

Training regarding the DD Waiver Service Definition Changes, 2016

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Service	Code(s)	Notes
Employment Services - No Change		
<i>No Carry-over definitions</i>		
Employment Services - New 7/1/16		
Prevocational Services	H2025	Replaces Job Preparation. Can be individual or group (by modifier).
Career Planning	T2019	Replaces Job Discovery. Individual only. No on-site/off-site distinction
Job Development	H0038	Uses the old, unused code for Co-Worker Supports. Individual Only
Supported Employment	H2023	Replaces Community Employment. Can be individual or group (by modifier)
Employment Services - To be Phased Out*		
Job Preparation	H2025	Replaced by Prevocational Services
Community Employment	H2023	Replaced by Supported Employment
Co-Worker Supports	H0038	Never used, deleted
Job Discovery	T2019	Replaced by Career Planning
Community/Day Services - No Change		
Community Specialist	T1016	Agency or Self-Directed (with modifier)
Community/Day Services - New 7/1/16		
Day Habilitation	T2021	
Day Habilitation - Medical Exception	T2021	designated by modifier
Day Habilitation - Behavior Exception	T2021	designated by modifier
Community Integration	T2021	Individual or Group designated by modifier
Individual Skill Development	T2021	Individual or Group designated by modifier
Community/Day Services -To be Phased Out**		
<i>Independent Living Skills Development (ILSD)</i>		<i>General category of services, replaced by specific services</i>
ILSD Day Service – Individual and Group	T2021	Replaced by combination of specific services
ILSD Home Skills Development	S5108	Replaced by Ind. Skills Development and other services
ILSD Community Integration – Individual and group	T2021	Replaced by Community Integration and other services
Communication Skills Instruction	H2014	Never used, deleted, function incorporated in Community Specialists
Personal Assistance Services - No Change		
Support Broker – Agency	T2041	<u>Self-Directed</u> Support Broker is discontinued
Personal Assistant	T1019	Various modifiers for self-directed, agency/contractor, individual vs group, etc.
Personal Assistance Services - New 7/1/16		
Medical Personal Assistant	T1019	Modifiers used to distinguish self-directed from agency/contractor, also Medical PA vs general PA.
Personal Assist. Services- To be Phased Out*		
Support Broker, Individual - Self Directed	T2041-U2	Support Broker – <u>Agency</u> remains valid
Personal Assistant, Medical/Behavioral	T1019	PA Medical discontinued

Service	Code(s)	Notes
Behavior Services – Unchanged		
Person-Centered Strategies Consultation	H0004	Not considered an ABA service
Crisis Intervention	S9484	Not considered an ABA service, Different modifiers by credentials
Behavior Services – New 7/1/16		
<i>Applied Behavior Analysis (ABA)</i>		
Observational Behavioral Follow-Up Assessment	0360T & 0361T	Use based on recommendation by contracted behavior service provider
Exposure Behavioral Follow-Up Assessment	0362T & 0363T	Use based on recommendation by contracted behavior service provider
Behavior Identification Assessment	0359T	Use based on recommendation by contracted behavior service provider
Exposure Adaptive Behavior Treatment with Protocol Modification	0373T & 0374T	Use based on recommendation by contracted behavior service provider
Adaptive Behavior Treatment with Protocol Modification	0368T & 0369T	Use based on recommendation by contracted behavior service provider
Adaptive Behavior Treatment by Protocol by Technician	0364T & 0365T	Use based on recommendation by contracted behavior service provider
Family Behavior Treatment Guidance	0370T	Use based on recommendation by contracted behavior service provider
Behavior Treatment Social Skills Group:	0372T	Use based on recommendation by contracted behavior service provider
Behavior and Consultative Services – To be Phased Out*		
<i>Behavior Analysis Service</i>		
Senior Consultation Services	H2019	Replaced by credential modifier for specific services
Behavior Intervention Specialist	H2019	Replaced by credential modifier for specific services
Functional Behavior Assessment	H0002	Replaced by various combinations of Applied Behavior Analysis services

***The term “To be Phased Out*” refers to services that are not to be approved for new, annual or amended plans after July 1, 2016. Those services remain relevant for ISP’s dated before July 1, 2016 and may still be provided until the individual’s next annual or amended plan goes into effect.**

Employment Services Descriptions

Career Planning (T2019)

The goal of Career Planning is a documented career objective and a career plan describing the steps and activities necessary to meet that objective.

Career planning:

- It is a focused, time limited service engaging an individual in self-discovery
- Can be used for individuals who are exploring employment, whether currently employed or not.
- When conducted with someone already employed, assists in the exploration of other competitive career objectives more consistent with the person's skills and interests.
- Like all waiver funded employment services, is focused on attainment of integrated, competitive employment at or above the state's minimum wage.
- Incorporates activities to help the individual evaluate interests, opportunities in the community, and to identify the employment skills and challenges they face through:
 - Job exploration,
 - Job shadowing,
 - Informational interviewing,
 - Assessment of interests,
 - Labor market research
 - Informal or formal assessment and consultation
- To the maximum extent possible takes place in the community with the individual both present and engaged.
- Is able to evaluate and communicate not only with the individual but also with caregivers, support team members, employers and others.
- May include social security benefits support, training, consultation and planning.
- Can be used in conjunction with
 - supported employment,
 - pre-vocational training,
 - residential and/or
 - day habilitation services

Notes and Restrictions:

- The ISP must document why Vocational Rehabilitation or other services could not be accessed.
- Transportation costs for Career Planning services are included in the unit rate, but costs for transporting to and from the residence are not included.
- Career Planning is intended to be time-limited.
- Services should be authorized based upon individualized assessed need not to exceed 240 quarter hour units of services within an annual support plan.

Prevocational Services (H2025)

The goal of Prevocational Services is to develop the individual's general, non-job-task-specific skills necessary to succeed in paid employment, including (but not limited to):

- Ability to communicate effectively with future supervisors, co-workers and customers;
- Generally accepted community workplace conduct and dress;
- Ability to follow directions;
- Ability to attend to tasks;
- Potential workplace problem solving skills and strategies;
- Potential general workplace safety and mobility training.

Prevocational Services:

- Are expected to describe the specific and measurable outcomes to occur over a defined period of time.
- Can be provided through one-to-one learning and group experiences.
- Like all waiver funded employment services, are focused on attainment of integrated, competitive employment at or above the state's minimum wage consistent with the individual's interests, strengths, priorities, abilities, and capabilities.
- Are not a required pre-requisite for supported employment.
- Should only be authorized when an individual is otherwise unable to directly enter the general workforce as a result of an underdeveloped or undeveloped general, non-job-task-specific skill(s).
- Must be provided in a community workplace setting or at a licensed, certified or accredited facility of a qualified employment service provider.

General Notes and Restrictions:

- Prevocational services can be provided in small groups not exceeding four (4) individuals at a time. Use of group must be meeting a documented need that can't be met in an individualized setting,
- A person receiving prevocational services may pursue employment opportunities at any time to enter the general work force.
- Personal assistance may be a component of prevocational services, but may not comprise the entirety of the service.
- Transportation costs for Prevocational Services are included in the unit rate, but costs for transporting to and from the residence are not included.
- Individuals who receive prevocational services may also receive supported employment and/or day habilitation services.
- Prevocational services may include volunteer work, such as volunteer learning and training activities that prepare a person for entry into the paid workforce. Keep in mind that the definition of "volunteer" is strictly governed by the US Dept., of Labor and that there can be serious consequences if used incorrectly.

- Units are based on need, and not to exceed 80 quarter-hour units per week. Prevocational Services must not exceed 6 months. Additional units or monthly increments beyond 6 months must be pre-authorized by the Division's Regional Director or designee.

Job Development (H0038)

The goal of Job Development is the acceptance by the individual of a job offer that meets the individual's personal and career goals.

Job Development may include:

- Application completion assistance with the individual,
- Job interviewing activities with the individual,
- Completion of task analysis with or without the presence of the individual, based upon individualized need,
- Negotiation with prospective employers and education of prospective employers of their role in promoting full inclusion with or without the presence of the individual based upon individualized need.

Job Development:

- Helps the individual find and obtain the specific job goal identified in the ISP.
- Focuses on developing the greatest degree of integration, independence and autonomy for the individual; *All the help required, and no more than is necessary.*
- Promotes integration into the workplace and interaction between individuals and people without disabilities in those workplaces
- Is limited to seeking only potential employers who would compensate at or above the minimum wage, 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.

General Notes and Restrictions:

- Cannot supplant other services available outside of waiver funding.
- Can be used in conjunction, but not at the same time as other waiver funded services. Don't double bill.
- Transportation costs are not included in the job development fee, but specialized transportation is available as a separate service if necessary.
- There is a limit of 240 quarter hour units of services within an annual support plan. Additional units may be approved by the Division's Regional Director or designee in exceptional circumstances.

Supported Employment (H2023)

The goal of Supported Employment is sustained employment in a competitive and integrated setting. Models of service delivery include individual and group support.

