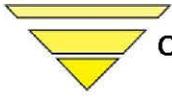


DIVISION OF  
DEVELOPMENTAL  
DISABILITIES



OFFICE OF AUTISM SERVICES

# Central Missouri Autism Program Directory of Services Fiscal Year 2017



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## ***Assessment***

### **Service Description**

Specialized Autism Assessments are conducted for individuals who have already been evaluated, have received an ASD diagnosis, and are referred to regional Autism Project providers by DD Regional Offices. A Specialized Autism Assessment report is produced as a result of this assessment process. A Specialized Autism Assessment:

- Helps the provider identify and understand the unique capabilities, strengths, and needs of each individual; this information is the basis for intervention planning;
- Helps the provider develop recommendations for specialized autism services that meet each individual's unique needs;
- Is used to further develop and modify Individual Support Plans;
- Includes observation of the individual in relevant environments and face-to-face interviews with the individual, parents, and/or other caregivers; and
- Establishes a baseline of skills that can be used to measure progress over time.

This service may cover an **Assessment for Intervention Planning** as described in Chapter 4 of Missouri Best Practice Guidelines for Screening, Diagnosis, and Assessment. An Assessment for Intervention Planning requires collaboration with family members and other appropriate professionals as indicated to identify and prioritize appropriate interventions to be addressed based on family concerns, functioning, and access to resources as well as clinical factors, intervention history, and prior assessment results.

### **Provider Requirements**

Staff providing this service should have knowledge of Missouri Best Practice Guidelines and specialized autism services in the region, bachelor's degree with a minimum of 1 year of direct experience in providing related services for persons with autism (experience must have been obtained within the last 5 years), and autism assessment training so that the assessment provided is within the scope of the staff's training and experience (ADOS and/or behavioral analytic assessment, VB-MAPP, ABLLS, etc.). In addition to the above requirements, staff providing an **Assessment for Intervention Planning** under this service should meet requirements for training, licensing, and experience as detailed in Chapter 4 of Missouri Best Practice Guidelines for Screening, Diagnosis, and Assessment.

### **Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

### **Authorization & Utilization Information**

Autism Assessment: 19F001

Unit of Service: 1 Assessment

Maximum units of Service: 1 unit per year

### **Service Documentation**

Service provider shall maintain service documentation including results of assessment (including observations and baseline of skills that can be used to measure progress over time), notes concerning intervention planning, referral and recommendations for specialized autism services. The provider shall submit a report to the Support Coordinator at the conclusion of the assessment that includes but is not limited to:

- Enrolled individual's name, birth date, and DD identification number;
- Name of Provider Agency;
- Name, title, credentials of all team member(s) involved in the assessment;
- Description of instruments and/or methods used for assessment (e.g., VB-MAPP or ABLLS-R, ADOS, FBA, CELF-Pre, CELF-5, PLAI-2, language sample, observation and interview details, etc.); and

- Results of the assessment, recommendations for intervention planning, specialized autism services, and referrals for further assessment (results and outcomes should be incorporated into ISP).

**Provider Information Table**

Provider	Required	Age	Frequency	Location
Easter Seals Midwest	Yes	All	Initial & as needed	Home, Community, Site
Judevine Center for Autism	Yes	All	Initial & as needed	Home, Community, Site

***Autism Training***

**Service Description**

This service provides Specialized Autism Training to staff, providers, educators, and others who provide natural supports to individuals with Autism Spectrum Disorder (ASD) and their families. This service may include:

- Teaching participants about ASD and effective strategies for interacting with individuals with ASD, and
- Teaching specific strategies that have been individualized to support the needs of the individual with ASD and the family.

**Provider Requirements**

At a minimum, staff providing this service will have specialized training for ASD and a bachelor’s degree with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. In lieu of experience, staff will have at least 100-240 hours of competency-based Autism Training consistent with contemporary and emerging best practices and additional training classes of 20+ hours initially and annual recertification courses as may be required.

**Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

**Authorization & Utilization Information**

Autism Training Individual: 942A0H

Autism Training Group: 943A0H

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

**Service Documentation**

Service provider shall maintain service documentation that includes but is not limited to:

- Enrolled individual’s name, birth date, and DD identification number; and
- Date of each session with a complete description of:
  - The topic of instruction, individual goals (incorporated into ISP), and group goals (if 943A0H group);
  - Summary of participation and progress towards individualized goal(s) in the ISP & provider’s plan; and
  - Location, and name, title and signature of the staff facilitating the session.

