

ANNUAL Supported Living SERVICES GUIDE

SERVICE CODE	Service Description	SIS Level	Unit Designation	Unit Rate	Hour Rate (unit *4)
PERSONAL ASSISTANCE SERVICES					
T1019	<p><u>Personal Care:</u> 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 (besides for grocery shopping and money management)</p>	Indiv	1 unit = 15 min	\$4.66	\$18.64
H2021	<p><u>Mentorship:</u> Service provided to participants to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. This service includes assistance in interviewing potential providers, understanding complicated health and safety issues, writing the health and safety assessment, and assistance with participation on private and public boards, advisory groups and commissions. This service may also include training in child and infant care for parent(s) who themselves have a developmental disability. This service does not duplicate case management or waiver services such as Day Habilitation. Mentorship is limited to 192 units (48 hours) per year. Units to provide training to participants for child and infant care may be authorized beyond the 192 units per year.</p>	Indiv	1 unit = 15 min	\$9.41	\$37.64
S5130	<p><u>Homemaker - BASIC</u> Services that consist of the performance of basic household tasks within the participant's primary residence (i.e. cleaning, laundry, 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><u>Homemaker - ENHANCED</u> 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

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S5150	<p><u>Respite: INDIVIDUAL per 15min</u> 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 a variety of settings including the person's home or the providers 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><u>Respite: INDIVIDUAL per Day</u> 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	
S5151	<p><u>Respite - Group</u> Same definition as above. Respite that is provided to more than one individual, but no more than three individuals at a time receiving services. i.e. some providers have host homes also providing respite to adults receiving services. Or some providers have respite homes where respite is provided in a group environment. Again, no more than 3 individuals receiving services at a time.</p>	Group	1 Unit = \$1	\$1.00	
T2036	<p><u>Respite - Camp</u> Same definition as above. Respite that is provided at a camp.</p>	Group	1 Unit = \$1	\$1.00	
<p><u>PROFESSIONAL SERVICES</u> 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. (An OT, PT, or ST) The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source.</p>					
97124	<p><u>Massage Therapy</u> 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.</p>	Indiv	1 unit = 15 min	\$17.55	\$70.20
G0176	<p><u>Movement Therapy: BA Therapist</u> 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.</p>	Indiv	1 unit = 15 min	\$14.63	\$58.52
G0176	<p><u>Movement Therapy: Masters Therapist</u> 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.</p>	Indiv	1 unit = 15 min	\$21.45	\$85.80
S8940	<p><u>Hippo Therapy: Individual</u> 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.</p>	Indiv	1 unit = 15 min	\$19.50	\$78.00
S8940	<p><u>Hippo Therapy: Group</u> 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.</p>	Group	1 unit = 15 min	\$8.29	\$33.16

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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	<u>Line Staff</u> Additional staff who are working under the direction of the senior or lead therapist, that are brought into 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
H2019	<u>Senior Therapist</u> 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.	Indiv	1 unit = 15 min	\$23.63	\$94.52
H2019	<u>Lead Therapist - Must have one of the following:</u> 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.	Indiv	1 unit = 15 min	\$29.94	\$119.76
H2019	<u>Behavior Plan Specialist: Must have one of the following:</u> 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.	Indiv	1 unit = 15 min	\$11.84	\$47.36
T2024	<u>Behavioral Assessment</u>	Indiv	1 Unit = \$1	\$1.00	
DAY HABILITATION SERVICES					
Day Habilitation includes 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, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments: Specialized Habilitation (SH) and Supported Community Connections (SCC). Max units for Day Hab in combination with Supported Employment is 7112, which is 778 hours/yr or about 7 hours/day for 254 service days. Max units of Day Hab alone is 6427 which is about 1607 hours/yr or about 6.3 hours/day for 254 service days.					

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T2021	<p><u>Day Habilitation - Specialized Hab:</u> Specialized habilitation (SH) services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan. Tutoring services would fall in this category.</p>		See Below		
T2021	Day Habilitation - Specialized Hab: LEVEL 1	1	1 unit = 15 min	\$2.22	\$8.88
T2021	Day Habilitation - Specialized Hab: LEVEL 2	2	1 unit = 15 min	\$2.44	\$9.76
T2021	Day Habilitation - Specialized Hab: LEVEL 3	3	1 unit = 15 min	\$2.71	\$10.84
T2021	Day Habilitation - Specialized Hab: LEVEL 4	4	1 unit = 15 min	\$3.19	\$12.76
T2021	Day Habilitation - Specialized Hab: LEVEL 5	5	1 unit = 15 min	\$3.96	\$15.84
T2021	Day Habilitation - Specialized Hab: LEVEL 6	6	1 unit = 15 min	\$5.69	\$22.76
<p><u>Day Hab - Supp Community Connections:</u> Supported Community Connection supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a participant's Service Plan. These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p>					
T2021	Day Hab - Supp Community Connections: LEVEL 1	1	1 unit = 15 min	\$2.70	\$10.80
T2021	Day Hab - Supp Community Connections: LEVEL 2	2	1 unit = 15 min	\$2.96	\$11.84
T2021	Day Hab - Supp Community Connections: LEVEL 3	3	1 unit = 15 min	\$3.33	\$13.32
T2021	Day Hab - Supp Community Connections: LEVEL 4	4	1 unit = 15 min	\$3.83	\$15.32
T2021	Day Hab - Supp Community Connections: LEVEL 5	5	1 unit = 15 min	\$4.61	\$18.44
T2021	Day Hab - Supp Community Connections: LEVEL 6	6	1 unit = 15 min	\$6.06	\$24.24
<p><u>SUPPORTED EMPLOYMENT SERVICES</u> Supported Employment (SE) services consists 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. SE is conducted in a variety of settings in which participants interact with nondisabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. SE includes activities needed to sustain paid work by participants, including supervision and training. Participants are required to apply for services through the Division for Vocational Rehabilitation (DVR). SE does not take the place of nor is it duplicative of services received through the DVR. Max units for SE in combination with Day Hab is 7112, which is 778 hours/yr or about 7 hours/day for 254 service days. Max units for SE is 6068 which is about 1517 hours/yr or about 6 hours/day for 254 service days.</p>					
T2019	Job Coaching: Individual	Indiv	1 unit = 15 min	\$12.25	\$49.00
T2019	Job Coaching: Group:	See Below			
T2019	Job Coaching: Group: LEVEL 1	1	1 unit = 15 min	\$2.98	\$11.92
T2019	Job Coaching: Group: LEVEL 2	2	1 unit = 15 min	\$3.26	\$13.04
T2019	Job Coaching: Group: LEVEL 3	3	1 unit = 15 min	\$3.63	\$14.52
T2019	Job Coaching: Group: LEVEL 4	4	1 unit = 15 min	\$4.19	\$16.76
T2019	Job Coaching: Group: LEVEL 5	5	1 unit = 15 min	\$5.01	\$20.04
T2019	Job Coaching: Group: LEVEL 6	6	1 unit = 15 min	\$6.53	\$26.12
H2023	Job Development: Individual: LEVEL 1 THROUGH LEVEL 6	1	1 unit = 15 min	\$12.25	\$49.00
H2023	Job Development: Group	Group	1 unit = 15 min	\$3.91	\$15.64

