

**Division of Developmental Disabilities
Proposed Waiver Definition Changes**

(This document includes only service definitions with changes. Current service definitions not included in this document will remain the same.)

	Service	State Definition (Waiver Application)	CMS Definition	Procedure Code	Medicaid Max Rate	Stakeholder Comments
1.	<p>Personal Assistance (Waiver Service)</p> <p>CMS - Common names: attendant care personal; assistance personal; attendant services</p>	<p>Current: <i>One definition in the waiver application, but that one definition covers 3 types of PA: General, Medical, and Behavioral.</i> Personal assistant services include assistance with any activity of ADL or IADL. Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community. The services to be provided are solely for the individual and not household task expected to be shared with people living in the family unit. While ordinarily provided on a one-to-one basis, personal assistance may include assisting up to three (3) individuals at a time.</p> <p>Personal assistance may also include general supervision and protective oversight, which may be provided through remote monitoring technology covered under the Assistive Technology service also in this waiver.</p> <p>The personal assistant may directly perform some activities or may provide support that promotes independence for the individual to learn to perform the activities.</p> <p>New: Break out 2 types of PA services in the waiver application: <i>General and Medical. Behavioral PA is covered under the Behavior Analysts Service.</i></p> <p><i>General PA same definition, but added the following statements:</i></p> <ul style="list-style-type: none"> • “Personal assistance services may not be used to supplant parental responsibility to provide day care services for minor children.” • Additionally staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070. • Changed Behavior Intervention Training to Crisis Intervention Training <p><i>Medical PA added the following definition and criteria:</i></p> <p>Medical Personal Assistance To assist in meeting the specialized medical needs for the individual as</p>	<p>Personal Care - Assistance with activities of daily living (ADLs) and/or health-related tasks provided in a person’s home and possibly other community settings, NOT including both provision by a licensed home health agency and a requirement for supervision by a licensed nurse or therapist. Personal care may include assistance with IADLs. Personal care may include the supports offered in companion and homemaker if these supports are provided along with assistance with ADLs and/or health-related tasks. Personal care does NOT include habilitation (assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills).</p>	<p>T1019 – Personal Assistant, Agency/Contractor</p> <p>T1019 U2 – Personal Assistant, Self-Directed</p> <p>T1019 HQ – Personal Assistant, Group</p> <p>T1019TGSE– Personal Assistant, Medical, Self-Directed</p> <p>T1019TG– Personal Assistant, Medical, Agency/contractor</p>	<p>Current: \$4.23/15 min (max 96 units/day)</p> <p>\$4.23/15 min (max 96 units/day)</p> <p>\$4.23/15 min (max 96 units/day)</p> <p>\$5.89/15 min (max 96 units/day)</p> <p>\$5.89/15 min (max 96 units/day)</p>	<p>Daycares do not allow personal assistants to attend with the child because liability insurance does not cover them. Is it possible for the state to develop an exception so that PA can be used when no daycare accepts a child? Can there be a specific assessment to support the service outside of day care?</p> <p>There is a need for Non-English, but there is a cost to hire for other languages. Response: This is true for all Medicaid Services.</p> <p>BCA rates need to be increased to support the community. The rates are low and need to include DOL and minimum wage requirements. The average rate from the division is lower than the private average rate of \$12.00. Stakeholders indicated that rates should take into consideration DOL and Minimum Wage. Response: The Division uses the MO HealthNet Rate of \$11 per 30 minutes.</p> <p>For SDS, Providers indicated that this must be agency based, but division staff indicate that it is individual. When the division put out the GED guidance, can that include 18 year olds in their Senior Year of High School about to graduate?</p>

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		<p><i>identified by the team and documented in the ISP, the following must have been met:</i></p> <ul style="list-style-type: none"> • <i>The interdisciplinary team has identified and outlined the need to pursue more intensive support for medically related issues;</i> • <i>The need must be documented by a physician or advanced practice nurse and maintained on file</i> • <i>Prior to approval of funding for medical personal assistance the ISP has gone through the local UR process to determine the above have been completed.</i> <ul style="list-style-type: none"> • <i>Dependent upon the scope of service, a registered professional nurse may be required to provide oversight in accordance with the Missouri Nurse Practice Act.</i> <p><i>The medical personal assistance must adhere to the same requirements as outlined for the Individual Provider Employed by Individual or Family.</i></p> <p><i>Medical PA limitations:</i></p> <p>This service may not be provided by a family member or guardian unless the family/guardian has obtained the required and current certification and the individual receiving the care is over the age of 21.</p> <p>Payment is on a 15 minute, fee for service basis, with different rates for individual and small group services, and, when needed, for enhanced staff qualifications.</p> <p>The same qualifications noted in personal assistance apply for the use of state plan services.</p> <p><i>General and Med PA Provider Qualifications:</i> A Medicaid-enrolled provider of personal care services – changed RO monitoring from annually to every 3 years</p>				
2.	Individualized Supported Living	<p>Current definition is not changed, but statements were added as noted below.</p> <p><u>New</u></p> <p><i>Added statement to be in compliance with CMS:</i> Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the Americans with Disabilities Act.</p> <p><i>Removed from the ISL budget:</i> travel and monthly registered nurse oversight.</p>		T2016	\$900.03	

