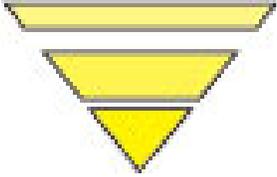


DEVELOPMENTAL DISABILITIES



Division of Developmental Disabilities ***Attachment B: Non-Waiver Service Definitions***

rev 7/15/15

This document has been re-titled "Attachment B: Non-Waiver Service Definitions" as it now only provides information on non-waiver services. However, there is a DD service matrix at the end of this document that provides the procedure codes, modifiers, and service units for all DD services, both waiver and non-waiver.

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Adaptive Behavior Evaluation (Type A and B)

Available for Waiver: None

Service Description:

Evaluation of an individual's adaptive behavior, skills in Activities of Daily Living related to physical, social and cognitive demands of the community environment shall include the following procedures:

Type A - Administration of Adaptive Behavior Instruments

Observation of the individual in relevant environments and a face-to-face interview with the individual and key informants is required. Administration of the Missouri Automated Behavioral Scoring System or other instrument prescribed by a QDDP psychologist is also required.

Type B - Interpretation of Scores and Findings of Administered Adaptive Behavior Protocols

A review of anecdotal data and information to validate individual interview key informant is required.

Provider Requirements

Type A: A person with a high school diploma or its equivalent and certification from a regional Office as having successfully completed training in administration of the MABSS and other specifically identified protocols with at least two years experience in working with persons with developmental disabilities in a habilitative setting.

Type B: A person with a bachelor's degree in special education, psychology, social work, speech therapy, occupational therapy, physical therapy, recreational therapy or other recognized habilitation science, and certification from a regional Office, college or university as having successfully completed training in the administration of the MABSS **and** other specifically identified protocols. A QDDP is preferred.

Service Product

Type A: Completed MABSS computer input document or other adaptive behavior protocol with appropriate individual identifying data and a typewritten summary or anecdotal record of individual interview, key informant data and other appropriate information. Report/data must be completed and forwarded to DMH within 10 working days of authorized services provision.

Type B: A typewritten, detailed report of findings and recommendations related to adaptive behavior data about the individual, including strengths and needs, apparent ADL functioning level, and benchmarks, and appropriate AAMD classification (subject to modification by the interdisciplinary assessment team). Review of prior evaluations must be included in the evaluation report. Report must be completed and forwarded to DMH designated staff within 10 working days of authorized service provision.

Billing Information:

Type A

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 130A0H

Type B

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

POS Procedure: 130B0H

Adaptive Behavior Evaluation/Assessment

Available for Waiver: None

Service Description:

Assessment and/or interpretation of assessment(s) of an individual's adaptive behavior and skills in activities of daily living related to the physical, social and cognitive demands of the individual's environments. This service shall include the observation of the individual in relevant environments and face-to-face interviews with the individual, parents and/or other caregivers. Assessment information shall be the basis of recommendations towards the development of the individual's Services Plan.

Provider Requirements:

Service provider shall be a QDDP with a minimum of one (1) year of direct experience in providing related services for persons with autism. The experience must have been obtained with the last five (5) years.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 02200H

Alternative Language Translation

Available for Waiver: None

Service Description:

Facilitating communication with individuals who speak a language other than English as a primary language.

Provider Requirements:

Person proficient in translating a foreign language, i.e. Spanish, Vietnamese, etc., to English.

Billing Information:

Unit of Service: 15 minutes / As Prescribed

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 80302H (15 min)
80302W (As Pres)

Audiological Evaluation/Assessment

Available for Waiver: None

Service Description:

An evaluation of an individual to determine presence, possible cause and extent of hearing disorders and the need for corrective/adaptive treatment and devices. The content of the evaluation is specified in service objectives associated with the individual's ISP or action plan.

Provider Requirements:

An audiologist licensed by the state of Missouri.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 16000H

Emergency Residential Care

Available for Waiver: None

Service Description:

Short-term residential care for an individual who does not have a family or housing which can provide necessary care and supervision to the individual. The need for such care may result from the death of a parent or primary care-giver, physical violence/abuse/neglect in the home or existing residential situation or other emergency circumstances. The normal rhythm of life, i.e., school, work or program activities should be continued if possible. This service is also available for identified individuals currently in community placement and is provided on an overnight basis only. The service must be prescribed in an ISP amendment.

Provider Requirements:

Agency of provider must possess a residential service license from the Department of Mental Health and meet applicable state standards.

Service Product:

After 30 consecutive days of service or when required by the Regional Office, the provider must develop appropriate behavioral and service objectives which will become part of the ISP. Otherwise, the existing ISP shall be carried out. Typed progress reports on objectives must be documented as required.

Billing Information:

Unit of Service: Day

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 41000F

Health Care/Nursing Evaluation

Available for Waiver: None

Service Description:

An evaluation of the individual's current health status, health/medical/medication/seizure history, immunization record. May also include auditory, visual, nutritional and dental screenings; assessment of ability to self medicate; determination of need for skilled nursing and personal care services; evaluation of need for physician review of medication, disposable medical supplies, durable medical equipment, treatment laboratory/pathology procedures and other services. Specific content of the evaluation will be noted on the DMH service authorization and the individual's IHP or action plan service objective(s).

Provider Requirements:

A registered nurse licensed by the state of Missouri.

Service Product:

Typewritten report detailing findings and recommendations of the evaluation, addressing issues as specified by the DMH services authorization, including development or review of progress on service objectives included in the ISP. A review of previous evaluations must be included in the report. The report must be completed and forwarded to DMH authorizing staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 06700H

Home Health Care: Parent Training

Available for Waiver: None

Service Description:

Service is designed in accordance with Section 630.005, RSMo, to train parents or family members of individuals with developmental disabilities to administer medications and other prescribed treatment for medical conditions resulting from or related to the individual's developmental disability. The service may be authorized only after other resources are exhausted and following a physician's order and must be prescribed by an ISP.

