

## **SERVICE CATEGORY, DETAIL DESCRIPTIONS, and WAIVER REFERENCE**

The following document contains the list of services available. All services are portable and are choices that Case Managers (CM) will see on pull-down menus in the order they appear in the web Individual Cost Plan (ICP) system. **This document provides more explanation as to what each category and detail consists of, so after the appropriate hours are determined, the CM can build the correct ICP service line.** Case Managers should be familiar with waiver service definitions, and this document should be used in conjunction with the HCBS 0208 Waiver definitions, the 0667 Children’s Autism Waiver (CAW), the Manual of DDP HCBS Waiver Svs & Rates, and/or the ICP Development Guidelines. We also recommend viewing or reviewing the recorded Basic ICP Training that CM Supervisors can get to staff. Keep in mind that for all services but group work/day, community home, and monthly service units, that the average month you are entering does not limit the providers in what they can invoice month-to-month. However, the provider cannot exceed the total annual amount authorized per service line, per person. We again stress the importance of doing timely changes, as it affects invoicing and causes extra work.

*NOTE: Please refer to the ICP DEVELOPMENT GUIDELINES document for details on what hours to count when determining which service detail is appropriate. Also see that document and review the Basic ICP Training for more information on other fields/components of the ICP.*

When a Case Manager logs in to the ICP system, accesses the record of the client they want, and is ready to start working on the services for that person there are fields named Service Category and Service Detail (see screen shot below)

**Add/Update/View Monthly Service**

<b>ICP Line Begin Date</b>	<input type="text"/> (MM/DD/YYYY)
<b>ICP Line End Date</b>	<input type="text"/> (MM/DD/YYYY)
<b>Service Category</b>	<input type="text"/> ▼
<b>Service Detail</b>	<input type="text"/> ▼

There are several Service Categories. Each Service Category can have multiple Service Details assigned to it. This guide lists each service Category in the order that the user will see when the Service Category drop-down list is clicked. When the Service Category is chosen from the menu, then the next step is to choose the Service Detail. Again, clicking on the drop down menu will let the user see all of the Details that fall under the Category that was chosen prior. The menus are ‘smart’, which means it will only show the details that fall under a particular category. The Case Manager does not need to remember which goes under what...the system does that for you.

*Document key for ICP Categories and Details:*

**SERVICE CATEGORY = CAPITALIZED FONT BELOW** (Reference of the waiver service is in parentheses if different than the service category)

**\*\*Service Detail** = asterisked and underlined

## **CAW – SELF DIRECTED**

>>All self directed service definitions are the same as traditional and can be found in the Children's Autism Waiver (CAW). Choose this service category to construct ALL **self directed** services for the CAW

**\*\*Fiscal Agent Admin Fee**

**\*\*Respite – Self Directed**

**\*\*Transportation – Self Directed** (only mileage reimbursement allowed)

## **CHILDREN'S AUTISM WAIVER** (0667 waiver definitions)

>> All service definitions can be found in the CAW waiver. Choose this service category to construct traditional CAW services, no CAW Self Direct here.

**\*\*Environmental Mods**

**\*\*Individual Goods and Services**

**\*\*Mileage Reimbursement** (Refer to Transportation Waiver definition)

**\*\*Res Integration (wheelchr van)** (Refer to Transportation Waiver definition)

**\*\*Res Integration** (Refer to Transportation Waiver definition)

**\*\*Respite**

**\*\*Respite Other** (Respite Waiver definition)

**\*\*Waiver Children's Case Management**

<<3<sup>rd</sup> party reimbursement from insurance, State Plan, Schools, or EPSDT should be accessed before billing the waiver.

## **GROUP LIVING** (for ALL group living refer to 0208 Residential Habilitation Waiver definition)

**\*\*Community Home** – Congregate residential sites with 24/7 staff. (Group Home). Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. Choosing the appropriate provider site and county is important. A few exceptions have been made in the state to build some congregate SL sites in this model. Those are pre-approved by Central Office.