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		<i>Added the following sentence:</i> Transportation and Nursing Services can be provided through an ISL provider, in conjunction with the ISL service, but are authorized separately and not included in the daily rate.				
3.	Group Home	<p>Current definition is not changed, but statements were added as noted below.</p> <p>Revised the following statement: Group homes are paid a per-diem rate for each resident which covers:</p> <ul style="list-style-type: none"> • Staff intervention provided assistance and support in the areas of self-care... <p><i>Provider Qualifications:</i> Community Residential Facility and Semi-Independent Living arrangement – changed verification from renewal to every 3 years</p>		T2016 HQ	\$897.91	<p>There is a lack of respite providers (Group Homes) in the Randolph County area. Is this a licensing issue and what is Licensure inspecting? Out of Home respite should be expanded to providers outside of Group Homes. For example, Host Homes could provide respite for each other. The homes could be licensed like support living. A review of 9 CSR 40.1, 2, 4 and 5 would need to be reviewed for potential change, in addition to CARF, CQL, and Joint Commission.</p> <p>The concern for the lack of providers and the requirement of being a group home is that many families do not want to send their children to a Group Home or other such provider. Would CMS allow a broader base of respite providers for families with children?</p> <p>Why was respite removed from SDS? Since there is a lack of providers, families could be used as respite providers.</p>
4.	Job Preparation <i>New title: Prevocational</i>	<ul style="list-style-type: none"> • Strengthened the language to be aligned with HCBS Community Setting Rule, Support Coordinator Assurances and Individual Rights. • Renamed the service to “Prevocational Services” to match CMS definition. 	Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that	<u>Current:</u> H2025, On-Site, Individual	<u>Current:</u> \$6.88 (32units/day)	Should the same type of employment service be set up for volunteering or would that just be under community integration?

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	Services	<ul style="list-style-type: none"> Clarification, based upon CMS definition, this is intended to shape underlying habilitative skills/behaviors as they relate to work and not developing actual job task skills. Instituted service limits based upon feedback from ad hoc employment team. Created ability to request additional time with Regional Director approval. Removed the modifier for onsite/offsite. Services to be individualized with the preponderance of service to occur in the community as per Community Setting Rule and aligned with national best case practices of career planning for individuals with I/DD diagnoses. Aligned the requirement to access comparable benefits through VR and IDEA funded services as outlined by CMS. Removed the ability to not utilize comparable services simply do to a provider not having a contract for other federally funded programs. Reduced group size from 8 to 4 	contribute to employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and his/her service and supports planning team through an ongoing person-centered planning process, to be reviewed not less than annually or more frequently as requested by the individual. Individuals receiving prevocational services must have employment-related goals in their person-centered service plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the successful outcome of prevocational services.	H2025 SE, Off-Site Individual H2025HQ, On-Site Group H2025 HQ SE Off-Site Group New: H2025 Job Preparation Individual H2025 HQ Job Preparation Group	\$11.25 (48 units/day) \$6.59 (32 units/day) \$6.59 (32 units/day) New: \$9.31/15 min. unit (max of 60 units per week) \$4.66/15 min. unit (max of 60 units per week)	Response: Volunteering is not an allowable outcome under CMS definitions for employment services. This would need to be done under CI or case management. Response: However, volunteer work experience as an intervention in developing career interests and shaping work related behaviors is an allowable activity under Job Discovery and Job Preparation as long as it is time limited and has a defined purpose. But, it is not a billable or appropriate outcome for Community Employment.
5.	Community Employment (Individual and Group) New: Supported Employment (Individual and Group)	<ul style="list-style-type: none"> Renamed the service to “Supported Employment” to match CMS definition Strengthened the language to be aligned with HCBS Community Setting Rule, Support Coordinator Assurances and Individual Rights. Require an annual review for those in Group Employment to determine whether their independence and autonomy are most suitably matched with a Group setting or if they can be transitioned to the more affirmed Individual Model. Group size reduced from 8 to 4 Aligned the requirement to access comparable benefits through VR and 	Supported Employment -Individual Employment Support services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce at or above the state’s minimum wage, at or above the customary wage and level of benefits paid by	H2023 – Community Employment Individual H2023 HQ – Community Employment Group	Current: \$9.31/15 min. unit (max of 32 units per day) \$4.66/15 min. unit (max of 32	Employment is not keeping up with ISL. There is a need to enhance or add definitions to provide continued supports in order to sustain employment. The example provided was help with the checkbook for living. Recommendations were to refer to 2011 CMS guidance on employment. Response: In the new definitions