Regardless of the model, Supported Employment:

- Is only available for support of employment in competitive, integrated settings.
- Is only available when there is a specific set of documented needs in the plan, and when it is the best option to promote integration, independence and autonomy.
- Uses on-the-job training in work and work-related skills; (i.e. job coaching) to facilitate
 - Initial training of the essential job skills
 - Ongoing performance of the essential functions of the job and
 - Development of natural supports.
- Can include ongoing supervision and monitoring of the person's performance on the job by:
 - promoting attendance
 - promoting social inclusion in the workplace
 - promoting use of community resources and public transportation
 - evaluating self-maintenance strategies,
 - evaluating work production and
 - evaluating the effectiveness of natural supports (i.e. fading)

Group Supported Employment services:

- Are intended to result in sustained, integrated and competitively-paid employment.
- Takes place in groups of 2-4
- Is provided in regular community business and industry, such as business-based work groups and/or mobile crews.
- Cannot be provided in facility-based work settings or non-integrated work
- Are not appropriate for individuals who demonstrate the capacity, ability and interest to work independently.

Individual Supported Employment services for self-employment:

Individual Supported Employment could be used to support self-employment, including ongoing assistance, counseling and guidance once the business has been launched, by:

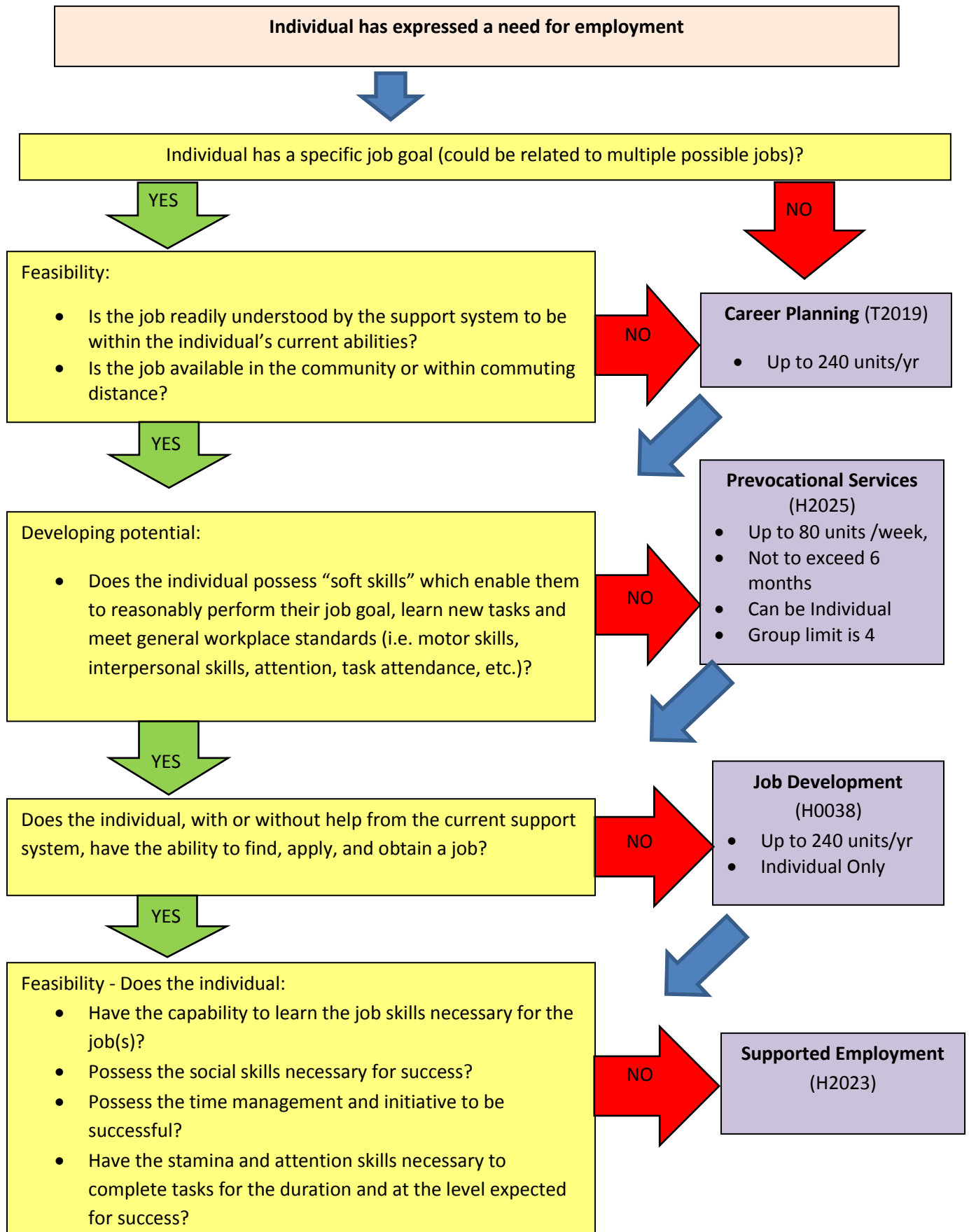
- Helping the individual to identify potential business opportunities;
- Assisting in the development of a business plan, including
 - Investigating potential business financing
 - Developing a business plan
 - Launching a business
 - Identification of the supports that are necessary for the individual to operate the business

Note: Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

General Notes and Restrictions:

- Cannot supplant other services available outside of waiver funding.
- SE cannot include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business or otherwise covered under the Americans with Disabilities Act
- Can be used in conjunction, but not at the same time as other waiver funded services. Don't double bill.
- Transportation costs are not included in the job development fee, but specialized transportation is available as a separate service if necessary.
- Supported employment services must be provided in a manner that promotes integration into the workplace and interaction between individuals and people without disabilities in those workplaces while maintaining the individual's rights of dignity, privacy and respect.
- Personal Assistance may be a component of an individual's employment retention support plan for assistance with ADL's and IADLS. However, Personal Assistance may not be used in lieu of Supported Employment services as defined above.

Employment



“Bridging the gap” vs. “Narrowing the gap”
The differences between PA, ISD and CI.

Individuals with disabilities often experience gaps between their current skill level and the level of skills necessary to engage in certain activities. The type of activity that is sought and the way in which we address the gaps will determine which waiver service is most appropriate.

Individual Skills Development (ISD) and Community Integration (CI) are services intended to “narrow the gap” between current abilities and those abilities needed to more independently meet the expectations of the environment. In contrast, Personal Assistance (PA) is intended to “bridge the gap” by doing for the individuals what they cannot do for themselves. If the goal is to bridge the gap, whether at home or in the community, the appropriate service would be PA.

If the goal is for the individual to manage his or her household and access services in the community more independently (such as tracking the type and amount of food in the home, making a menu, budgeting, or buying the week’s groceries, replace worn clothing, or learning to access transportation independently) then the appropriate service would be ISD. In this case, we would be trying to narrow the gap between the person’s current abilities and what is needed to meet those universal household needs independently.

If the goal of the services is to teach the person to better and more independently participate in social and personal interest activities in the community, then the appropriate service would be CI. In this case, we would be narrowing the gap between the person’s current skills and the skills needed to meet his or her unique social and community interests. The intent of CI is to set goals for greater independence in social interaction, analyze what skills are missing or inadequately developed, and then working on those skills to better enable the person to participate in community activities on their own.

PA=Assisting an individual to do what they can’t do on their own.

ISD=Teaching a specific skill for independent living

CI= Teaching an individual to more independently be integrated into society

Personal Assistance Descriptions

The goal of personal assistance (PA) is to support the individual with activities of daily living, either performed directly by staff or through training of the individual. The planning team determines the composition of the service and assures it does not duplicate, nor is duplicated by, any other service provided to the individual. Personal Assistant can occur in the person's home and/or community, including the work place.

PA Services include assistance with:

Activities of daily living (ADL's)

- bathing
- toileting,
- transfer and ambulation,
- grooming,
- dressing,
- extension of therapies and exercise,
- skin care,
- care of adaptive equipment,
- meal preparation,
- feeding,
- incidental household cleaning and laundry.

Instrumental activity of daily living (IADL's).

- shopping,
- banking,
- budgeting,
- IADLs also include accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community.
- using public transportation,
- social interaction,
- recreation,
- leisure activities,

Medical Personal Assistance. To meet specialized medical needs for the individual as identified by the team and documented in the ISP, the following must be documented:

- A specific need for more intensive medical support
- An order from a physician or advanced practice nurse for the service
- Depending on the scope of service, a registered professional nurse may be required to provide oversight

Medical PA limitations

- For minors living with parent or guardian, Med PA cannot supplant"
 - Support ordinarily provided by parents to children without disabilities,
 - Educational support that is the responsibility of local education authorities.
- This service may not be provided by a family member unless the family member has obtained the required and current certification and the individual receiving the care is over the age of 21.
- 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. The same qualifications noted in personal assistance apply for the use of state plan services.

General Notes and Limitations:

- Personal Assistant shall not be provided concurrently with or as a substitute for facility-based day habilitation services.

- Group PA: Assisting up to three (3) individuals (4-6 with written Regional Director approval) at a time is covered under the definition when it is determined that the needs of each person in the group can be safely met.
- The use of remote monitoring technology (the equipment itself is covered under the Assistive Technology service).
- 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 (Med PA).
- PA needs through EPSDT, when applicable, must be exhausted before using DD waiver funding for PA.

Team collaboration: Team collaboration can be included in the individual budget up to 120 hours per plan year. A team meeting can be convened by the individual or their designated representative to discuss specific needs of the individual, progress towards outcomes, and other related concerns.