**\*\*Community Home – Children** - Same as regular community home, but for individuals age 21 and younger. These sites are designated by the DD Central Office.

**\*\*Medically Intense** – Congregate residential sites licensed as a Group Home whose clients require 24 hour LPN care. These sites also require DD Central Office approval for this designation. Count LPN hours when determining direct care staff hours. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month

## **GROUP WORK/DAY**

>>These are for traditional 0208 services...do not build any Self Direct or Agency with Choice under this Category. Those will be under the service category of Self Directed Services

**\*\*Day Supports & Activities** – Congregate day habilitation and community inclusion activities. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. Choosing the appropriate Regional ‘site’ in the ICP is important.

**\*\*Day Supports & Activities – SMALL Ag** - Same as above but are for providers whose total DD Day Activities/Retirement/Small Group Empl enrollment combined is 25 individuals or less. Choosing the corresponding provider Regional ‘site’ in the ICP is important.

**\*\*Retirement Services** – Targeted to retired, semi-retired, and/or individuals who are limited due to health and safety issues. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. Choosing the corresponding provider Regional ‘site’ in the ICP is important.

**\*\*Retirement Services – SMALL Ag** - Same as above but are for providers whose total DD Day Activities/Retirement/Small Group Empl enrollment combined is 25 individuals or less. Choosing the corresponding provider Regional ‘site’ in the ICP is important.

**\*\*Small Group Empl(oyment)** – crews or groups of 2-8 individuals with DD/ID working at a community setting. See waiver definition for restrictions and limitations. Choosing the corresponding provider Regional ‘site’ in the ICP is important.

## **INDIVIDUALIZED LIVING** (for Supported Living service details, refer to the Residential Habilitation Waiver definition. All others have their own waiver definitions.)

>>Do not build services for the CAW waiver here...they will all start with CAW or Children’s Autism Waiver. These are all for traditional services in 0208 waiver only. Any 0208 self directing will be under SELF DIRECTED SERVICES and not here.

**\*\*Adult Foster Support (Enhanced)** – ENHANCED SUPERVISION means that AFH parents must be able to physically/visually observe the consumer at all times and be available to physically assist when needed. For ENHANCED SUPERVISION to be required, the consumer must have a health, behavior, or functional limitation need that requires constant attention. Examples of ENHANCED SUPERVISION could include but not be limited to:

- Observing the consumer at all times when in the home
- Physically assisting consumers to complete daily living skills and routine personal hygiene
- Physical assistance to participate in transportation and community-inclusion opportunities.

ENHANCED SUPERVISION focuses on “line-of-sight” supervision to ensure that the consumer is in the location and appropriately engaged in relevant and safe activities. Consumers that wander away from the AFH, are not able to interact safely with their environment, or who engage in nuisance behavior are examples ENHANCED SUPERVISION needs.

This monthly Foster Support amount includes all homemaker or chore services, as well as any administrative fee to the contracting agency for administering the program per month. Services for residential training performed by the provider agency or the foster family should be built in the cost plan separately, as well as respite.

**\*\*Adult Foster Support (Intensive)** – INTENSE SUPERVISION means that AFH parents must be able to and be able to physically intervene with the consumer in order to ensure health and safety. For INTENSE SUPERVISION to be required, the consumer must have a health, behavior, or functional limitation need that requires constant attention, and represents a serious threat to health and safety. Examples of INTENSE SUPERVISION could include but not be limited to:

- Being in close proximity to the consumer at all times when in the home
- Physically intervening with consumers in situations where self or others are at high risk.
- Providing one-to-one supervision with limited capacity to leave a consumer unattended

INTENSE SUPERVISION focuses on “arms-length” supervision where the AFH parent is physically able to intervene immediately when needed. Consumers who engage in self-injurious behavior, behaviors that risk physical harm to people or property, or serious seizure episodes are examples INTENSE SUPERVISION needs.

This monthly Foster Support amount includes all homemaker or chore services, as well as any administrative fee to the contracting agency for administering the program per month. Services for residential training performed by the provider agency or the foster family should be built in the cost plan separately, as well as respite.