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		<p>IDEA funded services as outlined by CMS. Removed the ability to not utilize comparable services simply do to a provider not having a contract for other federally funded programs.</p> <ul style="list-style-type: none"> Removed job development as an activity provided under Community Employment. Strengthened the language on the responsibility of the provider to provide support and services in the least restricted environment (i.e. fading). Increased the maximum number of daily units to support extended seasonal work hours for individual employment 	<p>the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.</p>	<p><i>New:</i> <i>H2023 – Community Employment Individual</i></p> <p><i>H2023 HQ – Community Employment Group</i></p>	<p>units per day)</p> <p><i>New:</i> <i>\$11.25/15 min. unit (max of 48 units per day)</i></p> <p><i>\$4.66/15 min. unit (max of 32 units per day)</i></p>	<p><i>drafted, there would be an allowance for completion of benefits planning, asset development, etc. as part of Career Planning.</i></p> <p>Transportation for employment was a concern for individuals to have in order to sustain employment. <i>Response: It was confirmed during the forum that this is already a covered service.</i></p> <p>Employment currently only allows for 8 hours. This does not allow for any overtime that may occur for businesses such as lawn care. <i>Response: Know that we have covered this in past discussions. Would propose that we increase this to 48 units as allowable in appendix J in the new application.</i></p> <p>Community Employment for Individual – Concerns were that Vocational Rehabilitation does not document denial of services. How long does the exhaustion of Voc Rehab services need to be revisited? Experience is that Voc Rehab may not connect the need, so why do we have to go there first? <i>Response: The wording for access of comparable benefits through VR clarified in the new definitions. Working with VR on developing a</i></p>

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						<p><i>manual and cross training on how to utilize the two programs. Required to access VR as per CMS requirement.</i></p> <p>Job services are not able to bill transportation when the individual is not in the car (i.e. staff going to pick up the individual).</p> <p>Cost of training for staff time that was added on the last contract has shut down programs. Illinois allows providers to bring certification to the state, and then the state reimburses the provider for the training.</p> <p>Response: There are opportunities to complete staff training aligned with contract requirements that are no cost to service providers through the College of Employment Services. Free access and user accounts can be established by contacting your nearest Employment First Specialist.</p> <p>Documentation requirements need to be reviewed, especially in instances of fading with only one visit a month. It is not worth the plan.</p> <p>Response: Although this has not been added to the waiver application, this will be added to future SC manual, waiver manual</p>

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						<i>and contract requirements following review with the ad hoc employment team and MARF/MACDDS review.</i>
6.	In Home Respite	Revised sentence: "The service is provided in the individual's place of residence or in a licensed/certified/accredited facility when service is provided in interim periods, at the discretion of the individual/guardian/family, which does not include overnight care. "	Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.	S5151 In Home, Day S5150 In Home, Individual S5150 HQ In Home, Group	\$250.61 (max 1/day) \$6.00 (max 40/day) \$6.00 (max 40/day)	How is this impacted with the current statutory language of 21 days? Response: The statutory language of 21 days was pre-waiver. Should emergency residential be included as a component of crisis? Can providers/families can utilize "drop off" centers at locations that are not intended to be overnight and therefore are not licensed as a residential facility for out of home respite? It would be performed at day program locations either after hours or on the weekends. There are several available through non DD funding – but limited across the state as our definition disallows this to occur. Response: In Home Respite should cover this. Additionally, CMS technical specifically addresses out of home respite settings (but not limited to) as residential settings. This proposal would allow day habilitation programs to provide respite for a couple of hours a day. This would be beneficial for those families needing a short break, but

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						<i>also puts at the risk the potential to use this as "babysitting." Additionally, the day habilitation sites would need to be certified as Respite facilities.</i>
7.	Out of Home Respite	Out of home respite is limited to no more than 60 days annually, <i>unless a written exception is granted from the Regional Office Director.</i>		H0045 Out of Home, Day	\$515 (max 1/day)	The out of home respite 60 day limit is difficult when transitioning to an ISL. There is no exception to the process. Can the definition be updated or an extension included?
8.	Assistive Technology	<p>Revised sentence: Remote monitoring technology may only be used with full consent of the individual and their his/her guardian and with written approval by the human rights due process committee <i>when applicable to verify that due process was followed for the remote monitoring request.</i></p> <p>Removed: "The mainframe is housed at the provider's service location" and "monitoring is performed by on duty direct support staff..."</p> <p>Raised the limit from \$3000 to \$9000. Removed verification frequencies: at renewals and every 2 years</p>	<p>Assistive technology means an item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes--</p> <p>(A) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;</p> <p>(B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;</p> <p>(C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</p> <p>(D) coordination and use of necessary</p>	A9999	<p>\$3000/yr</p> <p>New: \$9,000/yr</p>	