Provider Requirements:

A professional nurse registered by the state of Missouri.

Service Product:

Written detailed progress notes associated with service objective listed in individual's service plan. Ongoing assessment of parent mastery of techniques demonstrated reported at least monthly. Written data must be submitted to authorizing DMH staff as required.

Billing Information:

Unit of Service: One (1) Hour

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 392801

Home Health Care: Quality Nursing Care I and II

Available for Waiver: None

Service Description:

Nursing Care I

Service is designed to provide specialized nursing care to medically involved/fragile individuals whose condition results from or is related to their developmental disability, to include administration of medications, ostomy procedures, etc., prescribed by a physician. The service supplements that which is available from the Missouri Division of Aging for adults, although it may be provided to individuals of any age. It must be prescribed by an ISP.

Nursing Care II

Service is designed to provide general nursing care to medically involved individuals who do not need skilled nursing. The service supplements that which is available from the Missouri Division of Aging for adults, although it may be provided to individuals of any age. It must be prescribed by an ISP.

Provider Requirements:

Nursing Care I

A person licensed by the state of Missouri as a registered nurse.

Nursing Care II

A person licensed as a practical nurse (LPN) with the state of Missouri.

Service Product:

Typewritten plan of care, anecdotal records of treatment and individual response, based on ISP objectives; ongoing monthly assessment of individual physical status and need for service; annual assessment of individual status and recommendations for continued service.

Billing Information:

Nursing Care I

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 39210H

Nursing Care II

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 39220H

In-Home Service (Natural Environment)

Available for Waiver: None

Service Description:

To the maximum extent appropriate, services are to be provided in natural environments including the home and community settings. With prior approval, service providers may be reimbursed for mileage. To encourage this type of service delivery, an additional \$2.50 per 15 minute unit of service will be allowable for services provided in the natural environment. It is not applicable to providers whose services are billable to Medicaid.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 87200H

Interpreting

Available for Waiver: None

Service Description:

Facilitating communication with an individual using such methods as American Sign Language, Pigeon Signed English, Signed Exact English II, tactile signed systems, gesture and mime, or facilitate communication with any second language.

Provider Requirements:

Person with proficiency in Signing, approved by the deaf or hard of hearing individual or the Bureau of Deaf Services, or other culturally competent individual. Must be certified by the Commission for the Deaf and licensed by the State of Mo (RSMo 209.319 – 209.339)

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 80201H

Medical Evaluation

Available for Waiver: None

Service Description:

The evaluation of an individual's general physical condition with review of medical history and previous evaluations, pertinent health issues related to an individual's developmental disability, need for guardianship, need for medications, disposable medical supplies, durable medical equipment, therapies and other treatment; includes a physical examination, diagnoses, interview of individual and family, quarterly medication review and evaluation and pertinent

laboratory/pathology procedures as specifically required in the individual's IHP or action plan service objective(s). Whenever an individual is taking psychotropic medications, screening for tardive dyskinesia is required.

Genetic Screening/Counseling is also available as part of Medical Evaluation service. This service provides medical assessment of genetic factors to which mental retardation and developmental disabilities within an individual's family may be attributed. A physician's order is required prior to authorization of this service.

Provider Requirements:

A physician licensed by the state of Missouri to practice medicine or osteopathy.

Service Product:

A typewritten report containing findings of the physical examination and assessment, including DSM-III-R and ICD-9 diagnoses, recommendations for treatment, statement of behaviors for which behavior modifying/ psychoactive medications are prescribed, orders for disposable medical supplies, durable medical equipment, therapies and other treatment; statement of need for guardianship; statement of determination of imminent danger status or other findings or statements as required by the DMH authorizing staff. Reports/orders are to be completed and forwarded to designated DMH staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 06000H

Music Therapy

Available for Waiver: None

Service Description:

Music therapy is a service designed to treat autism and/or other developmental disabilities, as appropriate, through various modalities as prescribed by a physician and following an evaluation performed by a Certified Music Therapist. It is provided to individuals who demonstrate needs affecting the acquisition of skills for adaptive functioning at the highest level of independence for that individual. These services may include clinical consultation to individuals, parents, primary caregivers or other programs. This service may also include therapeutic activities carried out by others who have been trained by the Certified Music Therapist and who perform the therapy under the direct observation and coaching of the Certified Music Therapist. The service includes evaluation, plan development, direct therapy, consultation and training of caretakers and others who work with the individual. Music Therapy involves the use of music as an auditory stimulation which is commensurate with the developmental level as well as the functional abilities and limitations and which relates to the individual's auditory-integration development, sensory-motor development, neuromuscular development, social, cognitive, and emotional development.

Provider Requirements:

Service provider shall be recognized as an "MT" (Music Therapist) with a minimum of one (1) year of direct experience in providing related services for persons with developmental disabilities. The experience must have been obtained within the last five (5) years. An "MT" (Music Therapist) must possess the following:

- Four (4) year degree in Music Therapy from an accredited university;
- Six (6) month internship from an accredited intern site; and
- American Music Therapy Association (AMTA) certification.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 51200H

Nutritional Evaluation

Available for Waiver: None

Service Description:

An evaluation of the individual's current nutritional status following a nutritional screening. May also include a determination of need for dietary supplements, restrictions and prescribed components. Assessment of ability to self-feed or effectiveness of adaptive devices to maintain dietary sufficiency; evaluation of need for physician evaluation or review of diet. Specific content of the evaluation will be noted on the DMH service authorization and the individual's IHP or action plan service objective(s).

Provider Requirements:

A Registered Dietitian.

