

ANNUAL Children's Extensive Support SERVICES GUIDE

SERVICE CODE	Service Description	SIS Level	Unit Designation	Unit Rate	Hour Rate (unit *4)
PERSONAL ASSISTANCE SERVICES					
T1019	<p>Personal Care A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel/bladder care, menstrual care, transferring, money management, and grocery shopping.) This 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, emergency or on a continuing basis. When Personal Care & health-related services are needed (i.e. first aid, med admin, or skilled care that takes place outside the home), they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible. Must access Home Health before adding Personal Care to the PAR except for grocery shopping and money management.</p>	Indiv	1 unit = 15 min	\$4.66	\$18.64
S5130	<p>Homemaker - BASIC Services that consist of the performance of basic household tasks within the participant's primary residence (i.e. cleaning, laundry, or household care) including maintenance which are related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.</p>	Indiv	1 unit = 15 min	\$3.57	\$14.28
S5130	<p>Homemaker - ENHANCED Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes by implementing a ISSP (provider writes up). The primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs (i.e. Smearing of feces)</p>	Indiv	1 unit = 15 min	\$5.77	\$23.08
S5150	<p>Respite: INDIVIDUAL per 15min Services provided that are on a short term basis, because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Respite does not need to be in the home. Federal financial participation is not to be claimed for the cost of room & board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite will be billed according to a unit rate or daily rate whichever is less. Amount of respite provided in 1 plan yr may not exceed 30 days & 1,880 units/plan year. The state may approve a higher amt based on a documented increase in medical or behavioral needs as reflected in the behavior plan or medical record. Amount of respite will have 2 types of limitations. 1) Will be limited to 30 full days/year. A full day is any service period of 40 units (10 hrs) or greater. 2) an individual may receive up to 1,880 units (470 hrs) of respite for those days in which the total hrs were less than 40 units (10 hrs).</p>	Indiv	1 unit = 15 min	\$4.66	\$18.64
S5151	<p>Respite: INDIVIDUAL per Day Same definition as above. Respite that is more then 10 hours a day will be billed at one rate.</p>	Indiv	1 unit - day	\$186.28	

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S5151	Respite: Group Same definition as above. Respite that is provided to more than one individual.	Group	1 Unit = \$1	\$1.00	
T2036	Respite: Camp Same definition as above. Respite that is provided at a camp.	Group	1 Unit = \$1	\$1.00	
PROFESSIONAL SERVICES					
Professional services include Hippo-therapy, Movement Therapy and Massage Therapy. These services can be funded only when the provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source.					
97124	Massage Therapy Massage therapy provided by licensed professional. Massage therapy is the physical manipulation of muscles to ease muscle contractures, spasms, extensions, muscle relaxation and muscle tension including Watsu.	Indiv	1 unit = 15 min	\$17.55	\$70.20
G0176	Movement Therapy: BA Therapist Movement therapy (aka Music Therapy) provided by a therapist with a bachelor's degree. This therapy entails the use of music as a therapeutic tool for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition, and gross motor skills.	Indiv	1 unit = 15 min	\$14.63	\$58.52
G0176	Movement Therapy: Masters Therapist Movement therapy (aka Music Therapy) provided by a therapist with a Masters degree. This therapy entails the use of music as a therapeutic tool for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition, and gross motor skills.	Indiv	1 unit = 15 min	\$21.45	\$85.80
S8940	Hippo Therapy: Individual Therapy provided to an individual 1:1. Hippo Therapy is a therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor/sensory integration/attention/cognitive/social/behavioral/communication. There is a certification exam allows therapists to be a hippotherapy clinical specialist.	Indiv	1 unit = 15 min	\$19.50	\$78.00
S8940	Hippo Therapy: Group Therapy provided to individuals in a group setting. Hippo Therapy is a therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor/sensory integration/attention/cognitive/social/behavioral/communication. There is a certification exam allows therapists to be a hippotherapy clinical specialist.	Group	1 unit = 15 min	\$8.29	\$33.16
BEHAVIORAL SERVICES					
Behavioral services identified in the Service Plan including individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual's developmental disability and are needed for the individual to acquire or maintain appropriate interactions with others. Intervention modalities shall relate to an identified challenging behavior need of the person and specific criteria for remediation of the behavior must be established. The provider(s) will be identified in the Service Plan and will be at the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services must be accessed through the Medicaid State Plan. It is possible for people with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions to have identified needs that the Developmental Disabilities system can provide and identified needs that the Mental Health system provides.					
H2019	Line Staff Additional staff who are working under the direction of the senior or lead therapist, that are brought out to the home or day program locations specifically carry out the behavioral plan only. These activities are time limited and targeted to the behavioral plan. Does not require credentialing but must be trained regarding behavioral plan implementation and interventions.	Indiv	1 unit = 15 min	\$6.24	\$24.96