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			therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan; (E) training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and (F) training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.			
9.	Behavior Analysis Services	Behavior Analysis Services is being removed, and Applied Behavior Analysis services consistent with MO HealthNet State Plan and new CPT codes will be added.		H2019 HO Senior Behavior Consultant H2019 Behavior Intervention Specialist	\$23.18 (max 32/day) \$19.31 (max 48/day)	Could a Registered Behavior Technician be added to the Behavior Analysis Service as a qualified provider type? The Technician would be an implementer. Response: See new Behavior Services definitions.
10.	Co-Worker Supports New: Job Development	<ul style="list-style-type: none"> Eliminated Co-Worker Supports service definition as it has never had a provider of service or any utilization/authorization and developed new service, Job Development. Job Development rate would be the same rate as it previously was when embedded within Community Employment definition. Strengthened the language to be aligned with HCBS Community Setting Rule, Support Coordinator Assurances and Individual Rights. Aligned the requirement to access comparable benefits through VR and IDEA funded services as outlined by CMS. Removed the ability to not utilize comparable services simply do to a provider not having a contract for other federally funded programs. Clarified the allowable services which can be provided as part of Job Development – to include the provision of service without the presence of the individual. 		H0038 Co-Worker Supports	Current: \$9.31 (max 32 units/day) New: \$9.31 (max 240 units/plan year)	Co-Worker Supports is an excellent service in theory. However, it is not being used because employers would have to follow the DMH requirements and the paperwork is too burdensome. It was recommended to remove or to revise, because as it is, providers cannot sell this to employers. Response: Removed/deleted in new application. New service is Job Development.

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		<ul style="list-style-type: none"> Enable better tracking of actual service provided and facilitates greater data analysis. <p>Instituted service limits based upon feedback from ad hoc employment team. Created ability to request additional time with Regional Director approval.</p>				
11.	Communications Skills Instruction	Removed this service. It has not been used and DMH does not certify communication assistant. This service would fall under community specialists.				
12.	Community Transition	<p>Added the following language to be consistent with CMS definition: <i>Congregate living settings shall include any provider-owned residential setting where MO HealthNet reimbursement is available, including the following:</i></p> <ul style="list-style-type: none"> <i>Intermediate Care Facilities for Individuals with Intellectual Disabilities</i> <i>Nursing Facilities</i> <i>Residential Care Facilities</i> <i>Assisted Living Facilities</i> <i>DD Waiver Group Homes</i> <p>Specify limits: This service is limited to persons who transition from a <i>congregate living Title XIX institutional setting</i> to the waiver. <i>Community Transition Services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already provided.</i></p> <p><i>Added Service to Community Support Waiver</i></p>	Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and, (g) activities to assess need, arrange for and procure need resources. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determining through the service plan	T2038	\$3,000 per individual over their life time	

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		<p><i>a letter, exchanging money for purchases, etc, This should not only occur in the facility, but on a regular basis in the community to use in a real life situations.</i></p> <p>Added the statement: Personal Assistance and Day Habilitation may not be billed at the same time. Day Habilitation Services includes all personal assistance needed by the individual.</p> <p>Medical Exception <i>Exceptional medical supports funding shall be utilized to provide enhanced services to meet medical needs which require licensed oversight and/or delegation to Certified Nursing Assistance (CNA) for direct prescribed services to identified individuals. A separate rate and code modifier is available for this service. This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities. Requests for Exceptional medical supports shall be submitted to the Utilization Review Committee and include the following documentation:</i></p> <ul style="list-style-type: none"> • <i>Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s).</i> • <i>Written documentation noting the individual's assessed need for medical services by the individual's medical practitioner.</i> <p>Behavior Exception <i>Exceptional behavioral supports funding shall be utilized to provide enhanced services to meet behavioral needs which require licensed oversight and/or delegation for direct prescribed services to identified individuals. A separate rate and code modifier is available for this service. This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities. Requests for Exceptional behavior supports shall be submitted to the Utilization Review Committee and include the following documentation:</i></p> <ul style="list-style-type: none"> • <i>Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s).</i> • <i>Written documentation noting the individual's assessed need for</i> 	<p>social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the participants' person-centered service plan in the group day habilitation setting. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).</p> <p>Day habilitation services focus on enabling the group of participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered service plan, such as physical, occupational, or speech therapy.</p>			<p>There is not a billing code for Nursing in Day Service and this is needed for the aging population. Some are billing nursing as Community Specialists. The providers recommend that a new billing code is allowed or the service definition change to allow for PAM in day service settings.</p> <p>The aging population needs to be addressed in regards to the HCBS rule for those individuals that have dementia, hospitalizations, and any additional waiver services needed. Providers indicated a need for OT services for the adult DD population.</p>