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T2038	Job Placement: Individual	Indiv	1 Unit = \$1	\$1.00	
T2038	Job Placement: Group	Group	1 Unit = \$1	\$1.00	
TRANSPORTATION SERVICES					
Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under the State plan and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. Transportation to and from day program shall be reimbursed based on the applicable transportation band. Transportation in addition to day program is limited to 10 trips per week reimbursed at transportation band one.					
T2003	To Day Program: Mileage Band 1: 0-10 Miles	Band1	1 Unit = 1 Trip	\$5.45	
T2003	To Day Program: Mileage Band 2: 11-20 Miles	Band2	1 Unit = 1 Trip	\$11.42	
T2003	To Day Program: Mileage Band 3: 21+ Miles	Band3	1 Unit = 1 Trip	\$17.39	
T2003	NOT to Day Program: Non Assisted Transportation	Indiv	1 Unit = 1 Trip	\$5.45	
T2025	Other (Bus Pass, AAR, Taxi Coupons)	Indiv	1 Unit = \$1	\$1.00	
OTHER SERVICES					
S5165	<p>Home Accessibility Adaptations</p> <p>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>Assistive Technology:</p> <p>Assistive technology device means an item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of participants. 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, i.e electronic communication devices (excluding cell phones, pagers, & internet access unless prior authorized by the state); skill acquisition devices which are proven to be 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 are under Medicaid State/EPST until 21st bday, then can be covered by waiver, including the warranty. Need recommendation by Medicaid Therapist, usually OT or PT. HAA, Assistive Tech, & Vehicle Mod limited to \$10000 for life of Waiver-5yrs.</p>	Indiv	1 Unit = \$1	\$1.00	

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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	
D2999	<p><u>Dental Services</u> These services are provided only when the services are not available through the Medicaid State Plan. If the individual is under age 21, access Dental Services through Medicaid State Plan. Dental services include periodic examination and diagnosis; radiographs when indicated; detection of all manifestations of systemic disease; elimination of infection or life threatening oral conditions, disease of bone and soft tissue of the oral cavity, oral cancer, or cellulites; treatment of injuries; restoration of decayed or fractured teeth; retention or recovery of space between teeth when indicated; and payment for dental insurance. The cost of anesthesiology for dental procedures is not covered under the waiver however the Medicaid State Plan can pay for anesthesia outside the hospital setting, if completed by a Medicaid Provider.</p>	Indiv	1 Unit = \$1	\$1.00	
S5161	<p><u>Personal Emergency Response System</u> PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. The participant and their case manager develop a protocol for identifying who is to be contacted if/when the system is activated. Specialized clothing is now part of Specialized Medical Equipment and Supplies.</p>	Indiv	1 unit = \$1	\$1.00	
T2029	<p><u>Specialized Medical Equipment</u> 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><u>Specialized Medical Supplies - Disposable</u> 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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S5199	<p><u>Recreation Fees to Access Professional Services</u> The recreation fee code can be used to pay for a rec pass if it is necessary to receive services that are habilitative in nature including, Physical Therapy, Occupational Therapy, or the professional services defined in the waiver or the Medicaid State Plan. The OT/PT/SP must be present with the client at the rec center while they are participating in the therapy program outlined by that Professional. The specific habilitative need must be identified in the individual's Service Plan and the Service Plan must detail how access to the recreation center will assist in meeting the individual's identified need. The plan must demonstrate that the most cost effective method was used to determine the payment methodology, e.g.: daily, weekly, monthly.</p>	Indiv	1 Unit = \$1	\$1.00	
V2799	<p><u>Vision Services</u> These services are provided only when the services are not available through the Medicaid State Plan. Vision services are provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods used to improve specific dysfunctions of the vision systems. Lasik and other similar types of procedures are only prior approved and allowable when the procedure is necessary due to documented specific behavioral complexities (i.e. constant destruction of eye glasses) associated with the participant that make other more traditional remedies impractical.</p>	Indiv	1 Unit = \$1	\$1.00	