Service documentation will be submitted on a monthly basis to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

**Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Setting	Location
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Easter	No	19F001	All	Individualized	Individual, Group	Site, Community
Judevine	No	None	All	Individualized	Individual, Group	Site, Community

## ***Applied Behavior Analysis (ABA)***

### **Service Description**

Behavior Analysis Services, provided by Board Certified Behavior Analysts (BCBAs), Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs) are designed to help individuals who are exhibiting significant deficits in behavior acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements. *A large body of research has shown the successful use of ABA-based procedures to reduce challenging behavior and increase appropriate skills for individuals with intellectual disabilities, autism and related disorders.*

**ABA Services** may include

- **ABA Consultation & Intervention**
- **Registered Behavior Technician**

## ***ABA Consultation & Intervention***

### **Service Description**

ABA Consultation & Intervention may be available when there are significant or complex challenges that require advanced expertise and problem solving to respond to the needs of an individual with ASD. ABA Consultation & Intervention may include but is not limited to functional behavior assessment, recommendations for environmental modification, implementation of behavioral strategies and/or plans, and referrals for assistive technology or other services.

### **Provider Requirements**

ABA Consultation & Intervention is provided by a BACB certified and MO licensed BCBA, BCBA-D, or BCaBA supervised by BCBA or BCBA-D.

### **Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

### **Service Documentation**

Service Documentation should follow the licensure, registration, and professional standards required by the Behavior Analyst Certification Board at <http://www.bacb.com/>. Intervention goals should be incorporated into ISP. Service provider shall maintain service documentation that includes but is not limited to:

- Enrolled individual's name, birth date, and DD identification number;
- Date, purpose, and complete description of service (FBA, consultation, or intervention and progress); and
- Location; and name, title, and signature of the facilitating staff.

Service documentation will be submitted on a monthly basis to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

### **Authorization & Utilization Information**

ABA Consultation & Intervention: 491611

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

### **Provider Information Table**

<b>Provider</b>	<b>Required</b>	<b>Prerequisites</b>	<b>Age</b>	<b>Duration</b>	<b>Frequency</b>	<b>Location</b>
Easter	No	19F001	All	Short term episodic	Individualized	Site, Home, Community
Judevine	No	None	All	Individualized	Individualized	Site, Home, Community

## ***Registered Behavior Technician***

### **Service Description**

The RBT (Registered Behavior Technician) is a paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA, (hereafter referred to as “Supervisor”). The RBT is primarily responsible for the direct implementation of skill-acquisition and behavior-reduction plans developed by the Supervisor. The RBT may also collect data and conduct certain types of assessments (e.g., stimulus preference assessments). The RBT does not design intervention or assessment plans. It is the responsibility of the Supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The Supervisor is ultimately responsible for the work performed by the RBT.

### **Provider Requirements**

Technicians who provide direct implementation of ABA services under the supervision of a licensed provider must be credentialed by the Behavior Analyst Certification Board as a Registered Behavior Technician TM (RBT). The supervisory relationship must be documented in writing, and the licensed supervisor is responsible for the work performed by the RBT.

### **Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

### **Service Documentation**

Service Documentation should follow the licensure, registration, and professional standards required by the Behavior Analyst Certification Board at <http://www.bacb.com/>. Intervention goals should be incorporated into ISP. Service provider shall maintain service documentation that includes but is not limited to:

- Enrolled individual’s name, birth date, and DD identification number;
- Date and complete description of service (goals, intervention and progress); and
- Location; and name, title, and signature of the facilitating and supervising staff.

Service documentation will be submitted on a monthly basis to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

### **Authorization & Utilization Information**

Registered Behavior Technician: 491640

Unit of Service: 15 minutes

Units to Request: 1,200 units per year

### **Provider Information Table**

<b>Provider</b>	<b>Required</b>	<b>Prerequisites</b>	<b>Age</b>	<b>Duration</b>	<b>Frequency</b>	<b>Location</b>
Easter	No	19F001	All	Short term episodic	Individualized	Site, Home, Community
Judevine	No	None	All	Individualized	Individualized	Site, Home, Community

## ***Community Inclusion***

### **Service Description**

Community Inclusion, available to individuals with Autism Spectrum Disorder (ASD) of all ages, is designed to empower individuals to access community services, resources, activities, and programs and to provide them with opportunities to integrate within the community. Parent and staff involvement may be necessary for increased effectiveness of the program.