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		<p align="center">behavioral services by the individual's Board Certified Behavior Analyst or Qualified Health Care Professional.</p> <p><i>Language Removed:</i> Home Skills Development and Community Integration. (Reasons: CMS does not allow day services in the home. Community Integration is now a separate service.)</p> <p><i>Specify Limits: A waiver participant's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2)(A) 6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code.</i></p> <p>Provider Type is changed from Independent Living Skills to Day Program</p>				
15.	Individualized Skill Development	<p><u>New:</u> Individualized Skill Development focuses on complex skill acquisition/development, to assist the individual in achieving maximum independence in home and community-based settings. This includes, but is not limited to, cooking, laundry, shopping, budgeting, paying bills, and accessing public transportation. The service assists the participant to acquire life skills necessary for independent living. When applicable, this should be completed in the community. Transportation costs related to the provision of this service in the community are included in the service rate. Individualized Skill Development differs from the Personal Assistant service in that a personal assistant may directly perform activities or may support the individual to perform ADLS and IADLS as part of the service.</p> <p><i>ISPs must include outcomes and action steps individualized to what the participant wishes to accomplish, learn and/or change, which includes a task analysis of the identified learning objective. The Utilization Review Committee, authorized under 9 CSR 45-2.017 has the responsibility to ensure all services authorized are necessary based on the needs of the individual.</i></p> <p><i>Specify Limits: Individuals who receive Group Home, Individualized Supported Living, or Shared Living may not receive this service, because it is encapsulated within these aforementioned services and would cause duplication. A person</i></p>		<p>Current: S5108, Individual</p> <p>S5108 HQ, group</p> <p>New: S5108, Individual</p> <p>S5108 HQ, group</p>	<p>Current: \$6.88 (max 32 units /day)</p> <p>\$6.59 (max 32 units /day)</p> <p>New: \$6.88 (max 80 units /week)</p> <p>\$6.59 (max 80 units /week)</p>	<p>There is a need for skill development as a waiver service, similar to Home Skills. This is currently available in county funding and would cost \$40-50\$/ hour for 7-10 hours per week. Would include the following:</p> <ul style="list-style-type: none"> • This would be one-on-one • not residential or employment • training on skills to continue living in the community • Build living skills is included in the Partnership for Hope waiver, but it is under professional staff and the dollars included are too high. This is more than what would be needed. • This would be a combination service of Home Skills and Job prep.

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		<p><i>who receives these services may receive Day Habilitation, but may not receive Individualized Skill Development at the Day Habilitation location.</i></p> <p><i>This service is a short term service that is not anticipated to be an ongoing support for individuals as it is utilized for the development of a clearly identified skill. Each skill will require an identified objective, with a task analysis and data of progress. No more than 20 hours a week shall be authorized annually. Group individualized skill development may not have more than 4 individuals in a group.</i></p> <p><i>When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities.</i></p> <p><i>This service may not be provided by a family member or guardian.</i></p> <p><i>A national/state credentialed staff trained in skill development will be required.</i></p> <p><i>Payment is on a 15 minute, fee for service basis.</i></p> <p><i>A waiver participant's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2)(A) 6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code.</i></p> <p><i>Provider Qualification: Day Habilitation Provider</i></p>				<p>Previously all of this was billed under Community Integration, but the division broke this into two services, Community Integration and Home Skills, due to CMS requirements. However, Home Skills had a lower rate than Community Integration. The Home Skill rates do not cover the cost of the provider documentation. Can the division requirements be compared to the County Board requirements for this service? Also, what would be the appropriate measures to include?</p>
16.	Community Integration	<p>Current: Community Integration teaches all skills needed to be a part of a community, such as using public transportation, making and keeping medical appointments, attending social events, any form of recreation, volunteering, participating in organized worship or spiritual activities. Transportation costs related to the provision of this service in the community are included in the service rate.</p> <p>New: Community Integration assists and/or teaches participation in community</p>	Community Integration - Assistance in participating in community activities, NOT including assistance with activities of dialing living or assistance in acquiring, retraining, and improving self-help, socialization, and/or adaptive skills. This service can include supports furnished in the person's residence	Current: T2021 SE – Community Integration Individual	Current: \$11.25/ 15 min. unit (max 24 units per day)	<p>There is an overlap of Community Integration and PA services that needs to be addressed.</p> <p>Community Integration rates need to consider the cost of transportation, such as vehicle expense, insurance,</p>