**\*\*Adult Foster Support (Low)** – LOW SUPERVISION means that AFH parents must be aware of the location of the consumer. Such supervision is considered “point-to-point” and focuses on ensuring that the consumer is in the setting or situation as defined by their service plan. No physical assistance is required. The consumer does not have any health or behavioral needs that require attention. Examples of LOW SUPERVISION could include but not be limited to:

- Knowledge of consumer’s presence and schedule during the day.
- Reminders to consumers of daily schedule of activities and outings. Few or no prompts are reminders are necessary.

- Backup assistance when primary transportation supports are temporarily not available.

LOW SUPERVISION focuses on “point-to-point” supervision to ensure that the consumer is in the location. Consumers who can safely engage with their environment AND DO NOT need assistance with activities of daily living would be examples of LOW SUPERVISION needs.

This monthly Foster Support amount includes all homemaker or chore services, as well as any administrative fee to the contracting agency for administering the program per month. Services for residential training performed by the provider agency or the foster family should be built in the cost plan separately, as well as respite.

**\*\*Adult Foster Support (Moderate) - MODERATE SUPERVISION** means that AFH parents must be aware of the location of the consumer and available to physically assist when needed. The consumer does not have any health or behavioral needs that require constant attention. Examples of MODERATE SUPERVISION could include but not be limited to:

- Observing when a consumer leaves or enters the home
- Prompting to encourage consumers to complete daily living skills and routine personal hygiene
- Assistance in accessing transportation and community-inclusion opportunities.

MODERATE SUPERVISION focuses on “on-site” supervision to ensure that the consumer is in the location and appropriately engaged in relevant and safe activities. Consumers who can safely engage with their environment BUT NEED assistance with activities of daily living would be examples of MODERATE SUPERVISION needs.

This monthly Foster Support amount includes all homemaker or chore services, as well as any administrative fee to the contracting agency for administering the program per month. Services for residential training performed by the provider agency or the foster family should be built in the cost plan separately, as well as respite.

**\*\*Assisted Living Enhanced** – For individuals who may not want or require habilitative training, and need some level of skilled nursing at least at a 1:3 -1:1 staff ratio. Assumes 24/7 staffing & care.

**\*\*Assisted Living Moderate** - For individuals who may not want or require habilitative training, and need some level of skilled nursing at least at a 1:4 – 1:8 staff ratio. Assumes 24/7 staffing & care.

**\*\*Assisted Living OTHER** – For individuals in assisted living whose provider charges less than the established rate and the payment is negotiated. Payments can’t exceed either daily rate.

**\*\*Caregiver Trn Supp (hourly)** – For individuals whose unpaid caregivers receive education and training by qualified staff. Build the number of average hours per month the individual’s caregiver requires per the plan of care.

**\*\*Caregiver Trn Supp OTHER** – Use this for conference fees, etc. as part of CTS that is not delivered by a staff person, per the plan of care.

**\*\*Res Training Supports SM AG** - For any individual receiving Adult Foster Supports, and whose PSP identifies and determines residential training will be provided in the licensed foster home setting by an employee of the contracting provider. This detail is appropriate for foster services through contracted providers that meet ALL of the following criteria: have 10 or less total DD clients, have 12 or fewer employees in the entire agency, and whose director is scheduled to provide a portion of the weekly direct care of clients. The foster parent may provide this support, but must be an employee of the contracting provider. Build the average weekly or monthly hours of training support the individual will be receiving. Central Office makes the Small Agency designation.

**\*\*Residential Training Supports** – For any individual receiving Adult Foster Supports, and whose PSP identifies and determines residential training will be provided in the licensed foster home setting by an employee of the contracting provider. The foster parent may provide this support, but must be an employee of the contracting provider. Enter the average weekly or monthly hours of training support the individual will be receiving.

