services cannot be added as a separate service on the plan of care. Transportation is included in the reimbursement rate.			
Scope and Limitations:			

The daily unit [provides for at least 7 hours of service](#), requires a minimum of 4 hours a day of services and can be reimbursed for up to three participants. The maximum of 15 minute units will be 5400 units in a plan year for the group rate and 3900 units for the individual rate.

[All relative providers may provide this service. Services provided by a relative provider residing in the same residence as the participant shall be the 15 minute unit only \(not the daily unit\) and the maximum units allowed per plan year shall be the cap limit specified in the service definition \(3900 units for the individual rate\).](#)

[The plan of care must identify either the daily unit or the 15 minute unit based on the participant's need. Both the daily unit and the 15 minute unit may be on a participant's plan of care but they cannot be used on the same day. If both types of units are on the plan, the maximum dollar amount for units over the plan year cannot exceed the current approved amount for this service. Additional units of the service require additional documentation of need and shall be reviewed on a case by case basis by the Division.](#)

This service is available for waiver participants 18 years of age and up.

Skilled Nursing

Rate: \$18.19/ 15 minutes

All Waivers

Definition: Services listed in the plan of care that are within the scope of the State's Nurse Practice Act. Skilled nursing services under the waiver differ in provider type (including provider training and qualifications) from skilled nursing services in the Medicaid State plan.

Scope and Limitations: Skilled nursing on the waiver may be provided by provider agencies and independent nurses as long as they meet the provider qualifications. The Wyoming Medicaid State Plan requires that skilled nursing services be provided by home health agencies that provide a minimum of two medically necessary services. [Relative providers shall not provide this service.](#)

Environmental Modifications

Notes relative provider type explained and limitation noted

Rate: Event

All Waivers

Definition: Those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Scope and Limitations:

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Scope and Limitations of this service are found in Medicaid Rule Chapter 44. Participants cannot have both Individual Goods and Services and Environmental Modifications on the plan.

[Relative providers \(including parents/stepparents\) may provide this service in accordance with Chapter 45, adhering to the following requirements:](#)

- [They are a certified Medicaid Waiver Environmental Modification Provider; and](#)
- [The Division receives at least one other bid from another provider to ensure cost effectiveness.](#)
- [The Division may use a third party assess the proposed modification and need for the modification to ensure cost effectiveness.](#)

Specialized Equipment

Notes relative provider type explained and limitation noted

Rate: Event

All Waivers

Definition: Specialized equipment includes:

1. Devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living;
2. Devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live
3. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items.
4. Such other durable and non-durable medical equipment not available under the state plan that is necessary to address participant functional limitations; and,
5. Necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

<p>Scope and Limitations: Limitations of this service are found in Medicaid Rule Chapter 44. Relative providers (including parents/stepparents) may provide this service with the following requirements:</p> <ul style="list-style-type: none"> • They are a certified Medicaid Waiver Specialized Equipment Provider; and • Do not impose a mark up to the total cost of the equipment when providing this service to their relative (unless they operate a non-profit corporation); and • Receive at least one other bid from another provider to ensure cost effectiveness. 			
Dietician Services		Rate: \$14.47/ 15 minute	All Waivers
<p>Definition: Dietician Services provided by a registered dietician include menu planning, consultation with and training for caregivers, and education for the individual served. The service does not include the cost of meals. Dietician Services are not available under the State Plan. Without this service certain individuals would receive inadequate nourishment and would require institutionalization. The Dietician services are those services designated in the participant’s Individual Plan of Care (IPC). The clientele served by this service show a pattern of chronic and unusual need requiring Dietician Services, which are not provided by the State Plan. Chronic needs encompass conditions such as severe obesity, poor food choices that compromise health, special diets approved by a physician for specific diagnoses or severe allergies.</p>			
<p>Scope and Limitations: Limited to services not provided under the Medicaid State Plan. Relative providers shall not provide this service.</p>			
Cognitive Retraining		Rate: \$8.10/15 min	ABI Waiver Only
<p>Definition: Training provided to the person served or family members that will assist the compensation or restoring cognitive function (e.g. ability/skills for learning, analysis, memory, attention, concentration, orientation, and information processing) in accordance with the Plan of Care (POC).</p>			
<p>Transition Plan: Participants who have this service on their plan will need to modify their plan by June 30, 2010 to switch the units remaining on the plan to the new code. Relative providers shall not provide this service.</p>			
Speech Therapy		Rate: Individual -\$16.95/ 15 min Group -\$6.50/ 15 min	Adult DD & ABI Waivers
<p>Definition: Speech Therapy services consist of the full range of activities provided by a licensed speech therapist. Services include screening and evaluation of participants with respect to speech function; development of therapeutic treatment plans; direct therapeutic intervention; selection, assistance, and training with augmentative communication devices, and the provision of ongoing therapy. Speech Therapy services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician.</p>			
<p>Scope and Limitations: Services are provided under the state plan when they are restorative. Maintenance therapy may be provided under the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day. Relative providers shall not provide this service.</p>			
Occupational Therapy		Rate: Individual -\$17.19/ 15 min Group -\$6.59/ 15 min	Adult DD & ABI Waivers
<p>Definition: Occupational Therapy services consist of the full range of activities provided by a licensed occupational therapist. Services include assessing needs, development a treatment plan, determining therapeutic intervention, training and assisting with adaptive aids. Occupational Services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician. State Plan Occupational Services are limited to restorative therapy.</p>			
<p>Scope and Limitations: Services are provided under the state plan when they are restorative. Maintenance therapy may be provided under the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day. Relative providers shall not provide this service.</p>			
Physical Therapy		Rate: Individual -\$21.04/15 min Group -\$8.06/15 min	Adult DD & ABI Waivers
<p>Definition: Physical Therapy services consist of the full range of activities provided by a licensed physical therapist. This service assists individuals to preserve and improve their abilities for independent function such as range of motion, strength, tolerance, and coordination. It may also prevent, insofar as possible, irreducible or progressive disabilities through the use of assistive and adaptive devices, positioning, and sensory stimulation. Physical Therapy Services through the waiver can be used for maintenance and the prevention of regression of skills. The units must be prior authorized and must be prescribed by a physician. State Plan Physical Services are limited to restorative therapy.</p>			
<p>Scope and Limitations: Services are provided under the state plan when they are restorative. Maintenance therapy may be provided under the waiver. These services are uniquely coded. Edits to MMIS prohibit both restorative and maintenance therapy from being billed on the same day. Relative providers shall not provide this service.</p>			