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		<p>activities. Community Integration does not include assistance with activities of daily living, unless it is combined with a community integration activity. These activities and/or skills are needed to be a participating member of a community, which may include, but not limited to, becoming a member of social events/clubs, recreational activities, volunteering, participating in organized worship or spiritual activities. The following are examples of activities of daily living that are not included in community integration: grocery/clothing shopping, haircut, etc. Community Integration expectations are for individuals to interact with the broader community on a regular basis, including community activities that enable individuals to engage directly, throughout the day, with people who are not paid to provide them with services. In addition, community activities should be organized for the benefit of the individuals to foster relationships with the broader community. Transportation costs related to the provision of this service in the community are included in the service rate.</p> <p>A waiver participant's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2) (A) 6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code.</p> <p>Limitation: This service is a short term service that is not anticipated to be an ongoing support for individuals. This service is limited to 25 hours a week. Group community integration may not have more than 4 individuals in a group.</p>	related to community participation.	<p>T2021 SE HQ – Community Integration Group</p> <p>New: T2021 SE – Community Integration Individual</p> <p>T2021 SE HQ – Community Integration Group (maximum of 4 people in a group)</p>	<p>\$6.58/15 min. unit (max of 24 units per day)</p> <p>New: \$11.25/15 min. unit (max 100 units per week)</p> <p>\$6.58/15 min. unit (max of 100 units per week)</p>	population needs, access of vehicle types. Some providers want transportation to be brought back by mileage, but not as a separate bill, just as an increase to the rates to account for it being included. Other providers want transportation to be billed separately.
17.	Job Discovery New: Career Planning	<ul style="list-style-type: none"> Renamed the service to “Career Planning” to match CMS definition. Strengthened the language to be aligned with HCBS Community Setting Rule, Support Coordinator Assurances and Individual Rights. Clarified the expectation of a completed plan for employment to include job goal and anticipated services as a delivered product upon conclusion of the service. Instituted service limits based upon feedback from employment ad hoc team. Created ability to request additional time with Regional Director approval. Removed the modifier for onsite/offsite. Services to be individualized with the preponderance of service to occur in the community as per 		T2019 – Career Planning Individual	\$9.31/15 min. unit (max of 240 units per plan year)	

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		Community Setting Rule and aligned with national best case practices of career planning for individuals with I/DD diagnoses. Aligned the requirement to access comparable benefits through VR and IDEA funded services as outlined by CMS. Removed the ability to not utilize comparable services simply do to a provider not having a contract for other federally funded programs.				
18.	Behavior Identification Assessment	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report.</i></p> <p><i>Service unit is 1 and is untimed but must be utilized within a six month interval. Service is limited to 1 unit every 2 years unless exception is granted by DD’s Chief Behavior Analyst or designee</i></p> <p><i>Provider Type: Qualified Health Care Professional</i></p>		<p><i>0359T</i></p> <p><i>HO modifier – Masters degree level</i></p>	<i>\$186.64</i>	<p>Can the division look at using an Evidence Based service for social skills for teens and young adults? The recommended program was UCLA PEERS at www.semel.ucla.edu/PEERS. If not, could it be billed through Medicaid Speech Language Social (SLP). A Speech Therapist does not need to be covered, just the training for the teen or young adult.</p> <p>Considerations for PEERS: Procedure Code, bill beyond speech therapist, ages 18-30, compare to State Plan services.</p> <p><i>Response: Social skills groups are one of the new behavioral services codes</i></p>
19.	Observational Behavioral Follow-Up Assessment	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Observational behavioral follow-up assessment is administered by a technician under the direction of a licensed Behavior Analyst (LBA), licensed Assistant Behavior Analyst, licensed psychologist, or other Qualified Health Care Professional (QHCP). The LBA or other qualified health care professional may or may not be on-site during the face-to-face assessment process. Observational behavioral follow-up assessment(s) are services provided to individuals who</i></p>		<p><i>0360T</i> <i>First 30 minutes</i></p> <p><i>0361T</i> <i>Additional 30 minutes</i> <i>HM</i></p>	<i>\$18.00 per unit</i>	

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		<p><i>present with specific destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction) or behaviors or deficits in communication or social relatedness. These assessments include use of structured observation and/or standardized and non-standardized tests to determine levels of adaptive behavior. Areas assessed may include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play and leisure and social interactions. Specific destructive behavior(s) assessments include structured observational testing to examine events, cues, responses, and consequences associated with the behavior(s).</i></p> <p><i>Specify Limits: Service is comprised of 2 distinct codes:</i></p> <ul style="list-style-type: none"> • <i>First 30 minutes: This increment identifies initial unit of service delivery and occurs only 1 time a day.</i> <p><i>Service limit is capped at 5 units per year, 1 per day, 5 per week and must be utilized within two months of authorization. Service unit is 30 minutes.</i></p> <ul style="list-style-type: none"> • <i>Additional 30 minutes: These increments identify each additional unit of service subsequent to the initial unit of service occurring in 1 day.</i> <p><i>Service limit is capped at 20 per year, 4 per day, 20 per week</i> <i>Service must be completed within a 6 month interval</i></p> <p><i>Provider Type: Qualified Health Care Professional (QHCP) or licensed assistant behavior analyst or Registered Behavior Technician</i></p>		<p><i>HN</i></p> <p><i>HO</i></p>	<p><i>\$27.00 per unit</i></p> <p><i>\$46.66 per unit</i></p>	
20.	<i>Exposure Behavioral Follow-up Assessment</i>	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Exposure behavior follow-up assessment is administered by the licensed Behavior Analyst (LBA), licensed psychologist, or Other Qualified Health Care Professional with the assistance of one or more technicians. Exposure behavioral follow-up assessment includes the Qualified Health Care Professional's interpretation of results, discussion of findings and recommendations with primary caregiver(s), and preparation of report. Typical individuals for this services include those with more specific severe destructive behavior(s) (eg, self-injurious behavior, aggression, property destruction). Specific severe destructive behavior(s) are assessed using structured testing to examine events, cues, responses, and consequences associated with the</i></p>		<p><i>0362T</i></p> <p><i>First 30 minutes</i></p> <p><i>0363T</i></p> <p><i>Additional 30 minutes</i></p> <p><i>HO provider type only</i></p>	<p><i>\$46.66 per unit</i></p>	