- For self-directed supports, Team Collaboration allows the individual's employees to:
 - Participate in the support plan and
 - Meet as a team to ensure consistency in its implementation.
- For agency-based personal assistant services, team collaboration is included in the unit rate.

Relatives as Providers

PA services may be provided to a person by a member(s) of his or her family when:

- The individual is not opposed to the family member providing services;
- The services to be provided are solely for the individual (not task household tasks expected to be shared with people living in family unit);
- The planning team determines the paid family member providing the service best meet the individual's needs;
 - A family member will only be paid for the hours authorized in the support plan, and never more than 40 hours per week.

Personal assistant services shall not be provided by:

- An individual's spouse,
- A parent (if the individual is under age 18), or
- An individual's guardian or power of attorney.

Relation to State Plan Personal Care Services

An individual will not be eligible for personal assistant services under the waiver when the need:

- Is strictly related to ADLs and
- Can be met through the MO HealthNet state plan personal care program

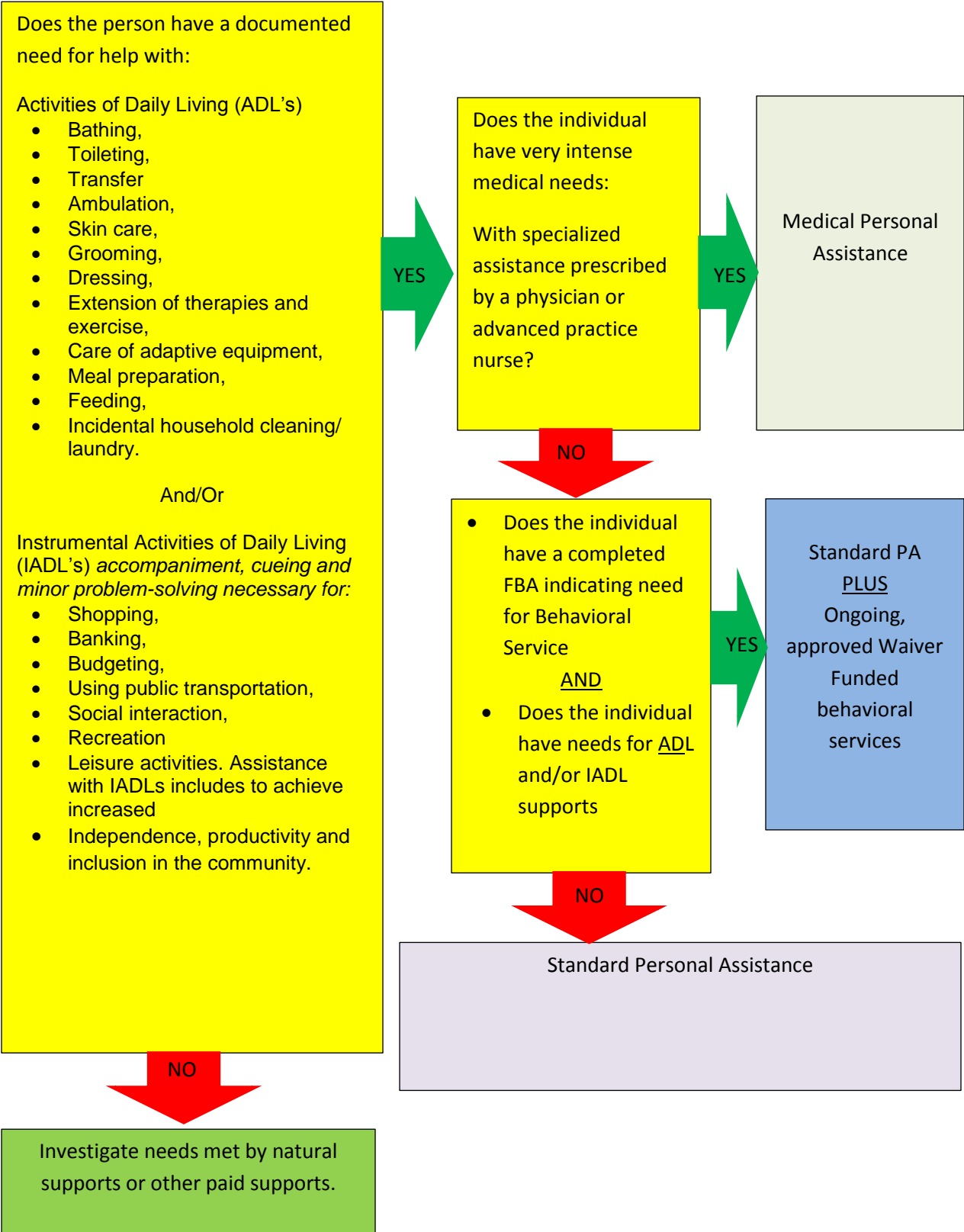
DD Waiver personal assistant may be authorized when:

- State plan limits on number of units for personal care are reached and more assistance with ADLs and/or IADLs is needed;
- The person requires personal assistance at locations outside of their residence;
- The individual has behavioral or medical needs requiring more highly-trained PA than is available under state plan.
- The PA worker is related to the individual;
- The individual or family is directing the service through the FMS contractor.

When waiver PA is authorized to adults also eligible for state plan personal care, the SC must consult and coordinate the waiver support plan with the DSDS service authorization system.

Comparison between Day Habilitation and PA: Day Hab services include, but are not limited to, teaching the individual about etiquette skills at a restaurant, checking out a book at a library, mailing a letter, exchanging money for purchases, etc. PA may directly perform activities or may support the individual to learn how to perform ADLS and IADLS as part of the service. Day Habilitation Services includes all personal assistance needed by the individual.

**Personal Assistance
and
Medical Personal Assistance**



Community and Day Services Descriptions

Community Integration

Goals of CI:

- Assisting and teaching participation in community activities.
- Enabling individuals to engage directly with people who aren't paid to provide them with services
- Helping people to develop relationships with the broader community.
- Supporting a person to be a fully participating member of the community, including (but not limited to):
 - Participating as a member of social events/clubs,
 - Engaging in recreational activities,
 - Volunteering
 - Participating in organized worship or spiritual activities.

Limits:

- CI does not include assistance with activities of daily living (such as personal grocery or clothing shopping, getting a haircut, or paying bills) unless it happens to be combined with a community integration activity.
For example, personal weekly grocery shopping does not fit with the intent of CI, but shopping with other members of a club for a fund raising activity or party that would fit the intent of CI because it's part of the club activity.
- Transportation costs related to providing CI are included in the service rate and aren't to billed separately.
- Personal assistance may be a component of community integration services, but may not comprise the entirety of the service.
- This service is limited to 25 hours a week
- Group CI may not be provided to more than 4 individuals in the group.

Individualized Skill Development (Formerly Home Skills Development)

Goals of ISD:

- Assisting the individual to acquire life skills necessary for independent living.
- Achieving maximum independence in home and community-based settings.
- Basing activities on what the individual wishes to accomplish, learn and/or change,

Skills targeted for development might include (but are not limited to):

- Cooking
- Laundry
- Shopping
- Budgeting
- Paying bills
- Accessing public transportation

ISD description of need in the ISP must include:

- Specific outcomes (clearly identified skill(s) or skill set(s))
- A task analysis for each identified learning objective (what each step of the task entails, and where the individual is at present).

Requirements:

- Only staff trained who are nationally or state credentialed in skill development can provide ISD.
- Payment is on a 15 minute, fee for service basis.
- Transportation costs related to the provision of this service in the community are included in the service rate
- When applicable, ISD should be completed in the community.

Limits:

- Not available for individuals who receive Group Home, Individualized Supported Living, or Shared Living services.
- No more than 20 hours a week
- Group Individualized Skill Development may not have more than 4 individuals in a group.
- Cannot supplant expected parental role for their minor children – don't use it for babysitting

Individualized Skill Development vs. Personal Assistant:

- ISD is a skill development service; it is focused on improving someone's ability to perform a skill.
- PA is a direct support service: it is focused on ensuring that the ADLS and IADLS needs are met today.

Day Habilitation

Goal of Day Habilitation:

- Assisting the individual to acquire, improve and retain the self-help, socialization and adaptive skills necessary to reside successfully in the community.
- Day Habilitation is not intended to be solely a facility-based service, but must also take place on a regular basis in the community and in real-world situations.
- This service does not provide basic child care (a.k.a. "baby sitting").

Skills targeted for development include (but aren't limited to):

- Proper behavior in public settings,
- Getting along with others
- Resolving conflicts
- Getting your needs met
- Using the public services available to everyone, such as post office, library,
- Recognition and use of money
- Proper clothing attire for the time and setting,

Day Habilitation Service vs Personal Assistant:

- Day Habilitation Services includes all personal assistance required by the individual during the provision of the service.

Requirements:

- Individuals who receive Group Home or Individualized Supported Living, or Shared Living may receive Day Habilitation; their group home or ISL budget will clearly document no duplication in service.
- When services are provided to children the ISP must clearly document that:
 - Day Habilitation is medically necessary to support and promote the development of independent living skills of the child or youth, and
 - The need for support is over and above the need of a child of similar age without developmental disabilities.
- The ISP must document:
 - That Day Habilitation will be used to Reinforce skills or lessons taught in school, therapy or other settings and
 - Neither duplicates or supplants the services provided in school, therapy or other settings.
 - That the service is not supplanting the responsibilities of the primary caregiver.
 - The outcomes and action steps individualized to what the individual wishes to accomplish, learn and/or change
 - That, for minors, Day Habilitation services is not utilized in lieu of basic child care that would be provided to children without disabilities.
- Day habilitation services are provided at a stand-alone licensed or certified day program facility, which is not physically connected to the participant's residence.
- Costs for transporting the participant from their place of residence to the day program site are not included in the day service rate, and waiver transportation may be provided and separately billed.