Service Product:

Typewritten report detailing findings and recommendations of the evaluations, addressing issues as specified by the DMH services authorization, including development or review of progress on service objectives included in an individual habilitation/service plan of care. A review of previous evaluations, if any, must be included in the report. The report must be completed and forwarded to designated DMH staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 04000H

Occupational Therapy Evaluation (Type A and B)

Available for Waiver: None

Service Description:

Type A: Individual-Oriented Occupational Therapy Evaluation

Evaluation of a individual to determine the presence, possible cause and extent of sensory and motor disorders, including oral motor dysfunction, which interfere with Activities of Daily Living and to identify need for corrective/adaptive treatment, equipment, services, supplies or devices. The evaluation shall include consultation with physicians, if any, involved in the individual's care, treatment, habilitation or rehabilitation. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial IHP.

Type B: Adaptive Equipment Repair Evaluation/Home Modification Evaluation

An evaluation of the type, extent and feasibility of repairs to adaptive equipment (wheelchairs, language boards, mechanical supports, etc.) and home physical plant modifications (wheelchair ramp, grab bars, counter height adjustment, doorway/doorknob changes, etc.) needed to maintain a physically/sensory disabled individual within the existing residential environment. The evaluation must be based on a physician's consultation.

Provider Requirements:

Type A:

An individual certified by the American Occupational Therapy Certification Board. A QDDP is preferred.

Type B:

In addition to the requirements for Type A, provider must meet all requirements associated with the Medicaid Waiver (DD) for Home Modification.

Service Product:

Type A:

Typewritten detailed report on findings and recommendations regarding DSM-III-R diagnoses, strengths and needs, corrective/ adaptive treatments and devices needed. A review of previous evaluations must be included. The report must be completed and forwarded to DMH within 10 days of the authorized service provision.

Type B:

Written specification for and assessment of needed adaptive equipment repair or home modification in a format amenable to prescription by a physician.

Billing Information:

Occupational Therapy Evaluation Type A

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 18000H

Occupational Therapy Evaluation Type B

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 18100H

Outreach Services: Information/Education

Available for Waiver: None

Service Description:

A service consisting of activities designed to increase awareness and understanding of developmental disabilities, the service delivery system and specialized services and strategies. Target populations may include, but not be limited to, community organizations, individuals, other agencies, service providers and DMH staff.

Service Product:

Typewritten report of training event including content outline, credentials of trainer/presenter, target audience, number served, copies of evaluations completed by the audience, training/ presentation objectives, or if informational, copy of and rights to all material developed under the terms of the contract and in quantity specified by DMH. Required reports and materials must be submitted to DMH staff within 10 days of service provision.

Provider Requirements:

As required and considered appropriate by a regional Office or Division Central Office. The provider should demonstrate an expertise appropriate for the proposed services.

Billing Information:

Unit of Service: As Prescribed

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Codes: 94000W (As Prescribed)

94000H (15 min)

940001 (Hour)

Outreach Services: Planning/Consultation

Available for Waiver: None

Service Description:

A service which may involve a variety of activities related to reorganization, development or enhancement of the service delivery system. Target activities may include, but not be limited to, community service development, professional consultation to a DMH facility or staff, research and evaluation, and service planning.

Service Product:

Typewritten report of training event including content outline, credentials of trainer/presenter, target audience, number served, copies of evaluations completed by the audience, training/ presentation objectives, or if informational, copy of and rights to all material developed under the terms of the contract and in quantity specified by DMH. Required reports and materials must be submitted to DMH staff within 10 days of service provision.

Provider Requirements:

As required and considered appropriate by a regional office or Division Central Office. The provider should demonstrate an expertise appropriate for the proposed services.

Billing Information:

Unit of Service: As Prescribed

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Codes: 95000W (As Prescribed)

95000H (15 min)

950001 (Hour)

Parent/Caregiver Training

Available for Waiver: None

Service Description:

This service shall include the provision of training and consultation with parents and caregivers which develops within them the following skills and abilities: A functional knowledge of autism; an ability to evaluate the effectiveness of their child's programs; the ability to apply various behavioral intervention techniques with their child; the ability to use various communication methods with their child; the ability to use various advocacy skills and a knowledge of their rights.

Provider Requirements:

Service provider shall be a QDDP with a minimum of one (1) year of direct experience in providing related services for persons with autism. The experience must have been obtained with the last five (5) years.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 94200H

Peer Support Services: Individual/Family Specific

Available for Waiver: None

Service Description:

A service consisting of activities designed to provide individuals and families with one-on-one planning, consultation, advocacy, and support from another individual and/or family member with knowledge, experience, and training in the Division of Developmental Disabilities system. Services may include, but are not limited to:

- face-to-face, electronic, and written communication *with* a specific individual and/or family *or on behalf of* a specific individual and/or family to support them in addressing issues relevant to the needs of the individual with a disability;
- attending Support Planning and other meetings with individuals and families; and
- provision of individualized Core Informational Workshops when the need for a one-on-one setting is appropriate.

Reports:

The provider shall maintain written summary reports of all service activities. The provider shall submit progress reports to the Division on a monthly basis.

The provider's written summary reports shall be maintained on a monthly basis. These written reports shall include the following:

A list of all activities which includes a description of the specific service provided, the date, time, and location of service provision, and the individual ID number of the individual with a developmental disability.

Provider Requirements:

The provider shall be an individual or the parent of an individual with a developmental disability with a minimum of 3 years of personal and/or professional experience with the developmental disabilities service delivery system. The provider must have a high school diploma or its equivalent.

Billing Information:

Unit of Service: Hour

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 960051

Peer Support Services: Regional Office/Systems Oriented

Available for Waiver: None

Service Description:

A service consisting of activities designed to enhance individual/family involvement in the Division of Developmental Disabilities Service Delivery System, including all aspects of service/support, policy, program, and system design, implementation, and evaluation. Services may include, but are not limited to:

- attending Regional Office Leadership Team, Quality Management Advisory Group, Parent Policy Partner, and other meetings as requested by the Regional Office Director and/or Deputy Director of Policy;
- Collaboration with Regional Office and/or Division staff on policy and program issues;
- aspects of the implementation, monitoring, and evaluation of Missouri's Individual and Family Directed Supports as requested by the Regional Office Director and/or Deputy Director of Policy;
- data collection and dissemination activities as assigned by the Regional Office Director and/or Deputy Director of Policy
- the provision of Core Informational Workshops and/or Knowledge Enhancement Opportunities for individuals/families in a group setting;
- attending education and training opportunities as requested/approved by the Regional Office Director and/or Deputy Director of Policy for the purpose of enhancing individual/family involvement and service/support system delivery;
- research and preparation of information and materials for families as requested by the Regional Office Director and/or Deputy Director of Policy;
- coordination of meetings for individuals and families as requested by the Regional Office Director and/or Deputy Director of Policy;
- coordination, training, and oversight of a Parent Partner Network of volunteer family mentors.