**\*\*Supported Living Base (1-30) HPM** – For individuals who typically need between 1 to 30 hours of support per month per their PSP. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. The monthly range of 1-30 hours is meant to accommodate for fluctuations in needs that individuals may experience month-to-month. Some months the provider might not provide up to 30, other months the provider may provide more than 30. The operative word is AVERAGE. The provider is not required to provide 30 hours of support if the individual does not need it, but does not bill extra if the hours provided exceed the 30.99 hours either.

**\*\*Supported Living Flex (31-45) HPM** – For individuals who typically need between 31 to 45 hours of support per month. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. The monthly range of 31-45 hours is meant to accommodate for fluctuations in needs that individuals may experience month-to-month. Some months the provider might not provide 45, other months the provider may provide more than 45. The operative word is AVERAGE. The provider is NOT required to provide the maximum 45 hours if the individual does not need it, but does not bill extra if the hours provided exceed the 45 hours either.

**\*\*Supported Living Hourly 45+** – For individuals who typically need an average of over 45 hours of support per month per their PSP, for individuals who are getting concurrent remote monitoring, or for situations where a monthly unit would be cost-prohibitive. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and

how to determine average hours per week or month. Providers will track and invoice for each hour. In instances where the provider has awake, overnight staff at one site, with pre-approval it can be built as a community home. The regular group home rate will apply, and Central Office would to pre-approve that exception, via discussions with the Regional Manager.

**\*\*Supported Living Rural Remote** – For individuals who typically need an average of over 45 hours of support per month per their PSP. This detail is appropriate if the service is delivered in a location in excess 80 miles round trip from the providers nearest location. Please refer to the Rates Manual and ICP DEVELOPMENT GUIDELINES documents when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. Do not count ‘travel time’ when determining average service hours. Providers will track and invoice for each hour of actual service provided. This designation is assigned by DD Central Office.

**\*\*Supported Living OTHER** – Choose this ONLY for people who moved from the Community Supports waiver into the Comprehensive Waiver if their monthly unit in Community Supports was not one of the ones listed. Use the SL ICP/Invoice toolbox on the DD website to determine amounts.

**\*\*Supported Living hrly sm ag** - For individuals who typically need an average of over 45 hours of support per month per their PSP. This detail is appropriate for providers that meet ALL of the following criteria: have 10 or less total DD clients, have 12 or fewer employees in the entire agency, and whose director is scheduled to provide a portion of the weekly direct care of clients. Please refer to the ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours for a small supported living agency, and how to determine average hours per week or month. Providers will track and invoice for each hour of service provided. This designation is assigned by DD Central Office.

*>> Pick the ONE SL detail that best fits the individual per their PSP. If an individual’s service hours fit within one of the monthly tiers, choose the monthly unit even if the provider meets some of the other rate criteria. For the Small Agency, the weekly direct care time performed by the Director is mandatory and will count as direct care hours when determining monthly hours of support and is billable when invoicing. Refer to ICP Development Guidelines, pages 6-7 when supports vary from Res hab, Companion, etc.*

## **INDIVIDUALIZED SUPPORTS**

*>>Do not build any Children’s Autism waiver services here, these are all for 0208 only. Do not build any Self Direct or Agency with Choice here. Those are all under the service category of SELF DIRECTED SERVICES or other categories that indicate self directed.*

**\*\*Behavioral Support Services** - Build the number of average hours per month the individual’s PSP indicates the service is necessary.

**\*\*Environmental Modifications** – Annual total of all planned equipment per the plan of care. If the purchase is a one-time purchase put an end date of June 30,

YEAR (end of fiscal year) or sooner, if appropriate. If the purchase is for the same item(s) year after year, or if other dollars within the person's cost plan were moved to permanently fund the item(s), do not enter an end date. If the annual total is a mixture of regular, ongoing dollars and moved, temporary dollars, then PUT AN END DATE per end of fiscal year.

\*\*Individual Goods and Services – Annual total of all goods and services per the plan of care for the fiscal year. Same entry rules as adaptive equipment.

\*\*PERS (Personal Emergency Response System) – Enter annual amount per contract or fees.