Day Habilitation - Medical Exception

Exceptional medical supports funding shall be utilized to provide enhanced services as prescribed to meet medical needs which require the following: services from a Certified Nursing Assistance (CNA), services from a licensed practical nurse, or registered nurse within their scope of practice as prescribed by the state, OR, for help with mobility needs, appropriately trained staff. 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:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s).
- Written documentation from the individual's medical practitioner noting the individual's assessed need for medical services or mobility assistance.

Day Habilitation - Behavior Exception

The goal:

- To promote individual's ability to access community-based services and to integrate to the fullest extent of their capabilities

When to use this variation of Day Hab:

- When an individual is accessing ABA services and

- Additional supervision is needed during the Day Habilitation time to support the teaching of necessary skills and to develop appropriate behaviors

General notes and exceptions:

- A separate rate and code modifier is available for this service.
- Requests must include the following documentation in the ISP:
 - Written documentation by a Board Certified Behavior Analyst or Qualified Health Care Professional noting the individual's assessed need for behavioral services.
 - Written documentation that Behavioral services have been authorized and secured for the individual in day habilitation setting.
 - If an ongoing request (not the first time Day Hab- Behavior Exception has been authorized), documentation must include a description of the progress made in the habilitation setting
 - Clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s). (When will we know that this service isn't needed?)
 - Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.
- Individuals who receive Group Home, Individualized Support Living (ISL) and Shared Living may also receive this service.

Annual or Amended Plan for an individual currently receiving waiver-funded "Independent Living Skills Development"

What type of ILSD service(s) had been received?

Home Skills Development

Community Integration

Day Service Individual/Group

New Service is "Individualized Skill Development"

Determine the units of CI used to assist with running errands (shopping, haircuts, medical appointments)

Is there a prescribed order for intensive:

- Medical needs (ordered by a MD/DO?) Or
- Mobility needs (ordered by a MD/DO or PT)?

Notes:

- Can occur in the home or community
- Up to 20 hours weekly,
- Based on identified goals
- Requires ongoing data collection
- Goal is time limited

The part of CI **not** used for errands

The part of CI **that was** used for errands

YES

NO

New Service is "Medical Exception Day Habilitation"

Is the individual participating in a Behavior program, with specific method, techniques and goals that would be continued in the Day Hab setting?

New Service is "Community Integration"

New Service is "Personal Assistance"

NO

New Service "Day Habilitation-Group"

Notes:

- Can be "On-Site" or "Off-Site,"
- 1:6 Staff/Participant Ratio

Limits:

- Occurs Off-Site
- Up to 25 hours weekly,
- Group (limit 4)
- Individualized based on personal interest

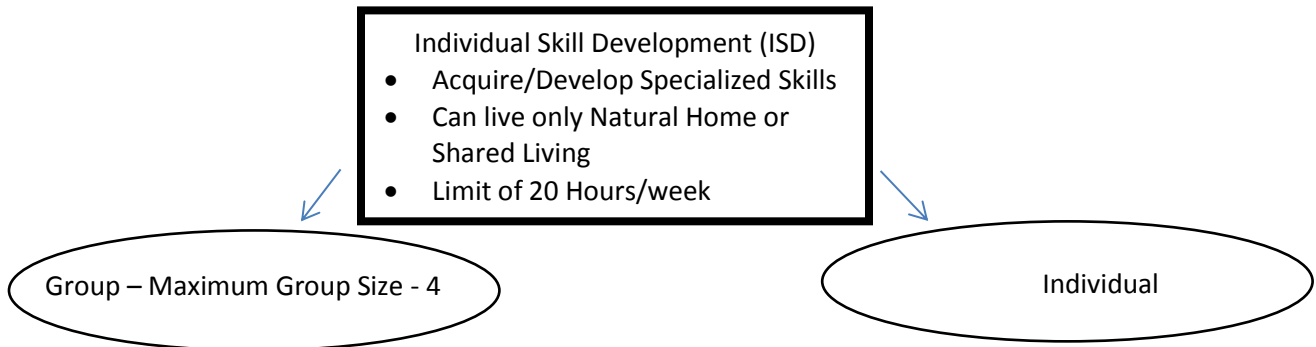
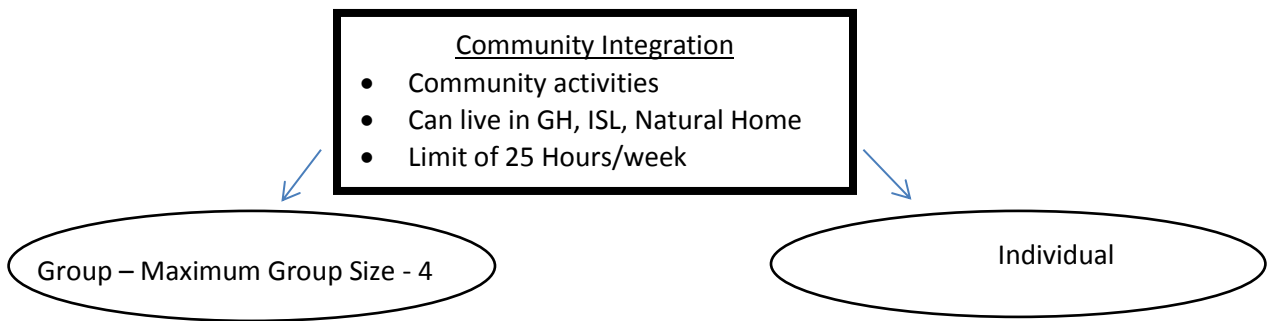
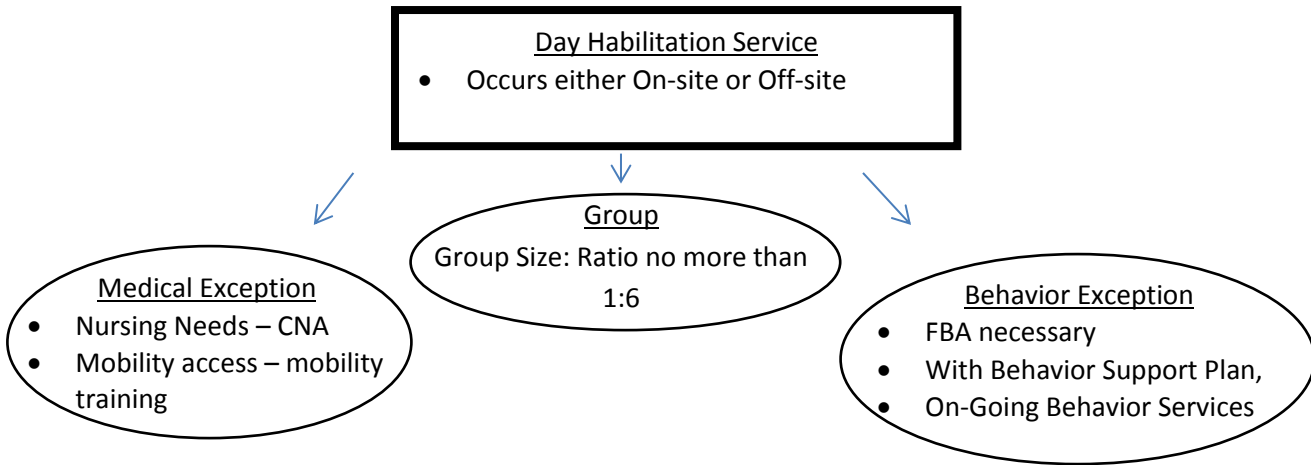
Note:

- Can now include transportation

YES

New Service is "Behavior Exception Day Habilitation"

Day Service, Community Integration, and Individual Skill Development Definition Changes



Applied Behavior Analysis (ABA)

ABA services are available to participants in the DMH Waivers. There are two* primary types of ABA services:

- “Assessment services” which analyze the situation and lead to recommendations (described in the “Behavior Support Plan”) for how to address the issues, and
- “Adaptive Behavior Treatment services” which are made up of several different methods of treatment, most of which *could* be used alone but which, far more frequently, are used in various combinations.