Reports:

The provider shall maintain written summary reports of all service activities. The provider shall submit progress reports to the Division on a monthly basis.

The provider's written summary reports shall be maintained on a monthly basis. These written reports shall include the following:

A list of all meetings and activities which includes the location, duration, purpose, and outcomes of each meeting and activity.

Provider Requirements:

The provider shall be an individual or the parent of an individual with a developmental disability with a minimum of 3 years of personal and/or professional experience with the developmental disabilities service delivery system. The provider must have a high school diploma or its equivalent.

Billing Information:

Unit of Service: Hour

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 960052

Physical Therapy Assistant

Available for Waiver: None

Service Description:

Physical therapy is a service designed to treat physical motor dysfunction through various modalities as prescribed by a physician and following a physical motor evaluation. It is provided to individuals who demonstrate developmental, habilitative or rehabilitative needs affecting the acquisition of skills needed for adaptive functioning at the highest level of independence for that individual. This service may include clinical consultation to individuals, parents, primary caregivers or other programs. Physical therapy services may not be carried out by a paraprofessional. For children and youth under the age of 21, physical therapy services should be accessed through HCY.

Provider Requirements:

Physical therapy providers must have a DMH Home and Community Based Medicaid Waiver contract for the provision of physical therapy services and must be registered as a physical therapist with the Division of Professional Registration in the State of Missouri, RSMo 1990, 334.530-334.625. A QDDP is preferred.

Service Documentation:

The provider must maintain all documentation as per the requirements set forth in 13 CSR 70-3.030. Provider must maintain detailed progress notes associated with objectives listed in the ISP and ongoing assessment of individual progress reported at least monthly.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 56001H

Physical Therapy Evaluation (Type A and B)

Available for Waiver: None

Service Description:

Type A: Individual-Oriented Physical Therapy Evaluation

Evaluation of a individual to determine the presence, possible cause and extent of sensory and gross and fine motor disorders affecting muscle tone, oral motor dysfunction, range of motion, balance, posture, mobility skills, gait, physical capacity (adults) and reflexes (children). The evaluation shall include the need for corrective/adaptive treatment and devices and consultation with physicians, if any, involved in care, treatment, habilitation or rehabilitation of the individual. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial IHP.

Type B: Adaptive Equipment Repair Evaluation/Home Modification Evaluation

An evaluation of the type, extent and feasibility of repairs to adaptive equipment (wheelchairs, language boards, mechanical supports, etc.) and home physical plant modifications (wheelchair ramp, grab bars, counter height

adjustment, doorway/doorknob changes, etc.) needed to maintain a physically/sensory disabled individual within the existing residential environment. The evaluation must be based on a physician's consultation.

Provider Requirements:

Type A

An individual who is licensed and registered by the state of Missouri as a Physical Therapist. Qualification as a QDDP is preferable.

Type B

In addition to the requirements for Type A, provider must meet all requirements associated with the Medicaid Waiver (DD) for Home Modification.

Service Product:

Type A

Typewritten detailed report on findings and recommendations regarding DSM-III-R diagnoses, strengths and needs, corrective/ adaptive treatments and devices needed. Any prior evaluations must be reviewed and noted in the report. The report must be completed and forwarded to designated DMH staff within 10 days of the authorized service provision.

Type B

Written specification for and assessment of needed adaptive equipment repair or home modification in a format amenable to prescription by a physician.

Billing Information:

Type A: Individual-Oriented Physical Therapy Evaluation

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 17000H

Type B: Adaptive Equipment Repair Evaluation/Home Modification Evaluation

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 17100H

Pre-Vocational Training (Type A and B)

Available for Waiver: None

Service Description:

Training provided to adults 16 years of age and older in vocational skills required for employment in an identified sheltered or supported employment setting. Entrance and exit criteria must be developed for each type served describing behaviors for admission to the training program and transfer to a sheltered workshop or supported employment site. The service must be prescribed in an ISP prior to authorization.

Service Requirements:

Type A

Serves individuals who are independent or require minimal assistance in self-care and daily living skills and who demonstrate no or little problematic behavior. Staff-individual ratio shall not exceed 1:12.

Type B

Serves individuals who require minimal supervision in self-care skills but may require physical assistance due to a physical disability. Individuals may also demonstrate infrequent or intermittent socially inappropriate behaviors. Staff-individual ratio shall not exceed 1:8.

Provider Requirements:

Person with a degree in Vocational Rehabilitation or a related degree and commensurate experience in the field of vocational training for the developmentally disabled. Agency must possess a day program license issued by DMH or accredited by CARF or THE COUNCIL.

Service Product:

Typewritten detailed progress notes associated with behavioral objectives listed in the individual's ISP; ongoing assessment of individual progress reported at least monthly; service data must be submitted to authorizing staff as required. Written assessment at the end of the authorization period, addressing entrance and exit criteria, individual progress and recommendations for services.

Billing Information:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 57010H

Pre-Vocational Training (Type B)

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 57020H

Psychiatric Evaluation

Available for Waiver: None

Service Description:

A psychiatric evaluation (other than initial) including review of mental health history, medication history, current treatment, family dynamics and environment. This evaluation includes a determination of whether the individual presents a physical danger to self and/or others and whether a guardian is needed. A face-to-face interview with the individual is required. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial IHP

Provider Requirements:

A physician, licensed in the state of Missouri to practice medicine or osteopathy, who is board-eligible or certified in psychiatry or neuro-psychiatry.