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		<p><i>behavior.</i></p> <p><i>Exposure behavioral follow-up assessment includes exposing the individual to a series of social and environmental conditions associated with the destructive behavior(s). Assessment methods include using testing methods designed to examine triggers, events, cues, responses, and consequences associated with the before mentioned maladaptive behavior(s). This assessment is completed in a structured, safe environment.</i></p> <p><i>Specify Limits: Exposure behavior follow-up assessment must be approved by DD’s Chief Behavior Analyst or designee. Units are:</i></p> <ul style="list-style-type: none"> • <i>First 30 minutes: This increment identifies initial unit of service delivery and occurs only 1 time a day. Maximum units are 10 per year, 1 per day, 5 per week.</i> • <i>Additional 30 minutes: These increments identify each additional unit of services subsequent to the initial unit of service occurring in 1 day. Maximum units are 40 per year, 15 per day,</i> <p><i>Provider Qualifications: Qualified Health Care Professional (QHCP)</i></p>				
21.	Adaptive Behavior Treatment by Protocol by Technician	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Adaptive behavior treatment by protocol is administered by a single technician under the direction (on-site or off-site) of the Licensed Behavior Analyst (LBA), licensed psychologist or other qualified health care professional by adhering to the protocols that have been designed by the Licensed Behavior Analyst, licensed psychologist or other qualified health care professional. This service is delivered to the individual alone or while attending a group session.</i></p> <p><i>Adaptive behavior treatment by protocol includes skill training delivered to an individual who, for example, has poor emotional responses (eg, rage with foul language and screaming) to deviation in rigid routines. The technician introduces small, incremental changes to the individual’s expected routine along one or more stimulus dimension(s) , and a reinforce is delivered each time the individuals appropriately tolerates a given stimulus change until the individual tolerates typical variations in daily activities without poor emotional response.</i></p>		<p>0364T <i>First 30 minutes</i></p> <p>0365T <i>Additional 30 minutes</i></p>	<p>HM <i>Modifier</i> \$18 per unit</p> <p>HN <i>Modifier</i> \$27/per unit</p>	

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		<p><i>The licensed behavior analyst, licensed assistant behavior analyst, licensed psychologist, or other qualified health care professional directs the treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the technician-recorded progress data to assist the technician in adhering to the protocol and judges whether the use of the protocol is producing adequate progress.</i></p> <p><i>Specify Limits: 1 unit is 30 minutes. Service is comprised of 2 distinct codes:</i></p> <ul style="list-style-type: none"> <i>First 30 minutes: This increment identifies initial unit of service delivery and occurs only 1 time a day. Maximum units are 1 per day, 5 per week, 25 per month</i> <p><i>Additional 30 minutes: These increments identify each additional unit of services subsequent to the initial unit of service occurring in 1 day. Maximum units are 15 per day, 75 per week, 275 per month.</i></p> <p><i>Provider Qualifications: Licensed assistant behavior analyst</i></p>				
22.	Adaptive Behavior Treatment with Protocol Modification	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Unlike the adaptive behavior treatment by protocol, adaptive behavior treatment by protocol modification is administered by a Licensed Behavior Analyst (LBA), licensed psychologist, or other qualified health care professional, who is face-to-face with a single individual. The service may include demonstration of the new or modified protocol to a technician, guardian(s), and/or caregiver. For example, adaptive behavior treatment by protocol modification will include treatment services provided to a teenager who is recently placed with a foster family for the first time and is experiencing a regression of the behavioral targets which were successfully met the group-home setting related to the individual's atypical sleeping patterns. The clinical social worker modifies the past protocol targeted for desired results to incorporate changes in the context and environment. A modified treatment protocol is administered by the qualified health care provider to demonstrate to the new caregiver how to apply the protocol(s) to facilitate the desired sleeping patterns to prevent sleep deprivation.</i></p>		<p>0368T <i>First 30 minutes</i></p> <p>0369T <i>Additional 30 minutes</i></p>	<p>HO- <i>modifier</i></p> <p>\$46.66/per <i>unit</i></p> <p>HN <i>modifier</i></p> <p>\$27.00/uni <i>t</i></p>	