1) Assessment Services

- a) A “*descriptive assessment*” comprised of at least these two services:
 - i) **Behavior Identification Assessment**, (0359T) AND
 - ii) **Observational Follow-up Assessment**: (0360T and 0361T)
- b) And possibly this service as well:
 - i) **Exposure Follow-up Assessment** (0362T and 0363T)

2) Adaptive Behavior Treatment

- a) The following could be a stand-alone service if that was the recommendation of the assessment, but likely are used in combination with each other:
 - i) **Exposure Adaptive Behavior Treatment with Protocol Modification** (0373T and 0374T)
 - ii) **Adaptive Behavior Treatment by Protocol Modification** (0368T and 0369T)
 - iii) **Treatment Social Skills Group** (0372T)
- b) The services below would not be a stand-alone service, but might be used in conjunction with the services (a) above:
 - i) **Adaptive Behavior Treatment by Protocol by Technician** (0364T and 0365T)
 - ii) **Family Treatment Guidance** aka “Family Behavior Treatment Guidance” (0370T)

**There are also other support services available through the waiver which are not considered “ABA services”: Person Centered Strategies Consultation (code) and Crisis Intervention (code)*

Other changes of note

- Qualified Health Care Professional – for ABA services are Licensed Behavior Analysts, Licensed Social Workers, Licensed Psychologists, Licensed Professional Counselors.
- Licensed assistant behavior analysts must function under the direct supervision of a Licensed Behavior Analyst and cannot be an independent provider (bill directly for services).
- New category of provider is the registered behavior technician for the service -Adaptive Behavior Treatment by Protocol by Technician when direct implementer and intensive implementation of behavior plan is required.
- There will no longer be a 270 day review requirement for behavioral services.

Not changes but myths to dispel

- There are no prerequisite services prior to consideration of behavioral services.
- BRT are not providing a behavioral service, they are Universal Strategies/Tiered Supports Specialists.
- The Behavior Support Plan is not valid without ongoing behavioral services- support plan must be managed, monitored and under the control of a QHCP

Planning Team has recognized problem behaviors

SC/Planning team seeks consultation with a DMH-contracted behavior service provider (NOT BRT!) (This is a no-cost recommendation based on a brief conversation; no UR approval is necessary)

- Provider makes recommendation for type and amount of Functional Behavioral Assessment (FBA) needed

The Functional Behavioral Assessment (AKA “FBA”, “ABA Assessment,” or “Functional Assessment”)

- Will always consist of:
 - “Behavior Identification Assessment” (0359T) AND
 - “Observational Follow Up Assessment” (0360T & 0361T)
- And might or might not include:
 - Exposure Follow-Up Assessment (0362T & 0363T)

- Annual or amended plan is developed based on the recommendation, including documentation of need and provider choice
- Support Coordinator submits request for services
- Standard UR and approval process completed

FBA is completed by behavior service provider and the report is forwarded to the individual/family and SC

FBA Recommendation is to address the issues with Applied Behavioral Analysis (ABA) services

FBA Recommendation is to address the issues with non-ABA services

Development of the initial Behavior Support Plan

ABA Treatment always consists of one or a combination of these three services:

- **Exposure Adaptive Behavior Treatment with Protocol Modification**, (0373T & 0374T) *And/Or*
- **Adaptive Behavior Treatment by Protocol Modification** (0368T & 0369T), *And/Or*
- **Treatment Social Skills Group** (0372T)

And perhaps one or both of these two (which are not stand-alone services, meaning they can only be authorized in conjunction with one or more of the services above)

- **Adaptive Behavior Treatment by Protocol by Technician** (0364T and 0365T)
- **Family Treatment Guidance** (0370T)

Non-ABA Services

- “Person-Centered Strategies Consultation” (H0004)
- Crisis Intervention” (S9484)
- Referral for Community Mental Health Services
- Referral for Medical services

- SC/Planning Team develops request for services/ISP addendum
 - Standard UR and approval process completed

Service Title	Description	How it might be used
Behavior Identification Assessment: 0359T	Involves the qualified healthcare provider completing a record review, interview of individual and/or folks who know the person to identify the target behaviors and situations of concern, and skill assets and deficits	Necessary part of all Functional Behavioral Assessments (FBA)
Observational Behavioral Follow-Up Assessment*: 0360T – the 1st 30 minute for a date of service and 0361T-subsequent 30 minute units on a date of service	QHCP directed or completed observations, baseline data collection if behaviors and situations to determine hypothesis of functions of problem behaviors, includes interpretation of data and report	Part of FBA, might involve QHCP or LaBA or RBT completing observations and data collection under direction of behavior analyst. Might involve several observations with data collected on antecedents, behavior and consequences in situations for which the behavior of concern is common and for which the behavior rarely occurs.
Exposure Behavioral Follow-Up Assessment: 0362T and 0363T 0362T – the 1st 30 minute for a date of service and 0363T-subsequent 30 minute units on a date of service	Can only be authorized through review by Chief Behavior Analyst QHCP designs and implements brief controlled situations to determine if the person reacts to potential variables that might be controlling the problem behavior	Part of some FBAs. Will be done to isolate variables function of the problem behaviors when reasonable hypotheses cannot be developed for complex behavioral situations. This is anticipated to be an infrequently authorized service.
Adaptive Behavior Treatment with Protocol Modification*: 0368T and 0369T 0368T – the 1st 30 minute for a date of service and 0369T-subsequent 30 minute units on a date of service	Provided by the QHCP or LaBA and is the process of managing, monitoring, training and demonstrating the behavioral strategies in the behavior support plan (BSP) and the data collection for the BSP. addresses the individual's specific target problems and treatment goals	Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior treatment may take place in multiple sites and social settings, it is not a counseling service. For a mild problem situation it might be the sole ABA service and involve 2-4 one hour visits from the provider per month for several months. An intensive problem situation might involve one or more additional ABA services, with this service occurring for several hours per visit and multiple visits per week for extensive time.

Service Title	Description	How it might be used
Exposure Adaptive Behavior Treatment with Protocol Modification: 0373T and 0374T 0373T - the 1st 30 minute for a date of service and 0374T-subsequent 30 minute units on a date of service	Can only be authorized through review by Chief Behavior Analyst QHCP designs and implements brief controlled situations to teach the person to avoid or respond appropriately to variables that might be controlling the problem behavior	Would be part of a BSP for situations in which the person was restricted from participation or access to certain situations due to danger to self or others. The probes or teaching/testing sessions would be necessary to ensure the skills and reduction in problem behavior achieved in controlled settings generalized to the problem situations.
Adaptive Behavior Treatment by Protocol by Technician*: 0364T and 0365T 0364T - the 1st 30 minute for a date of service and 0365T-subsequent 30 minute units on a date of service	A RBT that provides the primary implementation, modeling and training of a complicated BSP that requires more expertise, time, and intensity than most strategies in a BSP. The service should be working towards care provider implementation of strategies as these are able to be less complex and intensive.	ABA services for a 22 year old son with severe functional limitations who is not consistently toileting independently, has not learned to communicate, and has been engaging in significant property destruction and aggression on a daily basis. The BSP requires interaction at a rate of several times per minute, intensive toilet training with a behavioral protocol, continuous functional communication training and use of prompts, physical guidance and physical crisis intervention.
Family Behavior Treatment Guidance*: 0370T	Provided by the QHCP or LaBA to discuss BSP, progress, changes or provide training in use of strategies without the individual present.	Most of the training to implement, monitoring of plan and discussion with care providers (family and/or staff) can occur as part of the Adaptive treatment with protocol modification, however, there may be some situations in which this would be difficult or not beneficial for the individual. Might occur monthly for a mild level of service or weekly for an intensive service.
Behavior Treatment Social Skills Group*: 0372T	Provided by QHCP or LaBA to persons in a group for purposes of teaching and practicing social skills.	A group of individuals (nor more than 8) with similar needs and goals for social skills development meet repeatedly to learn and practice conversation skills.

Appendix A: Consolidated Service Definition Changes (Provisional)

Summary of Service Definition Changes (from waiver application)

A new medical component is being added under the Personal Assistant service, called Medical Personal Assistant. Independent Living Skills Development has been changed to Day Habilitation with more specific criteria in the service definition to highlight fundamental skills necessary to reside in the Community. Criteria for Day Habilitation one on one services has been included as a Medical or Behavior Exception. Community Integration has been moved from the umbrella of Independent Living Skills development to a separate stand-alone service, and provides clarification on the activities and skills allowed in order to support community integration and independence. Home Skills Development service has been replaced with Individual Skill Development as a stand-alone service, and provides clarification on the activities and skills allowed in order to support community integration and independence. Applied Behavior Analysis replaces Behavior Analysis Service to reflect recently approved MO HealthNet services and procedure codes in state plan. Job Preparation was renamed to Prevocational services to match CMS definition. The language was strengthened to be aligned with HCBS Community Settings Rule and to better individualize the service. Community Employment was renamed to Supported Employment services to match CMS definition. The language was strengthened to be aligned with HCBS Community Settings Rule and to better individualize the service. Co-Worker Supports was renamed to Job Development as it was previously embedded within the Community Employment definition. The language was strengthened to be aligned with HCBS Community Settings Rule and to better individualize the service. Job Discovery was renamed to Career Planning to match CMS definition. The language was strengthened to be aligned with HCBS Community Setting Rule and to better individualize the service. Communication Skills Instruction service was removed since it has not been used and the service falls within the Community Specialist definition

Definition of Behavioral Services **Applied Behavior Analysis (ABA)**

Service Definition (Scope):

Applied Behavior Analysis (ABA) services are designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements. ABA services may be provided to assist a person or persons to learn new behavior directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. ABA services include the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior.

- The Behavior Support Plan (BSP) should describe strategies and procedures to generalize and maintain the effects of the BSP and to collect data to assess the effectiveness of the plan and fidelity of implementation of the plan.
- The specific skills and behaviors targeted for each individual should be clearly defined in observable terms and measured carefully by direct observation each session.
- The BSP shall include collection of data by the staff, family and or caregivers that are the primary implementers of the plan and the service shall include monitoring of data from continuous assessment of the individual's skills in learning, communication, social

competence, and self-care guide to the scope of the individual support plan, which must include separate, measurable goals and objectives with clear definitions of what constitutes mastery.