Service Product:

A detailed, typewritten report of findings and treatment recommendations, to include DSM-III-R diagnoses; medication prescriptions, treatment orders, identification of behaviors for which medication is prescribed (if behavior-modifying or psychoactive). Any previous evaluations must be reviewed and noted in the report. Reports and orders are to be completed and forwarded to designated DMH staff within 10 working days of authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 11000H

Psychological Evaluation

Available for Waiver: None

Service Description:

An evaluation of an individual's current psychological and intellectual functioning using standardized tests/protocols, adaptive behavior instruments, face-to-face individual and family interviews and review of prior evaluations. Assessment of mental health status. Determination of need for guardian and whether the individual presents a physical danger to self and/or others. The evaluation must be specifically prescribed in the individual's ISP objectives or in the action plan for the initial ISP.

Provider Requirements:

A psychologist licensed in the state of Missouri. A QDDP is preferred. An individual who has been designated by the Board of Healing Arts: Committee of Psychologists as a Psychologist-in-Training. Proof of Board designated In-Training status is required.

Service Product:

A detailed, typewritten report of findings and treatment recommendations, to include DSM-III-R diagnoses, AAMD classification, adaptive behavior descriptions, statements regarding guardianship and danger to self, mental health status and review of progress and dates of standardized tests used to determine DSM-III-R diagnosis. Report of findings must be completed and forwarded to designated DMH staff within 10 working days of authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 12000H

Recreation: Leisure Time Activity

Available for Waiver: None

Service Description:

A service which provides a variety of recreational experiences and opportunities to the individual in different settings (e.g., bowling leagues, softball, tennis, card-playing, attending sporting or entertainment events, etc.) with an emphasis on community integration. Segregated activities are employed only with documented program justification.

Provider Requirements:

A QDDP must plan activities. All staff must be trained in CPR, first aid and medication administration. Appropriate water-safety-trained personnel shall be on-site and accessible if needed.

Service Product:

Monthly typewritten progress notes with behavioral objectives listed in the individual's service plan, written annual assessment regarding individual activities and progress, and recommendations for service. Written data shall be submitted to DMH authorizing staff as required.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 51010H

Recreation: Therapeutic Recreation

Available for Waiver: None

Service Description:

A service prescribed in an IHP following an evaluation by a Recreation Therapist to meet specified behavioral objectives. The service primarily reflects milieu therapy or use of a recreation setting to treat other identified deficits--poor group skills, inadequate interpersonal interactions, etc. Activities are planned and supervised by a QDDP but not necessarily provided by a Recreation Therapist. Direct contact staff-individual ratio shall be 1:4 if no special needs (medical, behavioral, physical) are present, 1:1 if special needs are evident.

Provider Requirements:

A QDDP must plan and provide on-site supervision of direct contact staff. All staff must be trained in CPR, first aid and medication administration. Appropriate water-safety-trained personnel shall be on-site and accessible for in-water activities.

Service Product:

Typewritten detailed progress notes associated with behavioral objectives listed in the individual's service plan; ongoing assessment of individual progress reported at least monthly; written annual assessment addressing individual progress and recommendations for service. Written data shall be submitted to DMH authorizing staff as required.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 51020H

Recreation Therapy

Available for Waiver: None

Service Description:

Service designed to treat, in recreational settings, identified physical motor/ psychosocial disorders of individuals with developmental disabilities; prescribed by an IHP following a Recreation Therapy evaluation. Must be provided as a discrete "stand-alone" service, not a day-program component.

Provider Requirements:

An individual who has a bachelor's degree in Recreation Therapy. A QDDP is preferred.

Service Product:

Written detailed progress notes associated with behavioral objectives listed in the individual's ISP; ongoing assessment of individual progress reported at least monthly; service data must be submitted to DMH staff as required. Written annual assessment addressing individual progress and recommendations for service.

Billing Information:

Recreation Therapy (Individual)

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 51000S

Recreation Therapy (Group)

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 51000H

Recreation Therapy Evaluation

Available for Waiver: None

Service Description:

Evaluation to determine the presence, possible cause and/or extent of physical motor and psycho-social disorders of a person with developmental disabilities. The evaluation should result in a determination of the extent to which recreational settings and techniques will enhance appropriate personal-social interaction, decrease anxiety and enhance individual adaptive functioning. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial IHP.

Provider Requirements:

An individual who has a bachelor's degree in Recreation Therapy. Qualification as a QDDP is preferred.

Service Product:

Typewritten, detailed report of evaluation findings, including the individual's strengths, weaknesses and needs, recommendations, and the need for specific treatment/habilitation environment. A review of previous evaluations must be included in the report. The report must be completed and forwarded to DMH authorizing staff within 10 working days of the service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 09000H

Social Service Evaluation

Available for Waiver: None

Service Description:

Evaluation of the current developmental status, demographic data, social background, significant social factors, historical social functioning, diagnostic history, financial condition, family system dynamics and environmental impact on mental health based on a face-to-face interview with the individual, individual's family and significant others. The need for guardianship may be evaluated. The evaluation will result in problem identification, strengths and needs, and recommendations for treatment. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial ISP.

Provider Requirements:

A person with a Master's degree in social work with specialized course work and practice in clinical evaluation and treatment. A QDDP is preferred.