\*\* Remote Monitoring – Calculate monthly hours the person will be monitored. Multiply by the hourly rate (can be negotiated) but not to exceed the hourly rate per individual.

\*\* Remote Monitoring Equipment – Calculate monthly rental amount times number of months and enter annual amount.

\*\*Specialized Medical Equipment and Supplies – Same Process as Environmental Modifications.

## **INDIVIDUALIZED WORK/DAY**

>>See 0208 waiver definitions. Do not build any 0208 Self Direct or Agency with Choice here. Those are under the service category of SELF DIRECTED SERVICES.

\*\*SE Co Worker Supt – To allow the community employer to provide co-worker provided job supports as part of the natural workplace. Can be through existing DD provider or employer can contract direct with DDP. Enter # of days anticipated times the daily rate. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

\*\*SE Follow Along BASE – For individuals who require an average 1 up to 10.5 hours per month of employment supports for individual employment in the community. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

\*\*SE Follow Along HOURLY – For individuals who require in excess of 31 hours per month of employment supports for individual employment in the community or for situations where a monthly unit would be cost-prohibitive. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

\*\*SE Follow Along OTHER – Choose this ONLY for people who moved from the Community Supports waiver into the Comprehensive Waiver if their monthly unit in Community Supports is not one of the ones listed. Use ICP Follow Along calculator tool on DD website to determine amounts. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

\*\*SE Follow Along TIER 1 – For individuals who require between 10.6–21.9 hours per month of employment supports for individual employment in the

community. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

**\*\*SE Follow Along TIER 2** – For individuals who require between 22-31.9 hours per month of employment supports for individual employment in the community. Please refer to ICP DEVELOPMENT GUIDELINES document when choosing the county, what to count as direct care staff hours, and how to determine average hours per week or month. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

**\*\*SE Indv. Empl Supt** – For individuals who are not eligible to receive Voc Rehab, or are maybe pursuing career advancement. A signed Career Plan must be in place, and CM follow-through of appropriate referral to Voc Rehab.

## **PERSONAL SERVICES**

*>>Do not build any 0208 Self Direct or Agency with Choice here. Those are under the service category of Self Directed Services*

**\*\*Companion** - Not available for individuals who reside in a group home, adult foster, or assisted living settings. Build this service based on the straight calculation of how many average hours per month. Use caution if the person has monthly Supported Living services. Companion may not be allowable if the person never receives the maximum SL hours in the tier assigned to them.

**\*\*Homemaker** – (contracted agency employs the person providing the service) Not available for individuals who reside in a group home, adult foster, or assisted living setting. Build this service based on the straight calculation of how many average hours per month.

**\*\*Homemaker OTHER** – Not available for individuals who reside in a group home, assisted living, or adult foster setting. Enter annual amount for 3<sup>rd</sup> party/contracted cleaning services from a private entity.

**\*\*Meals** – For individuals whose needs appropriately meet the waiver definition to receive this service. Put in the average number of meals per month the individual is to receive.

**\*\*Personal Care** – Not available for individuals who reside in a group home, assisted living, or adult foster setting. Build this service based on the straight calculation of how many average hours per month. Most personal care will be covered through Community First Choice and not the DD waiver.

**\*\*Respite** – (Agency employs the respite worker) Not available for individuals who reside in a group home setting. Build this service based on the straight calculation of how many average hours are needed per month. Enter the weekly hours, and the rate and monthly dollar amount is calculated for you.

**\*\*Respite Other** – Enter the annual cost for agency run or agency associated sites, or fee from 3<sup>rd</sup> party. An example of 3<sup>rd</sup> Party would be that a day care charges \$xxx per month or day. Read the waiver definition for more specifics on what is allowed for day care reimbursements.

**SELF DIRECTED SERVICES** – >>>Build **ALL** Self Direct for the Comprehensive 0208 waiver here. Self direct for the CAW waiver is under CAW-Self Direct. AwC is Agency with Choice service delivery. All others are self direct employer authority.