- Reports regarding the service must include data displayed in graphic format with relevant environmental variables that might affect the target behaviors indicated on the graph. The graph should provide indication of analysis via inclusion of environmental variables including medications and changes in medications, baseline or pre- intervention levels of behavior, and strategy changes.
- Performance-based training for parents, caregivers and significant others in the person's life is also part of the behavior analysis services if these people are integral to the implementation or monitoring of the plan.

ABA services consist of the following components:

- Assessment: ABA services are based on an assessment which identifies functional relationships between behavior and the environment, including contextual factors, establishing operations, antecedent stimuli, contributing and controlling consequences, and possible physiological or medical variables related to challenging behaviors or situations. The assessment is further composed of the following elements:
 - 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.
 - Observational Follow-up Assessment: Behavioral follow-up assessment(s) may be required to enable the Qualified Health Care Professional (QHCP) to finalize or fine-tune the baseline results and plan of care that were initiated in the identification assessment. This service is performed by a technician under the direction of a QHCP or licensed assistant behavior analyst. The QHCP or licensed assistant behavior analyst may or may not be on-site during the face-to-face assessment process. Observational Follow-up is provided to individuals who present with specific destructive behavior(s) (e.g., self-injurious behavior, aggression, property destruction) or behaviors or deficits in communication or social relatedness. Observational Follow-up includes the 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).
 - Exposure Follow-up Assessment: is administered by the QHCP 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 these 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 behavior. 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.

- Treatment: Adaptive Behavior Treatment addresses the individual's specific target problems and treatment goals as defined in previous assessments. Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior and monitoring of outcomes. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior skill tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until the individual masters it. Adaptive behavior treatment may occur in multiple sites and social settings (e.g., controlled treatment programs with individual alone or in a groups setting, home, or other natural environment). All ABA services are considered short term services whose objectives are to provide changes in patterns of interactions, daily activities and lifestyle including provider family/staff/caregivers skills to teach the individuals supported adaptive skills and skills to more appropriately address problem behaviors. The development of skills in the individual and in the family/staff/caregivers is a key component to these services. In addition it is the essential that the strategies developed are adapted to more typical types of support strategies so that the treatment plan called the BSP is replaced with these more typical strategies as the service is successful. Adaptive behavior treatment is further composed of the following elements:
 - Adaptive Behavior Treatment by Protocol by Technician: is administered by a single technician or licensed assistant behavior analyst under the direction (on-site or off-site) of the Qualified Health Care Professional by adhering to the protocols that have been designed by the Qualified Health Care Professional. This service is delivered to the individual alone or while attending a group session.
 - Adaptive behavior treatment by protocol includes skill training delivered to an individual who, for example, has poor emotional responses (e.g., rage with foul language and screaming) to deviations from rigid routines. The technician introduces small, incremental changes to the individual's expected routine along one or more stimulus dimension(s), and a reinforcer 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.

The QHCP 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 judging whether the use of the protocol is producing adequate progress.

- Adaptive Behavior Treatment by Protocol Modification: Unlike the Adaptive Behavior Treatment by Protocol by Technician, Adaptive Behavior Treatment by Protocol Modification is administered by a QHCP or licensed assistant behavior analyst 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.

- Exposure Adaptive Behavior Treatment with Protocol Modification describes services provided to individuals with one or more specific severe destructive behaviors (e.g., self-injurious behavior, aggression, property destruction), with direct supervision by a QHCP 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 QHC Reviews and analyzes data and refines the therapy using single-case designs; ineffective components are modified or replaced until discharge goals are achieved (e.g., 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. Often these services are provided in intensive out-patient, day treatment, or inpatient facilities, depending on the dangerousness of the behavior.
- Family Treatment Guidance: Family/guardian/caregiver adaptive behavior treatment guidance is administered by a QHCP or licensed assistant behavior analyst face-to-face with family/guardian(s)/caregiver(s) and involves teaching family/guardian (s)/caregiver(s) to utilize treatment protocols designed to reduce maladaptive behaviors and/or skill deficits.
- Treatment Social Skills Group: Adaptive behavior treatment social skills group is administered by a QHCP or licensed assistant behavior analyst face-to-face with multiple individuals, focusing on social skills training and identifying and targeting individual patient social deficits and problem behaviors. The QHCP or licensed assistant behavior analyst monitors the needs of individuals and adjusts the therapeutic techniques during the group, as needed. Services to increase target social skills and 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 services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limitations of the Observation Follow up Assessment: units are the first 30 minute of service and following 30 minutes. The first 30 minute units are limited to 5 per year, 1 per day and a maximum of 5 per week. The second 30 minute units are limited to 20 per year, 4 per day and 20 per week. These units can be done by the Registered Behavior Technician under the direction of the QHCP that is a Licensed Behavior Analyst, or under the direction of a Licensed assistant Behavior Analyst; the service can also be done by the QHCP or Licensed assistant Behavior Analyst.

Limitations of Adaptive Behavior by Protocol by Technician are the service must be performed by a Registered Behavioral Technician under the direction of a QHCP that is a Licensed Behavior Analyst. The service of Adaptive Behavior Treatment Protocol Modification must be provided concurrent to this service by a Licensed Behavior Analyst for at least the equivalent of 5% of the total units provided by the Registered Behavioral Technician.

Limitations for Adaptive Behavior Treatment by Protocol Modification units are first 30 minutes and following 30 minutes for a service date. First 30 minutes are limited to 1 per day, 5 per week and 25 per month. Following 30 minute units are limited to 15 per day, 55 per week and 110 per month.

Limitations of Exposure Adaptive Behavior Treatment with Protocol Modification: this service can only be provided with prior approval by the Department of Mental Health, Division of Developmental

Disabilities Chief Behavior Analyst. The units are first 60 minutes and the following 30 minute units of a service date. The first 60 minute units are limited to 1 per day, 5 per week and 25 per month and the following 30 minute units are limited to 15 per day, 55 per week and 110 per month.

Limitations of Family Treatment Guidance: This service can be concurrent to any of the other treatment services. It is a 60 minute unit and is limited to 1 unit per day, 5 per week and 10 per month. In addition, no more than 8 Family members/guardians/caregivers can be present for a unit to be billed.

Limitations of Treatment Social Skills Group: This service can be concurrent to any of the other treatment services. It is a 90 minute unit and is limited to 1 unit per day, 5 per week and 10 per month. In addition no more than 8 individuals can be present for a unit to be billed.

Definition of Community and Day Services

Community Integration

Community Integration assists and/or teaches participation in community 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. This service supports naturalized involvement in order to become a fully participating member of the community. Personal assistance may be a component of community integration services, but may not comprise the entirety of the service.

A waiver individual'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. Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval. This service is limited to 25 hours a week. Group community integration may not have more than 4 individuals in the group.

Individualized Skill Development

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 individual 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. This service is an outcome based service. The outcome will be clearly identified in the individualized support plan and progress will be updated at each plan meeting and/or revision. The service is utilized for the development of a clearly identified skill or skill set.

ISPs must include outcomes and action steps individualized to what the individual 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. Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

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 who receives these services may receive Day Habilitation, but may not receive Individualized Skill Development at the Day Habilitation location. No more than 20 hours a week shall be authorized annually.

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. This service may not be provided by a family member or guardian.

Group Individualized Skill Development may not have more than 4 individuals in a group. A national/state credentialed staff trained in skill development will be required. Payment is on a 15 minute, fee for service basis.

A waiver individual'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.

Day Habilitation

Day Habilitation services focuses on fundamental skill acquisition/development, retention/maintenance to assist the individual in achieving maximum self-sufficiency. Day Habilitation Services assist the individual to acquire, improve and retain the self-help, socialization and adaptive skills necessary to reside successfully in the community. Fundamental skills are a foundation for further learning, such as etiquette in a public setting, recognition of money, proper clothing attire for the time and setting, answering phone, etc. Examples of Day Habilitation Services include, but are not limited to, utilizing etiquette skills at a restaurant, checking out a book at a library, mailing 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. Day Habilitation Service differs from the Personal Assistant service in that a personal assistant may directly perform activities or may support the individual to learn how to perform ADLS and IADLS as part of the service. Day Habilitation Services includes all personal assistance needed by the individual. Individuals who receive Group Home or Individualized Supported Living, or Shared Living may receive this service; their group home or ISL budget will clearly document no duplication in service.

This service does not provide basic child care (a.k.a. “baby sitting”). When services are provided to children the ISP must clearly document that services are medically necessary to support and promote the development of independent living skills of the child or youth, and are over and above those provided to a child without disabilities. The ISP must document how the service will be used to reinforce skills or lessons taught in school, therapy or other settings and neither duplicates or supplant the services provided in school, therapy or other settings. The ISP must also clearly document the service is not supplanting the responsibilities of the primary caregiver. ISPs must include outcomes and action steps individualized to what the individual wishes to accomplish, learn and/or change.

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 and ensures that Day Habilitation services is not utilized in lieu of basic child care that would be provided to children without disabilities.

Day habilitation services are provided at a stand-alone licensed or certified day program facility, which is not physically connected to the participant’s residence. Costs for transporting the participant from their place of residence to the day program site are not included in the day service rate, and waiver transportation may be provided and separately billed.