Community Inclusion:

- Helps individuals build social networks,
- Helps individuals develop appropriate behavior for successful integration within the community, and
- Addresses specific needs and challenges to promote individuals' successful integration within the community.

### **Provider Requirements**

Staff providing this service will have specialized training for ASD and a high school diploma or equivalent with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. In lieu of experience, staff will have at least 40-140 hours of competency based Autism Training consistent with contemporary and emerging best practice and an additional 20+ hours annually of autism training consistent with contemporary and emerging best practices.

### **Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

### **Authorization & Utilization Information**

Community Inclusion Individual: 52A00H

Community Inclusion Group: 53A00H

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

### **Service Documentation**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with Community Inclusion objectives incorporated into the ISP. A monthly progress report will be submitted to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

### **Provider Information Table**

<b>Provider</b>	<b>Required</b>	<b>Prerequisites</b>	<b>Age</b>	<b>Duration</b>	<b>Frequency</b>	<b>Setting</b>
Easter	No	19F001	All	Individualized	Individualized	Individual, Group
Judevine	No	19F001	All	Individualized	Individualized	Individual, Group

## ***Pre-employment Services-ILS***

### **Service Description**

Key components of Pre-employment Services, provided by an employee consultant, include:

- **Employment Access Training**—an individualized pre-employment skill-building service designed to support individuals and promote independence.
- **Soft Skills Training**—a pre-employment service that focuses on training “soft skills” which are crucial for workplace productivity. Soft skills are the non-technical skills and abilities required to function in a specific

employment environment such as: delivering information or services to customers and co-workers; working effectively as a member of a team; and understanding and adapting to the cultural norms of the workplace.

**Provider Requirements**

At a minimum staff providing this service will have specialized training for ASD and a high school diploma or equivalent with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. Or, in lieu of experience staff will have at least 100-140 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses.

**Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

**Authorization & Utilization Information**

Pre-employment ILS Individual: 580300  
 Pre-employment ILS Group: 580500  
 Unit of Service: 15 minutes  
 Unit Request: 1,200 units per year

**Service Documentation**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with pre-employment objectives incorporated into the ISP. A monthly progress report will be submitted to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

**Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Setting	Location
Easter Seals	No	19F001	14+	Typically 2-4 hr sessions	1-3 times per wk	Individual, Group	Community, Site

***Family Resource Services***

**Service Description:**

Family Resource Services, provided by trained professionals, are designed to support families and their loved ones with Autism Spectrum Disorder (ASD). Providers of Family Resource Services help families obtain access to comprehensive and coordinated care and support. **Please note there is a separate definition and CIMOR Service code for Family Resource Services Phone Support.**

Family Resource Services may include but are not limited to:

- Observations within the school setting, consultations with teachers, participation in Individualized Education Program (IEP);
- Observations within other settings such as residential settings, job sites, colleges, daycare centers, and day programs, and consultations with respective community service providers;
- Other consultative and support services that families may request excluding phone support which is covered in the below described service;
- Workshops for siblings that are designed to obtain peer support and education within a safe and interactive environment facilitated by a trained professional; and
- Connections/referrals to resources and/or services and/or supports groups.

**Provider Requirements:**

Staff providing this service will have specialized training for ASD and a bachelor’s degree with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. Or, in lieu of experience:

- Staff will have at least 100-240 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses, or
- This service may be provided by a licensed or provisionally licensed mental health professional if supervised by a licensed mental health professional with a minimum of 2 years of direct experience (obtained within the last 5 years).

**Service Limitations:**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

**Authorization & Utilization Information:**

Family Resource Services: 35B001

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

**Service Documentation:**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with objectives in the ISP. A monthly progress report will be submitted to the Support Coordinator.

**Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Setting	Location
Easter	Yes	19F001	All	Individualized	Individualized	Individual	Home, Site, Community
Judevine	Yes	19F001	All	Individualized	Individualized	Individual	Home, Site, Community

***Family Resource Services Phone Support***

**Service Description**

Phone Support is provided by a trained professional after the initial assessment has occurred and a therapeutic relationship has been established. It is intended to help children and adults with Autism Spectrum Disorder (ASD) and their families. Phone support is defined as substantive in nature and is relevant to providing support to families about ASD-related issues. Phone support has practical importance, value, or effect, is substantial in amount or quantity, and is essential in meeting the needs of the families. **Phone support is not leaving a voice mail, notifying a family about an event or activity, or calling a family for the sole purpose of soliciting enrollment in services.**

**Provider Requirements**

Staff providing this service will have specialized training for ASD and a bachelor’s degree with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. In lieu of experience:

- Staff will have at least 100-240 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses, or

- This service may be provided by a licensed or provisionally licensed mental health professional if supervised by a licensed mental health professional with a minimum of 2 years of direct experience (obtained within the last 5 years).