- \*\*Caregiver Trn & Supt AwC
- \*\*Community Transition AwC
- \*\*Community Transition SD
- \*\*Day Supts & Activ – Empl Auth
- \*\*Environmental Mods SD
- \*\*Fiscal Agent Admin Fee (for someone self directing as Employer Authority)
- \*\*Indiv Goods & Services SD
- \*\*Meals Self Directed
- \*\*PERS AwC
- \*\*PERS Self Directed
- \*\*Personal Supports AwC
- \*\*Personal Supports SD
- \*\*Respite AwC
- \*\*Respite- Self Directed
- \*\*SE Co Worker Supt AwC
- \*\*SE Co Worker Supt Empl Auth
- \*\*SE Follow Along AwC
- \*\*SE Follow Along Empl Auth
- \*\*SE Indv Empl Supt AwC
- \*\*SE Indv Empl Supt Empl Auth
- \*\*SE Small Group Empl AwC
- \*\*Spec Med Equip Supplies SD
- \*\*Supports Broker AwC
- \*\*Supports Broker SD
- \*\*Transportation AwC
- \*\*Transportation Self Directed – Mileage reimbursement currently is the only transportation allowed for the 0208 via employer authority (.37 cents per mile 1/1/2018).

>> All self-direct services are entered using an annual amount. Some services have a maximum hourly rate that cannot be exceeded. Use the Self Direct Calculator tool on the DD website to help you with Employer Authority. For Agency with Choice hourly services, make sure you either note in the plan of care or on the ICP comment, the provider's hourly charge (Gross Pay + Employer taxes which will vary, plus the AwC Admin Fee = \$XX.xx per hour. The AwC admin fee should be the same for each person, for the same service. The admin fee can differ between services, but cannot differ between individuals in that same service. In AwC, make sure the hourly rate charged to the ICP is not more than the established hourly rate for each waiver service. Multiply the rate times the hours per month, times # of months to get an annual dollar amount. Providers have the option to use the same SE Follow Along monthly units for AwC as the ones used for traditional services (see rates manual). Case Managers and Teams need to

*know if a provider plans to invoice monthly units for Follow Along AwC to ensure informed choice.*

## **THERAPIES**

**\*\*Crisis PDN (LPN) and TSI - Do not use this. Regional Manager use only.**

**\*\*Crisis PDN (RN) and TSI - Do not use this. Regional Manager use only.**

**\*\*Nutritionist - Appropriate for individuals when nutritional services are declined by State Plan or have exceeded State Plan limits. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.**

**\*\*Occupational Therapy - Appropriate for individuals when occupational therapy services are declined by State Plan. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. Build the average monthly hours of service the waiver may need to pay for in the date span built for the service.**

**\*\*Physical Therapy - Appropriate for individuals when physical therapy services are declined by State Plan or have exceeded State Plan limits. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.**

**\*\*Private Duty Nursing (LPN) - Appropriate for individuals when LPN Nursing services are declined by State Plan. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. Please keep in mind situations which may be paid by a Nursing Grant through the DDP Central Office. Those will be case-by-case. DO NOT build LPN hours in this ICP service for medical group homes. Do not build in nurse hours here for employees that are on staff for all clients. Please refer to the ICP DEVELOPMENT GUIDELINES. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.**

**\*\*Private Duty Nursing (RN) - Appropriate for individuals when RN Nursing services are declined by State Plan. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver**

is acceptable after documentation is received from State Plan indicating their disapproval. DO NOT build RN hours in this ICP service for medical group homes. Do not build in nurse hours here for employees that are on staff for all clients. Please refer to the ICP DEVELOPMENT GUIDELINES. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.

**\*\*Psychological Services** – Appropriate for individuals when psychological services are declined by State Plan. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.

**\*\*Speech Therapy** - Appropriate for individuals when speech therapy services are declined by State Plan. The Case Manager and Provider should provide due diligence in requesting additional services from State Plan before accessing DDP waiver funds. Payment for these services under the DDP Waiver is acceptable after documentation is received from State Plan indicating their disapproval. After the individual can no longer receive the service through State Plan, build the average monthly hours of service the waiver may need to pay for in the date span built for the service.