Medical Exception

Medical Exception

Exceptional medical supports funding shall be utilized to provide enhanced services as prescribed to meet medical needs which require the following: services from a Certified Nursing Assistance (CNA), services from a licensed practical nurse, or registered nurse within their scope of practice as prescribed by the state, or, for mobility, appropriately trained staff. 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:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s).
- Written documentation noting the individual's assessed need for medical services *or mobility services* by the individual's medical practitioner

Behavior Exception

Exceptional behavioral supports funding may be utilized when an individual is accessing the ABA services for the purpose of implementing the behavioral strategies and additional supervision supports the person requires to learn necessary skills and develop behaviors that will improve their functioning in the community and day habilitation setting.

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:

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s).
- Written documentation noting the individual's assessed need for behavioral services by the individual's Board Certified Behavior Analyst or Qualified Health Care Professional. If this is not an initial request, documentation must include a description of the progress made in the habilitation setting. Written documentation that Behavioral services have been authorized and secured for the individual in day habilitation setting must be present.

Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

Individuals who receive Group Home, Individualized Support Living (ISL) and Shared Living Services may also receive day habilitation and/or community integration.

A waiver individual'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.

Definition of Personal Assistant Services

Personal Assistant Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (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. While ordinarily provided on a one-to-one basis, personal assistance may include assisting up to three (3) individuals at a time. With written approval from the Regional Office Director personal assistant services may be delivered to groups of four (4) to six (6) persons when it is determined the needs of each person in the group can be safely met.

Personal assistance may also include the use of remote monitoring technology covered under the Assistive Technology service also in this waiver. The personal assistant may directly perform some activities and support the individual in learning how to perform others; the planning team determines the composition of the service and assures it does not duplicate, nor is duplicated by, any other service provided to the individual.

For self-directed supports Team Collaboration allows the individual's employees to participate in the support plan and to meet as a team to ensure consistency in its implementation. A team meeting also can be convened by the individual or their designated representative for the purposes of discussing specific needs of the individual, the individualized progress towards outcomes, and other related concerns. Team collaboration can be included in the individual budget up to 120 hours per plan year. For agency-based personal assistant services, team collaboration is included in the unit rate.

Relatives as Providers

Personal assistant services shall not be provided by an individual's spouse, if the individual is a minor (under age 18) by a parent, or by an individual's guardian or power of attorney. Personal assistant services may otherwise be provided to a person by a member(s) of his or her family when the person is not opposed to the family member providing the service and the service to be provided does not primarily benefit the family unit, is not a household task family members expect to share or do for one another when they live in the same household, and otherwise is above and beyond typical activities family members provide for another adult family member without a disability.

In case of a paid family member the support plan must reflect:

- The individual is not opposed to the family member providing services;
- The services to be provided are solely for the individual and not task household tasks expected to be shared with people living in family unit;
- The planning team determines the paid family member providing the service best meet the individual's needs;
- A family member will only be paid for the hours authorized in the support plan and at no time can these exceed 40 hours per week. Any support provided above this amount would be considered a natural support or the unpaid care that a family member would typically provide

Family is defined as: A family member is defined as a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild.

Family members approved to provide personal assistant services may be employed by an agency or employed by the individual/guardian or designated representative using an approved fiscal management service provider. If the person employs his/her own workers using an approved fiscal management service provider, the family member serving as a paid personal assistant shall not also be the designated representative/common law employer.

Relation to State Plan Personal Care Services

Personal care services under the state plan differ in service definition, in limitations of amount and scope, and in provider type and requirements from personal assistant services under the waiver. When an individual's need for personal assistance is strictly related to ADLs and can be met through the MO HealthNet state plan personal care program administered by the Division of Senior and Disability Services (DSDS), he or she will not be eligible for personal assistant services under the waiver, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided.

DD Waiver personal assistant may be authorized when:

- State plan limits on number of units for personal care are reached and more assistance with ADLs and/or IADLs is needed;
 - Person requires personal assistance at locations outside of their residence;
 - The individual has behavioral or medical needs and they require a more highly trained personal assistant than is available under state plan.
 - When the personal assistant worker is related to the individual;
 - When the individual or family is directing the service through the FMS contractor.

When waiver personal assistant is authorized to adults also eligible for state plan personal care, the Support coordinator must consult and coordinate the waiver support plan with the DSDS service authorization system.

Personal care services are provided to children with disabilities according to the federal mandates of the Early Periodic Screening,

Diagnosis and Treatment program: Personal Assistant needs for the eligible person through EPSDT, as applicable, shall first be accessed and utilized, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided. Personal Assistant services through EPSDT for eligible persons under age 21 shall be provided and exhausted first before the waiver Personal Assistant service is provided. State plan personal care services for children are coordinated through the Bureau of Special Health Care Needs (BSHCN).

Comparison between Day Habilitation and PA

Examples of Day Habilitation Services include, but are not limited to, utilizing etiquette skills at a restaurant, checking out a book at a library, mailing 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. Day Habilitation Service differs from the Personal Assistant service in that a personal assistant may directly perform activities or may support the individual to learn how to perform ADLs and IADLs as part of the service. Day Habilitation Services includes all personal assistance needed by the individual.

Medical Personal Assistance

To assist in meeting the specialized medical needs for the individual as identified by the team and documented in the ISP, the following must have been met:

- The interdisciplinary team has identified and outlined the need to pursue more intensive support for medically related issues;
- The need must be documented by a physician or advanced practice nurse and maintained on file;
- Prior to approval of funding for medical personal assistance the ISP has gone through the local UR review process to determine the above have been completed.
- Dependent upon the scope of service, a registered professional nurse may be required to provide oversight in accordance with the Missouri Nurse Practice Act.
- The medical personal assistance must adhere to the same requirements as outlined for the Individual Provider Employed by Individual or Family.

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. Otherwise, the only limitation on hours provided is the individual's need for the service as an alternative to institutional care and the overall cost effectiveness of his or her service plan. Personal Assistant can occur in the person's home and/or community, including the work place. Personal Assistant shall not be provided concurrently with or as a substitute for facility-based day habilitation services.

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.

Personal Assistant services through EPSDT for eligible persons under age 21 shall be provided and exhausted first before the waiver Personal Assistant service is provided. Children have access to EPSDT services.

Medical PA limitations

This service may not be provided by a family member unless the family member has obtained the required and current certification and the individual receiving the care is over the age of 21. 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. The same qualifications noted in personal assistance apply for the use of state plan services.

Definition of Employment Services

Prevocational Services

Prevocational Services provide one-to-one learning and group experiences to further develop an individual's general, non-job-task-specific skills which are needed to succeed in paid employment in competitive, integrated community settings. Services are expected to occur over a defined period of time with specific and measurable outcomes to be achieved, as determined by an individualized assessed need through an ongoing person-centered planning process.

Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.

- Prevocational Services should enable each individual to attain the highest level of independence and autonomy in the most integrated competitive employment setting and with a job matched to the individual's interests, strengths, priorities, abilities, and capabilities.
- Participation in Prevocational Services is not a required pre-requisite for supported employment services provided under the waiver. Prevocational services should only be authorized when an individual is otherwise unable to directly enter the general workforce as a result of an underdeveloped or undeveloped general, non-job-task-specific skill(s).
- Prevocational Services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform competitive work in community integrated employment.
- Services must be provided in a community workplace setting or at a licensed, certified or accredited facility of a qualified employment service provider. The setting for the delivery of services must be aligned with the individualized assessed need and that which is most conducive in developing the specific and measurable outcomes contained within the individual support plan. Services cannot be provided within an individual's residence. Prevocational services can be provided in small groups not exceeding four (4) individuals at a time. The decision to provide services in a group setting must be based on individualized assessed need and be supported in the person centered plan as being the most autonomous setting which facilitates the highest levels of individual learning.
- Vocational services, which are not covered through waivers, are services that teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job and are not delivered in an integrated work setting through supported employment. The distinction between vocational and pre-vocational services is that prevocational services, regardless of setting, are delivered for the purpose of furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage. These goals are described

in the individual's person centered services and supports plan and are designed to teach skills that will lead to integrated competitive employment.

- A person receiving prevocational services may pursue employment opportunities at any time to enter the general work force.
- Individuals participating in prevocational services may be compensated in accordance with applicable Federal laws and regulations and the provision of prevocational services is always delivered with the intention of leading to permanent integrated employment at or above the minimum wage in the community.
- All prevocational service options should be reviewed and considered as a component of an individual's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful employment outcomes consistent with the individual's goals.
- Personal assistance may be a component of prevocational services, but may not comprise the entirety of the service.
- Transportation costs for Prevocational Services are included in the unit rate, but costs for transporting to and from the residence are not included.
- Individuals who receive prevocational services may also receive supported employment and/or day habilitation services. A participant's person-centered service plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of the day.
- Prevocational services may include volunteer work, such as volunteer learning and training activities that prepare a person for entry into the paid workforce. Volunteering is an industry specific term with specific rules and regulations governed through the US Department of Labor (DOL) Fair Labor Standards Act and Wage and Hour Laws. Any limitations on location or duration of volunteer work are established through DOL.
- Prevocational Services furnished under the waiver may not include services available under a program funded under section 110 of the Rehabilitation Act of 1973 and its amendments or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Therefore, the case record for any individual receiving this service must document the individual is not eligible for, unable to access, exhausted services or otherwise inapplicable for the aforementioned programs as outlined in an interagency memorandum of understanding between Vocational Rehabilitation and the Division of Developmental Disabilities.
- Prevocational services must comply with 42 CFR §440.180(c) (2) (i).
- Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Must be authorized based upon individual need not to exceed 80 quarter-hour units per week.