Service Product:

Typewritten report containing findings of the interview and diagnostic assessment, recommendations for treatment, problem identification, strengths and needs. Findings may be required to be presented orally at hearings, conferences and/or planning meetings. Any previous evaluations must be reviewed and noted in the report. Reports are to be completed and forwarded to designated DMH staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 05000H

Social Skills: PEERS®

Available for Waiver: None

Service Description:

The **UCLA Program for the Education and Enrichment of Relational Skills (PEERS®)** is a manualized, social skills training intervention for adolescents and young adults. It has a strong evidence-base for use with teens and young adults with autism spectrum disorder (ASD) but may also be provided to other individuals enrolled with DD and eligible for DD Services. The program consists of a total of 14-16 sessions that are 90 minutes. The ratio of enrolled individuals with ASD to staff does not exceed 4:1. Regular attendance and parent/caregiver participation is a requisite component of PEERS®.

Service Product:

Typewritten report at the conclusion of the program that includes:

- enrolled individual's name, birth date, and DD identification number;
- total number of sessions offered and the total sessions the individual attended;
- date of each session with a complete description of the topic of instruction, setting, and name, title, and signature of the staff facilitating the session; and
- written assessment including pre-test scores, post-test scores, and summary of participation and progress.

The provider shall submit the report to the Division by the 15th of the month following the end of service.

Provider Requirements:

Lead Staff shall be a **PEERS® Certified Provider** who has at least a Bachelor's degree with a minimum of one (1) year of direct experience in providing related services for persons with developmental disabilities. The experience must have been obtained with the last five (5) years.

Billing Information:

Unit of Service: 15 minutes

Maximum Units: 480

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 15103H

Speech/Language Evaluation

Available for Waiver: None

Service Description:

Evaluation to determine the presence, possible cause, extent and corrective/ adaptive treatment of developmental communication disorders, including dysfunction in oral motor, receptive/expressive language, articulation, rhythm of speech, etc. An oral peripheral examination should also be completed, as well as a voice evaluation. Auditory screening may also be authorized. The evaluation must be specifically prescribed in the individual's IHP service objectives or in the action plan for the initial IHP.

Provider Requirements:

An individual who is licensed and registered by the State of Missouri as a Speech Pathologist. A QDDP is preferred.

Service Product:

Typewritten, detailed report of evaluation findings and recommendations, and the need for corrective/adaptive devices. The evaluation report, as well as any brief written reports of screenings, should contain findings and recommendations for treatment as well as a review of previous evaluations. Report must be completed and forwarded to DMH authorizing staff with 10 working days of authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 15000H

Supported Residential Development

Available for Waiver: None

Service Description:

This is a pre-placement, individual specific service which provides for time-limited activities (up to 60 days) necessary for the development of ISL arrangements for individuals of the Division of Developmental Disabilities. Those services include, but not limited to: Locating the residence, assisting the individual in purchasing essential furnishings and supplies, staff development and training, utility/rental deposits, community awareness, assistance with obtaining employment and/or day programming, community networking, moving expenses and transportation expenses during transition. A cost for each allowable activity has been established by Division policy.

Provider Requirements:

Division approved Individualized Supported Living provider.

Service Product:

Written budget detailing the specific costs for each authorized unit of service.

Billing Information:

Unit of Service: As Prescribed

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 96004W

Visual Evaluation

Available for Waiver: None

Service Description:

An evaluation of the individual's current visual condition including the need for corrective lenses or referral for additional evaluation. Specific content of the evaluation will be noted on the DMH service authorization and the individual's IHP or action plan service objective(s).

Provider requirements:

Person trained and licensed to practice optometry.

Service Product:

Typewritten report detailing findings and recommendations, addressing issues as specified by the DMH service authorization. The report and prescription must be completed and forwarded to DMH authorizing staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 06100H

Vocational Evaluation

Available for Waiver: None

Service Description:

An evaluation to determine the presence and extent of an individual's vocational skills, interest, aptitude and achievement and the person's employability. The evaluation is prescribed as a service objective in an IHP or in an action plan prior to the initial IHP. Recommendations and findings are based on observation, interview and objective protocols.

Provider Requirements:

Person with a bachelor's degree in vocational rehabilitation. A bachelor's degree in special education, education or a master's degree in counseling and who has specialized skills, training and experience in vocational rehabilitation.

Service Product:

Typewritten, detailed report on the findings and recommendations for training and/or employment. This includes specific program needs (if any), objectives, methods and strategies for employment. A review of previous evaluations must be included in the report. The report must be completed and forwarded to designated staff within 10 working days of the authorized service provision.

Billing Information:

Unit of Service: 15 minutes

Maximum Units:

CIMOR Waiver Procedure Code: N/A

CIMOR Non-Waiver Procedure Code: 14000H

Definitions

1. Evaluation/Assessment Services

1.1 General Description

Assessment services include screening and evaluation activities that provide information about an individual's functioning, strengths and needs, related to a developmental disability.

Services are typically provided in a setting other than the individual's own home, but rarely on an inpatient basis. The assessment services are intended to meet initial and annual data requirements related to service prescription as opposed to eligibility determination needs.

1.2 Service Guidelines:

Assessment services may be purchased for individuals of the Division of Developmental Disabilities. Assessment services may also be purchased if a highly specialized medical evaluation or developmentally related diagnostic evaluation is required for eligibility determination.

Reimbursement for assessment services will not be made for the following:

- any evaluation service not related to an individual's developmental disability;
- services which do not include a review of prior evaluations and screenings (a thorough records review must be reflected in assessment reports);
- evaluations not adapted to the cultural, ethnic, linguistic and communication background of the individual and family;
- evaluations not prescribed by the individual's habilitation/service plan as a service objective or as a requirement for initial IHP development;
- educationally related evaluations. The need for an educational evaluation is determined by a regional Office for those individuals determined to be dangerous to self and others;
- initial psychiatric evaluation. The Division of Comprehensive Psychiatric Services will purchase or provide initial evaluations to determine primary diagnosis or existence of a mental disorder; does not include ongoing assessment or service.