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		<p><i>Specify Limits: Must be approved by DD's Chief Behavior Analyst or designee.</i> <i>Service is comprised of 2 distinct codes:</i></p> <ul style="list-style-type: none"> <i>First 30 minutes: This increment identifies initial unit of service delivery and occurs only 1 time a day. Maximum units are 1 per day, 5 per week, 25 per month.</i> <i>Additional 30 minutes: These increments identify each additional unit of services subsequent to the initial unit of service occurring in 1 day. Maximum units are 15 per day, 55 per week, 110 per month.</i> <p><i>Service may be provided in individual's home or in office.</i></p> <p><i>Provider Qualification: Qualified Health Care Professional (QHCP)</i></p>				
23.	Family Adaptive Behavior Treatment Guidance	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i> <i>Family/guardian/caregiver adaptive behavior treatment guidance is administered by a licensed behavior analyst (LBA), a licensed psychologist, or other qualified health care professional or licensed assistant behavior analyst face-to-face with family/guardian(s)/caregiver(s) and involves identifying problem behaviors and deficits, and teaching family/guardian(s)/caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits.</i></p> <p><i>Specify Limits: 1 unit is 60 minutes; Maximum units are 1 per day, 5 per week, 10 per month. Provided to no more than 8 individuals at one time.</i></p> <p><i>Provider Qualification: Qualified Health Care Professional (QHCP) or Licensed assistant Behavior Analyst</i></p>		0370T	<p><i>HO Modifier-\$72/unit</i></p> <p><i>HN Modifier-\$41.40/per unit</i></p>	
24.	Adaptive Behavior Treatment Social Skills Group	<p><i>New ABA service definitions for consistency with MHD and new procedure codes.</i></p> <p><i>Adaptive Behavior Treatment Social Skills Group is administered by a licensed Board Certified Behavior Analyst, licensed psychologist, or other qualified health care professional or licensed assistant Behavior Analyst face-to-face with</i></p>		0372T	<p><i>HO Modifier</i></p> <p><i>\$18/unit</i></p> <p><i>HN</i></p>	

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		<p><i>multiple individuals, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The licensed Board Certified Behavior Analyst, licensed psychologist, or other qualified health care professional monitors the needs of individuals and adjusts the therapeutic techniques during the group, as needed. Services to increase target social skills may include modeling, rehearsing, corrective feedback, and homework assignments. In contrast to adaptive behavior treatment by protocol techniques, adjustments are made in real time rather than for a subsequent service.</i></p> <p><i>Specify Limit: 1 unit is 90 minutes. Maximum units are 1 per day, 5 per week, 10 per month. Total number allowed in a group is 8 individuals.</i></p> <p><i>Provider Qualification: Qualified Health Care Professional (QHCP) and licensed assistant behavior analyst</i></p>			<i>Modifier \$9.00/unit</i>	
25.	Exposure Adaptive Behavior Treatment with Protocol Modification	<p>New ABA service definitions for consistency with MHD and new procedure codes.</p> <p>Exposure adaptive behavior treatment with protocol modification describe services provided to individuals with one or more specific severe destructive behaviors (eg, self-injurious behavior, aggression, property destruction), with direct supervision by a licensed board certified behavior analyst, a licensed psychologist, or other qualified health care professional which requires two or more technicians face-to-face with the individual for safe treatment. Technicians elicit behavioral effects of exposing the individual to specific environmental conditions and treatments. Technicians record all occurrences of targeted behaviors. The licensed board certified behavior analyst, a licensed psychologist, or other qualified health care professional reviews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (eg, reducing destructive behaviors by at least 90%, generalizing the treatment effects across caregivers and settings, or maintaining the treatment effects over time). The treatment is conducted in a structured, safe environment. Precautions may include environmental modifications and/or protective equipment for the safety of the individual or the technicians.</p>		<p>0364T First 60 minutes</p> <p>0365T Additional 30 minutes</p>	<p>HO modifier</p> <p>\$46.66 per unit</p>	

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		<p><i>Specify Limit: Service must be approved by DD's Chief Behavior Analyst or designee. Service is comprised of 2 distinct codes:</i></p> <ul style="list-style-type: none"> <i>First 60 minutes: This increment identifies initial unit of service delivery and occurs only 1 time a day. Maximum units are 1 per day, 5 per week, 25 per month.</i> <p><i>Additional 30 minutes: These increments identify each additional unit of services subsequent to the initial unit of service occurring in 1 day. Maximum units are 15 per day, 55 per week, 110 per month.</i></p> <p>Provider Qualification: Qualified Health Care Professional (QHCP)</p>				
	Miscellaneous					<p>Person Centered Strategies Consultation is not being provided even though it is in the contracts. There is a gap in training and in showing outcomes. Response: The Division will provide more training and education on this service.</p> <p>We need a mechanism to revisit plans to bring a child back home and to revisit unwanted out of home placement. Other states are currently doing this as a service, or should we tailor the Community Transition definition. Bringing a child home from a group home would be better case management and more resources. Family Reunification should be a 3 fold approach: 1. Definition, 2. Training/ISP, 3. Staff dedicated to assist.</p> <p>Response: No additions at this time to the waivers service definitions.</p>

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						<p><i>The ISP workgroup is currently revising the guideline to ensure that choice is emphasized in the planning process. This includes ensuring compliance with the HCBS rule, which requires individuals have choice in settings, supports and services. The settings would include returning to the family and what supports would be needed to ensure a smooth transition.</i></p>