**TRANSPORTATION – ICP** (non-medical transportation only) >>for 0208 transportation delivered in the traditional model. Do not put any self directed here. Only one of the ‘commute’ choices (wheelchair or not) should be picked for transportation to and from work or day services. Please contact your Regional Office for exceptions when there may be 2 providers.

**\*\*Indiv(idual) Commute (whlchr van)** – For individuals who require a wheelchair accessible vehicle and do not live in a congregate setting (defined in Transportation Creation and Billing Guidelines.) This transportation type is for the purpose of getting the individual from their residence, to-and-from their community job and/or DD work/day services. Use the Transportation Guidelines and the Excel Transportation Toolboxes to determine amounts and details.

**\*\*Individual Commute** – For individuals who do not live in a congregate setting (defined in Transportation Creation and Billing Guidelines.) This transportation type is for the purpose of getting the individual from their residence, to-and-from their community job and/or DD work/day services. Use the Excel Transportation Toolboxes and Transportation Guidelines by DDP to determine amounts and details.

**\*\*Mileage Reimbursement** – Non-medical transportation given by legally responsible persons, relatives, legal guardians and other persons who are not provider staff. Can be for a commute or a residential integration activity. Only count miles that the person is in the vehicle and is being transported. Enter annual

cost at average miles per month x 12 months x 37 cents per mile. Enter the annual amount in the ICP.

**\*\*Residential Integration (wheelchair van)** - For individuals who require a wheelchair accessible vehicle. For agency provided transportation necessary for community integration as part of the individual's PSP and outcomes. This is a set, assigned amount and invoiced per ride or encounter. Use the Transportation Guidelines and the Excel Transportation Toolboxes (for AwC) to determine amounts and details.

**\*\*Residential Integration** – For agency provided transportation necessary for community integration as part of the individual's PSP and outcomes. This is a set, assigned amount and is invoiced per ride or encounter. Use the Transportation Guidelines and the Excel Transportation Toolboxes (for AwC) to determine amounts and details.

**\*\*Shared Commute** - For individuals who reside in a congregate setting. This transportation type is for the purpose of getting the individual from their residence, to-and-from their community job and/or DD work/day services. Use the Transportation Guidelines and the Excel Transportation Toolboxes to determine amounts and details.

**\*\*Shared Commute (wheelchair van)** - For individuals who require a wheelchair accessible vehicle and who reside in a congregate setting. This transportation type is for the purpose of getting the individual from their residence, to-and-from their community job and/or DD work/day services. Use the Transportation Guidelines and the Excel Transportation Toolboxes to determine amounts and details.

**\*\*Transportation OTHER** – Use this for non-transport costs such as licensure, insurance, other costs (see waiver definition) associated with an individual's dependence on the use of a personal vehicle owned by the person. It is also for miscellaneous transportation fees for Commute, and Res Integration transportation such as Taxi rides or Bus passes that are not well accommodated by standard rates.

**\*\*Work/Day Integration (wheelchair van)** - For individuals who require a wheelchair accessible vehicle. This type of transportation is for non-medical transportation provided as part of a work or day activity. (Example: A provider transports individuals to a craft show during the day, as part of their work or day services that month) This is a set, assigned amount and is invoiced per ride/encounter. Use the Transportation Guidelines and the Excel Transportation Toolboxes (for AwC) to determine amounts and details.

**\*\*Work/Day Integration** – For non-medical transportation provided as part of a work or day activity. (Example: A provider transports individuals to a craft show during the day, as part of their work or day services that month) This is a set, assigned amount and is invoiced monthly. Use the Transportation Guidelines and the Excel Transportation Toolboxes (for AwC) to determine amounts and details.

*>>Individuals who do not have a DD funded Day Program or Supported Employment services are not eligible for Work/Day Integration transportation. Choose only one of the work/day integration transportation types per individual. (exception may occur if a person has 2 day program providers. Refer to regional office)*