**Division of Developmental Disabilities
Catalog of Services Matrix**

Rev 6-01-13

Service Title	Unit of Service	CIMOR Procedure Code	Non-Waiver	Medicaid Procedure Code				
		Waiver		Community Support	MOCDDS	Comprehensive	Autism	Partnership for Hope
Adaptive Behavior Evaluation (Type A)	15 min		130A0H					
Adaptive Behavior Evaluation (Type B)	15 min		130B0H					
Adaptive Behavior Evaluation/Assessment	15 min		02200H					
Alternative Language Translation	As Pres		80302W					
Alternative Language Translation	15 min		80302H					
Assistive Technology	As Pres	A9999	39300W	A9999 U1		A9999 HI	A9999 HW	A9999HX
Audiological Evaluation/Assessment	15 min		16000H					
Behavior Analysis Services (Senior Behavior Consultant)	15 min	H2019 HO	491611	H2019 U1 HO		H2019 HI HO	H2019 HW HO	H2019 HX HO
Behavior Analysis Services (Behavior Intervention Specialist)	15 min	H2019	491621	H2019 U1		H2019 HI	H2019 HW	H2019 HX
Behavior Analysis Services (Functional Behavior Assessment)	Each	H0002	491601	H2002 U1		H0002 HI	H0002 HW	H0002 HX
Behavior Therapy	15 min	H0004			H0004 HA			
Communication Skills Instruction	15 min	H2014	80210H	H2014 UI		H2014 HI		
Community Employment: (Individual)	15 min	H2023	58060H	H2023 U1		H2023 HI		H2023HX
Community Employment: (Group)	15 min	H2023 HQ	58070S	H2023 U1 HQ		H2023 HI HQ		H2023HXHQ
Community Specialist	15 min	T1016	52000H	T1016 UI	T1016 HA	T1016 HI	T1016 HW	T1016 HX
Community Specialist: Self-Directed	15 min	T1016 U2		T1016 UI U2	T1016 HA U2	T1016 HI U2	T1016 HW	T1016 HX U2
Community Transition	1 Job	T2038	96005W			T2038 HI		
Counseling	15 min	H0004 TG	35A00H	H0004 UI TG		H0004 HI TG		

Co-worker Supports	15 min	H0038	58081H	H0038 UI		H0038 HI		H0038 HX
Crisis Intervention: Professional	Hour	S9484	210001	S9484 UI	S9484 HA	S9484 HI		
Crisis Intervention: Technician	Hour	S9484 HM	210011	S9484 UI HM	S9484 HA HM	S9484 HI HM		
Dental	Visit	T2025						T2025 HX
Developmental/Habilitative Skills Evaluation	15 min		08000H					
Emergency Residential Care	Day		41000F					
Environmental Accessibility Adaptation	As Pres	S5165	39271W	S5165 UI	S5165 HA	S5165 HI	S5165 HW	S5165 HX
Group Home	Day	T2016 HQ				T2016 HI HQ		
Health Care/Nursing Evaluation	15 min		06700H					
Home Health Care: Parent Training	Hour		392801					
Home Health Care: Quality Nursing Care I	15 min		39210H					
Home Health Care: Quality Nursing Care II	15 min		39220H					
Host Home (Shared Living)	Day	S5136	41004W			S5136 HI		
Independent Living Skills Development, Individual (Day Service)	15 min	T2021	52001H	T2021 UI		T2021 HI		
Independent Living Skills Development, Group (Day Service)	15 min	T2021 HQ	52001S	T2021 HQ UI		T2021 HQ HI		
Independent Living Skills Development (Community Integration) Individual	15 min	T2021 SE	52002H	T2021 SE UI		T2021 SE HI		
Independent Living Skills Development (Community Integration) Group	15 min	T2021 HQ SE	52002S	T2021 HQ SE UI		T2021 HQ SE HI		
Independent Living Skills Development (Home Skills Development) Individual	15 min	S5108	52100H	S5108 UI		S5108 HI		
Independent Living Skills Development (Home Skills Development) Group	15 min	S5108 HQ	52101H	S5108 HQ UI		S5108 HQ HI		
Individualized Supported Living (ISL)	Day	T2016				T2016 HI		
In-Home Service (Natural Environment)	15 min		87200H					
Interpreting	15 min		80201H					

Job Discovery, Individual On-Site	15 min	T2019	58050H	T2019 U1		T2019 HI		T2019 HX
Job Discovery, Individual Off-Site	15 min	T2019 SE	58051H	T2019 U1 SE		T2019 HI SE		T2019 HX SE
Job Preparation: Off-Site (Group)	15 min	H2025 HQ SE	57032S	H2025 U1 HQ SE		H2025 HI HQ SE		H2025 HX HQ SE
Job Preparation: Off-Site (Individual)	15 min	H2025 SE	57032J	H2025 U1 SE		H2025 HI SE		H2025 HX SE
Job Preparation: On-Site (Group)	15 min	H2025 HQ	57031S	H2025 U1 HQ		H2025 HI HQ		H2025 HX HQ
Job Preparation: On-Site (Individual)	15 min	H2025	57031J	H2025 U1		H2025 HI		H2025 HX
Medical Evaluation	15 min		06000H					
Music Therapy	15 min		51200H					
Nutritional Evaluation	15 min		04000H					
Occupational Therapy	15 min	97535	55000H	97535 UI		97535 HI		97535 HX
Occupational Therapy Consultation	15 min	97535	55A00H	97535 UI		97535 HI		97535 HX
Occupational Therapy: COTA	15 min	97535	55001H	97535 UI		97535 HI		97535 HX
Occupational Therapy Evaluation (Type A)	15 min		18000H					
Occupational Therapy Evaluation (Type B)	15 min		18100H					
Outreach Services: Information/Education	15 min		94000H					
Outreach Services: Information/Education	As Pres		94000W					
Outreach Services: Information/Education	Hour		940001					
Outreach Services: Planning/Consultation	15 min		95000H					
Outreach Services: Planning/Consultation	As Pres		95000W					
Outreach Services: Planning/Consultation	Hour		950001					
Parent/Caregiver Training	15 min		94200H					
Peer Support Services: Individual/Family Specific	Hour		960051					
Peer Support Services: Regional Office/Systems Oriented	Hour		960052					