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H2019	<p>Senior Therapist Senior Therapists shall have a Baccalaureate degree, or higher, in behavioral sciences and be nationally certified as a "Board Certified Associate Behavior Analyst" or certified by a similar nationally recognized organization and at least 2 years of directly supervised experience developing and implementing behavioral support plans that are consistent with best practice and research on effectiveness for people with developmental disabilities.</p>	Indiv	1 unit = 15 min	\$23.63	\$94.52
H2019	<p>Lead Therapist - Must have one of the following: 1. Have a doctoral degree w/ a specialty in psychiatry, medicine or clinical psychology & be actively licensed by the state board of examiners. Have one year of direct experience in behavioral therapies that are consistent with best practice & research on effectiveness for people with developmental disabilities. 2. Have a doctoral degree in one of the behavioral or health sciences & have completed 1 year of experience in behavioral therapies that are consistent with best practice & research on effectiveness for people with developmental disabilities. 3. Have a Master's degree, or higher, in behavioral sciences and be nationally certified as a "Board Certified Behavior Analyst" or certified by a similar nationally recognized organization. 4. Have a Master's degree or higher in one of the behavior or health sciences or credentialed as a related services provider (Physical Therapist, Occupational Therapist, or Speech Therapist) & have completed 1 year of direct supervised experience in behavioral therapies that are consistent w/ best practice & research on effectiveness for people w/ DD.</p>	Indiv	1 unit = 15 min	\$29.94	\$119.76
H2019	<p>Behavior Plan Specialist: Must have one of the following: 1. Bachelor or higher Degree and 3 years of directly supervised experience developing and implementing behavioral support plans that are consistent with best practice and research on effectiveness for people with developmental disabilities. 2. Associates Degree from an accredited college or university and 4 years of directly supervised experience developing and implementing behavioral support plans that are consistent with best practice and research on effectiveness for people with developmental disabilities. 3. 5 years of directly supervised experience developing and implementing behavioral support plans for individuals that are consistent with best practice and research on effectiveness for people with developmental disabilities.</p>	Indiv	1 unit = 15 min	\$11.84	\$47.36
T2024	<p>Behavioral Assessment</p>	Indiv	1 Unit = \$1	\$1.00	
OTHER SERVICES					
T1999	<p>Adapted Therapeutic Recreation Equip/Fees: Recreational equipment that is adapted specific to the participant's disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access professional services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and typical indoor/ outdoors play structures The maximum annual allowance for recreational items/services is \$1,000.00 per plan year.</p>	Indiv	1 unit = \$1	\$1.00	

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S5165	<p><u>Home Accessibility Adaptations</u> Those physical adaptations to the primary residence of the participant's family that are necessary to ensure the health, welfare & safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall meet the identified need & must be recommended by a Medicaid Therapist (usually an OT or PT). Such adaptations include the installation of ramps & grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric & plumbing systems that are necessary to accommodate the medical equipment & supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning, etc.) and are not of direct medical or remedial benefit to the participant. Also excluded are adaptations to rental properties. Medicaid State plan or third party source shall be utilized first. HAA, Assistive Tech, and Vehicle Mod limited to \$10000 for the life of the Waiver-5yrs.</p>	Indiv	1 Unit = \$1	\$1.00	
T2035	<p><u>Assistive Technology</u> Assistive technology device means an item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology includes: 1) The evaluation of the assistive technology needs of a participant 2) Services consisting of selecting, customizing, adapting, repairing, or replacing the assistive technology; 3) Training or technical assistance for the participant or the family members/guardians/advocates/authorized representatives; & 4) Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, & internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective & efficient means to meet the need & which make learning easier, such as adaptations to computers, or computer software related to the person's disability. Hearing aids can be covered however hearing services are under the Medicaid State Plan. Need recommendation by a Medicaid Therapist, usually an OT or PT. HAA, Assistive Tech, and Vehicle Mod limited to \$10000 for the life of the Waiver-5yrs.</p>	Indiv	1 Unit = \$1	\$1.00	
T2039	<p><u>Vehicle Modification</u> Adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded: 1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant; 2) Purchase or lease of a vehicle; and 3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications. Need recommendation by a Medicaid Therapist, usually an OT or PT. HAA, Assistive Tech, and Vehicle Mod limited to \$10000 for the life of the Waiver-5yrs.</p>	Indiv	1 Unit = \$1	\$1.00	

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H2021	<p>Community Connector: Supports the abilities & skills necessary to enable the individual to access typical activities & functions of community life such as those chosen by the general population, including community education or training, and volunteer activities. Supported Community Connections provides a wide variety of opportunities to facilitate & build relationships & natural supports in the community while utilizing the community as a learning environment to provide services & supports as identified in the participant's service plan. These activities are conducted in a variety of settings in which participants interact w/ non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, & personnel to accompany & support the individual in community settings, resources necessary for participation in activities & supplies related to skill acquisition, retention, or improvement. Supported Community Connections are provided on a 1:1 basis as a learning environment to provide instruction when identified in the SP.</p>	Indiv	1 unit = 15 min	\$7.84	\$31.36
H1010	<p>Parent Education: Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the participant's needs, including sign language training. Acquisition of information, specific to the participant's disability, for family members from support organizations and special resource materials, cost of registration for parents/caregivers to attend conferences/educational workshops that are specific to the participant's disability, cost of membership to parent support/information organizations and publications designed for parents of children with disabilities. The maximum annual allowance for Parent Education is \$1,000.00 per year.</p>	Indiv	1 unit = \$1	\$1.00	
T2029	<p>Specialized Medical Equipment Only when not available through Medicaid State Plan. Specialized Medical Equipment and supplies include: 1) Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living. 2) Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability. 3) Specially designed clothing (e.g. Velcro) for participant if the cost is over and above the costs generally incurred for a participant's clothing. 4) Maintenance and upkeep of the equipment. 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>	Indiv	1 unit = \$1	\$1.00	
T2028	<p>Specialized Medical Supplies - Disposable Only when not available through Medicaid State Plan. Devices, controls, supplies, or appliances, specified in the Service Plan that enable clients to increase their ability to perform activities of daily living, communicate in the environment they live, are necessary for life support, or to address physical conditions. Med cups, gloves, diapers, wipes, etc.</p>	Indiv	1 unit = \$1	\$1.00	

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V2799	<p><u>Vision Therapy</u> These services are provided only when the services are not available through the Medicaid State Plan or EPSDT due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the participant and the participant's signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks. Medicaid State Plan pays for exams/glasses.</p>	Indiv	1 Unit = \$1	\$1.00	