**Service Limitations:**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

**Authorization & Utilization Information:**

Family Resource Services Phone: 35B00T

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

**Service Documentation:** Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with objectives listed in the ISP. A monthly progress report will be submitted to the Support Coordinator.

**Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Location
Easter	Yes	19F001	All	Individualized	Individualized	Home, Site, Community
Judevine	Yes	19F001	All	Individualized	Individualized	Home, Site, Community

***Parent Training***

**Service Description**

This service shall include the provision of training and consultation with parents and caregivers of individuals with Autism Spectrum Disorder (ASD). Trainings may include but are not limited to the following:

- Understanding an Autism Spectrum Disorder (ASD) Diagnosis;
- Discerning which treatment opportunities might be best for a child and family (per Missouri Autism Guidelines Initiative <http://autismguidelines.dmh.mo.gov/> and the Interactive Autism Network (IAN) <http://www.ianproject.org/>);
- Developing behavior and communication strategies to support individuals with ASD at home and in the community, addressing challenging behavior patterns and setting up positive behavior supports, and evaluating the effectiveness of strategies and treatments;
- Understanding a child’s/adolescent’s sensory and motor strengths and barriers and setting up healthy activities that will be successful for a child and family (i.e. Sensory Diet);
- Understanding the role of speech, language, and auditory processing in everyday interactions and identifying what to do when a child does-not understand what he/she hears; and
- Developing strategies for social skills acquisition.

**Provider Requirements**

At a minimum, staff providing this service will have a bachelor’s degree with a minimum of 1 year of direct experience (obtained within the last 5 years) in providing related services for persons with ASD. In lieu of experience staff will have at least 100-140 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses.

**Service Limitations**

This service may not replace services provided or funded by DESE (VR), Medicaid, or private insurance.

**Authorization & Utilization Information**

Parent Training Individual: 94200A  
Parent Training Group: 94201A  
Unit of Service: 15 minutes  
Unit Request: 1,200 units per year

**Service Documentation**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with Parent Training objectives incorporated into the ISP. A monthly progress report will be submitted to the Support Coordinator.

**Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Setting	Location
Easter	Yes	19F001	All	Individualized		Group, Individual	Site, Home, Community
Judevine	No	19F001	All	Individualized		Group, Individual	Site, Home, Community

***Respite***

**Service Description**

Respite services, which provide a break for parents and supervised, safe, and age-appropriate activities for individuals with Autism Spectrum Disorder (ASD), are provided by staff trained to support individuals with ASD.

**Provider Requirements**

Staff providing this service will have specialized training for ASD and a high school diploma or equivalent with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. Provider is trained in CPR /First Aid. In lieu of experience staff will have:

1. At least 40 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses, or
2. Extensive ABA training; Autism and Communication training specific to information processing, social communication deficits training, attention and executive functioning training; Crisis Intervention training; Positive Behavior Supports training; Abuse and Neglect training; will have oversight by a Coordinator with a bachelor’s degree with specialized autism training and 1 year of direct experience in providing related services for persons with autism; and for group there will be a ratio of 1 staff per two clients.

**Service Limitations**

This service may not replace services provided or funded by DESE (VR), Medicaid, or private insurance.

**Authorization & Utilization Information**

Respite Individual: 440400  
Respite Group: 440500  
Unit of Service: 15 minutes  
Unit Request: 1,200 units per year

**Service Documentation**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with Respite objectives incorporated into the ISP. A monthly progress report will be submitted to the Support Coordinator.

Provider	Required	Age	Duration	Frequency	Location
Easter Seals Midwest	No	All	Individualized	Individualized	Site, community, home
<b>Prerequisites &amp; Terms:</b> 19F001 Specialized Autism Assessment. In-home respite must be arranged in advance. Parent or guardian must RSVP for prescheduled site-based and community-based group respite.					