Personal Assistant Services: Group Size 2-3	15 min	T1019 HQ	49001S	T1019 UI HQ	T1019 HA HQ	T1019 HI HQ	T1019 HW HQ	T1019 HX HQ
Personal Assistant Services: Group Size 4-6	15 min	T1019 UQ	49002S	T1019 U1 HQ	T1019 HA HQ	T1019 HW HQ	T1019 HW HQ	T1019 HX HQ
Personal Assistant Services: Self-Directed	15 min	T1019 U2	49001H	T1019 UI U2	T1019 HA U2	T1019 HI U2	T1019 HW U2	T1019 HX U2
Personal Assistant Services: Agency-Based	15 min	T1019	49003H	T1019 UI	T1019 HA	T1019 HI	T1019 HW	T1019 HX
Personal Assistant Services: Specialized Medical/Behavioral	15 min	T1019 TG	49002H	T1019 UI TG	T1019 HA TG	T1019 HI TG	T1019 HW TG	T1019 HX TG
Personal Assistant Services: Specialized Med/Beh: Self-Directed	15 min	T1019 TG SE		T1019 UI TG SE	T1019 HA TG SE	T1019 HI TG SE	T1019 HW TG SE	T1019 HX TG SE
Person Centered Strategies Consultant	15 min	H0004HK		H0004 HK UI		H0004 HK HI	H0004 HK HW	H0004 HX HK
Physical Therapy	15 min	97110	56000H	97110 UI		97110 HI		97110 HX
Physical Therapy Consultation	15 min	97110 CN	56A00H	97110 UI		97110 HI		97110 HX
Physical Therapy Assistant	15 min		56001H					
Physical Therapy Evaluation (Type A - Individual Oriented)	15 min		17000H					
Physical Therapy Evaluation (Type B - Equipment Repair/Home Mod)	15 min		17100H					
Pre-Vocational Training (Type A)	15 min		57010H					
Pre-Vocational Training (Type B)	15 min		57020H					
Professional Assessment and Monitoring: Registered Nurse	15 min	T1002	49201H	T1002 U1		T1002 HI	T1002 HW	T1002 HX
Professional Assessment and Monitoring: LPN	15 min	T1003	49202H	T1003 U1		T1003 HI	T1003 HW	T1003 HX
Professional Assessment and Monitoring: Dietician	15 min	S9470	49203H	S9470 U1		S9470 HI	S9470 HW	S9470 HX
Psychiatric Evaluation	15 min		11000H					
Psychological Evaluation	15 min		12000H					
Recreation: Leisure Time Activity	15 min		51010H					
Recreation: Therapeutic Recreation	15 min		51020H					
Recreation Therapy (Group)	15 min		51000S					

Recreation Therapy (Individual)	15 min		51000H					
Recreation Therapy Evaluation	15 min		09000H					
Respite Care: In-Home (Day)	Day	S5151	44010F	S5151 UI	S5151 HA	S5151 HI	S5151 HW	
Respite Care: In-Home Group (1/4 hr)	15 min	S5150 HQ U8	44010S	S5150 UI HQ	S5150 HA HQ	S5150 HI HQ	S5150 HQ HW	
Respite Care: In-Home Individual (1/4 hr)	15 min	S5150 U8	44010H	S5150 UI	S5150 HA	S5150 HI	S5150 HW	
Respite Care: Out-of-Home	Day	H0045	44020F	H0045 UI	H0045 HA	H0045 HI	H0045 HW	
Respite Care: Out-of-Home (Hourly)	As Pres	T1005		H0045 U1		H0045 HI	H0045 HW	
Social Service Evaluation	15 min		05000H					
Specialized Medical Equipment & Supplies	As Pres	T2029	39270W	T2029 UI	T2029 HA	T2029 HI	T2029 HW	T2029 HX
Speech Therapy	15 min	92507	73000H	92507 UI		92507 HI		92507 HX
Speech Therapy Consultation	15 min	92507 CN	73000H	92507 UI		92507 HI		92507 HX
Speech/Language Evaluation	15 min		15000H					
Support Broker: Self-Directed	15 min	T2041 U2		T2041 UI U2	T2041 HA U2	T2041 HI U2	T2041 HW U2	T2041 HX U2
Support Broker: Agency-Based	15 min	T2041		T2041 UI	T2041 HA	T2041 HI	T2041 HW	T2041 HX
Supported Residential Development	As Pres		96004W					
Temporary Residential, Daily	Day	T2033	41010F					H0045 HX
Transportation	Month	890000	890000	A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Ambl Small Group	Month	890010	890010	A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Ambl Large Group	Month	890050		A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Ambl w/Att Small Group	Month	890020		A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Ambl w/Att Large Group	Month	890060		A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Non-Ambl Small Group	Month	890030		A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: Non-Ambl Large Group	Month	890070		A0120 UI	A0120 HA	A0120 HI	A0120 HW	A0120 HX
Transportation: ISL Ind	Month	890040				A0120 HI		

Transportation: Rolling Mile	Mile		890100					
Transportation: Rolling Mile	Mile		890200					
Transportation: Fixed Route, A	Month		890270					
Transportation: Per Trip, Group	Trip		890300					
Transportation: Per Trip, Ambl,	Month		890330					
Transportation: Per Trip, Non-Ambl.	Trip		890340					
Transportation: Fixed Route, N	Month		890380					
Transportation: Per Trip, Individual	Trip		890400					
Transportation: Zone, Group	Month		890406					
Transportation: Per Trip, Ambl,	Month		890430					
Transportation: Per Trip, Non-Ambl.	Month		890440					
Transportation: Contractor Travel (Not per consumer)	Mile		891101					
Transportation: Contractor Travel (Per consumer)	Mile		891102					
Visual Evaluation	15 min		06100H					
Vocational Evaluation	15 min		14000H					