Prevocational Services must not exceed 6 months. Additional units or monthly increments beyond 6 months must be pre-authorized by the Division's Regional Director or designee.

Supported employment

Supported employment is a support service to facilitate competitive work in an integrated work setting. The service must be identified in the individual's service plan based upon an individualized assessed need which promotes the greatest degree of integration, independence and autonomy. Models of supported employment may include individual support or group support such as community business-based work groups and/or mobile crews. Individual and group services are defined separately below.

For those individuals whose individualized assessed need supports self-employment, Supported Employment Individual employment supports may include services and supports that assist the individual in achieving self-employment through the operation of a business; however, Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. Assistance for self-employment may include:

- Aid to the individuals in identifying potential business opportunities;
 - Assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; and
 - Identification of the supports that are necessary for the individual to operate the business.
- Supported Employment- Individual Supported Employment Individual Supported Employment services are the ongoing supports to individuals and their employers who, because of their disabilities, need intensive on-going support to maintain a 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 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.

Supported Employment - Individual Supported Employment services may include:

- On-the-job training in work and work-related skills; i.e. job coaching to facilitate the acquisition, and ongoing performance, of the essential functions of the job and the facilitation of natural supports (i.e. fading).
- Ongoing supervision and monitoring of the person's performance on the job; i.e. evaluating self-maintenance strategies, work production and the effectiveness of natural supports (i.e. fading) which promote the greatest degree of inclusion, integration and autonomy.
- Training in related skills needed to retain employment; i.e. supporting and facilitating strategies which promote attendance and social inclusion in the workplace based upon individualized assessed need such as using community resources and public transportation.
- For those individuals whose individualized assessed need supports self-employment, Supported Employment Individual employment supports may include services and supports that assist the participant in achieving self-employment through the operation of a business; however, Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. Assistance for self-employment may include ongoing assistance, counseling and guidance once the business has been launched.

Supported Employment -Small Group Employment Support:

Group supported employment are services and training activities provided in regular community business and industry settings for groups of two (2) to four (4) workers with disabilities. Small group employment support does not include services provided in facility based work settings or non-

integrated work setting (i.e. settings which physically and socially isolate individuals from other employees). Examples include mobile crews and other community business-based workgroups employing small groups of workers with disabilities in integrated competitive employment in the community. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment 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. An annual review must occur to determine if the employment setting optimizes, but does not regiment, individual initiative, autonomy and independence in making employment choices.

Supported Employment – Small Group Employment Supports may include:

- On-the-job training in work and work-related skills; i.e. job coaching to facilitate the acquisition, and ongoing performance, of the essential functions of the job and the facilitation of natural supports (i.e. fading).
- Ongoing supervision and monitoring of the person's performance on the job; i.e. evaluating self-maintenance strategies, work production and the effectiveness of natural supports (i.e. fading) which promote the greatest degree of inclusion, integration and autonomy.
- Training in related skills needed to retain individual integrated community-based employment; i.e. supporting and facilitating strategies which promote attendance and social inclusion in the workplace based upon individualized assessed need such as using community resources and public transportation.
- Additional Information about Supported Employment services:
- Supported employment services must be provided in a manner that promotes integration into the workplace and interaction between individuals and people without disabilities in those workplaces while maintaining the individual's rights of dignity, privacy and respect.
- All Supported Employment service options should be reviewed and considered as a component of an individual's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful employment outcomes consistent with the individual's assessed goals, needs, interests and preferences. Supported Employment Group is not appropriate for individuals who demonstrate the capacity, ability and interest to work independently. An individual's autonomy and independence to perform employment with the least amount of restrictions must be supported through the person centered planning process.
- Individuals must be 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.
- Supported Employment furnished under the waiver may not include services available under a program funded under section 110 of the Rehabilitation Act of 1973 and its amendments or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Therefore, the case record for any individual receiving this service must document the individual is not eligible for, unable to access, exhausted services or otherwise inapplicable for the aforementioned programs as outlined in an interagency memorandum of understanding between vocational rehabilitation and the division of developmental disabilities.
- Supported Employment supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business or otherwise covered under the Americans with Disabilities Act.

- Individuals who receive Supported Employment may also receive other day services. A individual's support plan may include two or more types of non-residential services. However, any combination of non-residential services may not be billed during the same period of the day. Personal Assistance may be a component of an individual's employment retention support plan for assistance with ADL's and IADLS. However, Personal Assistance may not be used in lieu of Supported Employment services as defined above. Transportation costs are not included in the supported employment fee, but specialized transportation is available as a separate service if necessary.

Career planning

Career planning is a person-centered, comprehensive employment planning and support service that provides consultative, evaluative and assistance for waiver program individual to enter into, or advance, in competitive employment or self-employment. It is a focused, time limited service engaging a individual in self-discovery, identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state's minimum wage. The outcome of this service is documentation of the individual's stated career objective and a career plan used to guide individual employment support.

- Career Planning services includes activities that are primarily directed at assisting an individual with identification of an employment goal and the plan to achieve this goal (e.g., job exploration, job shadowing, informational interviewing, assessment of interests, labor market research) that are associated with performing competitive work in community integrated employment.
- Providers of this service may coordinate, evaluate and communicate not only with the individual but, also with their caregivers, their support team, employers and others who can assist with discovering an individual's skills, abilities, interests, preferences, conditions and needs. This support and evaluation should be provided in the presence of the individual to the maximum extent possible and should be conducted in the community to the maximum extent possible but completion of activities in the home or without the presence of the individual should not be precluded.
- If a waiver individual is employed, career planning may be used to explore other competitive employment career objectives which are more consistent with the person's skills and interests or to explore advancement opportunities in his or her chosen career.
- Career planning should be reviewed and considered as a component of an individual's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful employment outcomes consistent with the individual's goals.
- Career Planning furnished under the waiver may not include services available under a program funded under section 110 of the Rehabilitation Act of 1973 and its amendments or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Therefore, the case record for any individual receiving this service must document the individual is not eligible for, unable to access, exhausted services or otherwise inapplicable for the aforementioned programs as outlined in an interagency memorandum of understanding between vocational rehabilitation and the division of developmental disabilities.
- Career planning may include social security benefits support, training, consultation and planning.
- Individuals who receive career planning services may also receive supported employment, pre-vocational residential and/or day habilitation services. A participant's person-centered

services and supports plan may include two or more types of non-residential habilitation services.

- The setting for the delivery of services must be aligned with the individualized need and that which is most conducive in developing a career objective and a career plan.
- Transportation costs for Career Planning services are included in the unit rate, but costs for transporting to and from the residence are not included.
- Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

Career Planning is intended to be time-limited. Services should be authorized through person centered employment planning based upon individualized assessed need not to exceed 240 quarter hour units of services within an annual support plan.

Job Development

Job Development is a support service to facilitate competitive work in an integrated work setting through on-going support services for individuals with developmental disabilities. The service must be identified in the individual's service plan based upon an individualized assessed need which promotes the greatest degree of integration, independence and autonomy.

Job Development services are the supports to individuals who, because of the disabilities, will need assistance with obtaining competitive or customized 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 the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is the acceptance of an employment offer in a job that meets personal and career goals.

Job Development services may include:

- Application completion assistance with the individual,
- Job interviewing activities with the individual,
- Completion of task analysis with or without the presence of the individual based upon individualized need,
- Negotiation with prospective employers and education of prospective employers of their role in promoting full inclusion with or without the presence of the individual based upon individualized need.

Additional Information about Job Development services:

- Job Development services must be provided in a manner that promotes integration into the workplace and interaction between individuals and people without disabilities in those workplaces while maintaining the individual's rights of dignity, privacy and respect.
- Job Development should be reviewed and considered as a component of an individual's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the individual. This service and support should be designed to support a successful employment outcome consistent with the individual's assessed goals, needs, interests and preferences. An individual's autonomy and independence to perform employment with the least amount of restrictions must be supported through the person centered planning process.

- Job Development activities are limited to potential employers who would compensate 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.
- Job Development furnished under the waiver may not include services available under a program funded under section 110 of the Rehabilitation Act of 1973 and its amendments or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Therefore, the case record for any individual receiving this service must document the individual is not eligible for, unable to access, exhausted services or otherwise inapplicable for the aforementioned programs as outlined in an interagency memorandum of understanding between vocational rehabilitation and the division of developmental disabilities.
- An individual's support plan may include two or more types of non-residential services.

Transportation costs are not included in the job development fee, but specialized transportation is available as a separate service if necessary. Federal Financial Participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; or
2. Payments that are passed through to users of community employment programs.
3. Upon waiver approval, individuals and support coordinators will revise the individual support plan (ISP) during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

Job Development is intended to be time-limited. Services should be authorized through person centered employment planning based upon individualized assessed need not to exceed 240 quarter hour units of services within an annual support plan. Additional units may be approved by the Division's Regional Director or designee in exceptional circumstances.