Provider	Required	Age	Duration	Frequency	Location
Judevine Center for Autism	No	All	Individualized		Site, community, home
<b>Prerequisites &amp; Terms:</b> 19F001 Specialized Autism Assessment , arranged in advance, and must RSVP for prescheduled site or community based group respite					

## ***Social Skills Groups***

### **Service Description**

The Social Skills Groups for individuals with Autism Spectrum Disorder (ASD) are designed to provide participants with opportunities to acquire valuable skills they need to successfully interact with their others. The service helps to increase individuals' social awareness and improve their ability to make friends and develop the skills necessary to successfully integrate in a variety of social settings.

### **Provider Requirements**

At a minimum, staff providing this service will have a high school diploma or equivalent with a minimum of 1 year of direct experience in providing related services for persons with autism. The experience must have been obtained within the last 5 years. Or, in lieu of experience staff will have at least 40-100 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses.

### **Service Limitations**

This service may not replace services provided or funded by DESE, Medicaid, or private insurance.

### **Authorization & Utilization Information**

Social Skills Groups: 15100H

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

### **Service Documentation**

Service provider shall maintain service documentation including detailed progress notes per date of service and monthly progress notes associated with objectives listed in the ISP. A monthly progress report will be submitted to the Support Coordinator and Individual/Parent/Guardian/Designated Representative.

### **Provider Information Table**

Provider	Required	Prerequisites	Age	Duration	Frequency	Location
Easter	No	19F001	All	1-2 hours	Varies by location	Site, Community
Judevine	No	19F001	All	1-3 hours	Varies per group	Site, Community

## ***Social Skills: Curriculum Based***

### **Service Description**

Curriculum Based Social Group for individuals with ASD is highly structured with curriculum-based measurable outcomes for the group and the individual. Curriculum-based measurement encompasses an assessment methodology that can be used with individuals to develop goals, benchmarks, and objectives. In addition to monitoring the progress of individuals with ASD, Curriculum-based Social Skills services provide a process by which practitioners can examine data and make meaningful decisions about the overall effectiveness of their instruction. Curriculum-based Social Skills services provides participants with opportunities and systematic support to acquire valuable skills to successfully interact with others, to increase social awareness, to improve the ability to make friends, and to develop the skills necessary to successfully integrate in a variety of social settings. The Group Leader meets with the parent and child to assess the needs of the individual and set group goals. Staff also meets with the parent periodically (at least quarterly but more often if necessary) to report progress. Typically groups are designed based on age, grade and/or skill level.

### **Provider Requirements**

Typically the Social Skills Group Leader is:

- A licensed or provisionally licensed mental health professional in accordance with RSMo Chapter 337 who also has additional training related to ASD that is focused on effective strategies for interacting with individuals with ASD, discerning their special needs, and developing and implementing their individualized treatment plans, or
- A Behavior Analyst Certification Board (BACB) certified and MO licensed BCBA, or a BCBA-D.

At a minimum, staff providing this service will have:

- A Bachelor's degree with a minimum of two years of direct experience (obtained within the last 5 years) in providing related services for persons with ASD;
- At least 100-140 hours of competency based Autism Training and additional training classes of 20+ hours initially and annual recertification courses; or
- Formal specific training in an Office of Autism Services approved Social Skills curriculum program that is evidence-based (for example PEERS<sup>®</sup>), or a social skills curriculum with credible fidelity.

Typically the Assistant Group Leader is either a Registered Behavior Therapist (RBT) or a bachelor's level specially trained assistant.

### **Service Limitations**

This service may not replace services provided or funded by DESE (VR), Medicaid, or private insurance.

### **Authorization & Utilization Information**

Social Skills Curriculum Based: 15103H

Unit of Service: 15 minutes

Unit Request: 1,200 units per year

### **Service Documentation**

Service provider shall maintain service documentation that includes but is not limited to:

- Enrolled individual's name, birth date, and DD identification number;
- Date of each session with a complete description of:
  - The topic of instruction and group goal(s);
  - Summary of participation and progress towards individualized goal(s) listed in the ISP; and
  - Location, and name, title and signature of the staff facilitating the session.

Service documentation will be submitted to the Support Coordinator Individual/Parent/Guardian/Designated Representative on a monthly basis.

**Provider Information Table**

<b>Provider</b>	<b>Required</b>	<b>Prerequisites</b>	<b>Age</b>	<b>Duration</b>	<b>Frequency</b>	<b>Location</b>
Easter	No	19F001	Varies	1.5-3 hrs	7-14 wkly sessions	Site, Home, Community
Judevine	No	19F001	All	1-3 hrs	Varies per group	Site, Community