

| Service                           | Previous Service Definitions through 6/30/09   | Service                          | Service Definitions Effective 7/1/09   |
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| <p><b>Personal Assistance</b></p> | <p><b>Personal supports:</b><br/>                     Personal supports may include assistance with bathing and personal hygiene, eating, dressing and grooming, bowel and bladder care, menstrual care, transferring, basic first aid, giving medications, operating and maintaining medical equipment for a child who cannot perform these functions alone due to the developmental disability or medical condition.<br/>                     Personal care providers may be members of the recipient's family. Payment will not be made for services furnished to a minor by the recipient's parent (or step-parent), or to a recipient by spouse. Check one:<br/>                     Family members who provide personal care services must meet the same standards as providers who are unrelated to the recipient. These standards are found in Appendix B-2.</p> | <p><b>Personal Care</b></p>      | <p>A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring), if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.</p>  |
|                                   | <p><b>Household services:</b><br/>                     Assistance in performing housekeeping tasks which, due to the needs of the child with a developmental disability, are above and beyond the tasks generally required in a home and/or increase the parent(s) ability to provide care needed by the child with a developmental disability.</p>  | <p><b>Basic Homemaker</b></p>    | <p>Services that consist of the performance of basic household tasks within the participant's primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.</p> |
|                                   |  | <p><b>Enhanced Homemaker</b></p> | <p>Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning.<br/>                     Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific</p>  |

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|         |   |                       | <p>objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services, however, the primary intent must be to provide habilitative services to increase independence of the participant.</p> <p>Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant.</p> <p>Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant’s behavioral or medical needs.</p>  |
|         | <p><b>Child care services:</b><br/>The temporary care of a child which is necessary to keep a child in the home and avoid institutionalization.</p> | <p><b>Respite</b></p> | <p>Respite service may be provided to eligible participants, on a short-term basis, because of the absence or need for relief of the primary care-givers of the participant. Respite is to be provided in an age appropriate manner. The eligible participant older than 11 years of age may receive Respite during the time the care-giver works because same age typical peers do not need ongoing supervision at that age and the need for the respite is based on the child’s disability. Children, 11 years of age and younger, will not receive respite during the time the parent works because this is a typical expense for all working parents. In the event the cost of care during the time the parents work is more for an eligible participant, 11 years of age or younger, than it is for same age typical peers, then Respite may be used to pay the additional cost.</p> <p>Respite may be provided for siblings of eligible participant who reside in the same home and who are 11 years of age or younger in the event supervision is needed so the primary caretaker(s) can take the recipient to a service covered by state plan benefits or the waiver. Sibling care is not allowable for care needed due to parent’s work schedule or breaks.</p> <p>Federal financial participation is not available for the cost of room and board except when provided, as part of Respite care furnished in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less.</p> |

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|  |  |                                   | <p>The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional units when the service period is less than a day. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period. DHS/DDD may approve a higher amount based on a documented increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs.</p> <p><i>(DDD notation: The total amount of respite provided has two types of limitations: 30 full days per year with a full day defined as any service period of 40 units (10 hours) or greater in a 24 hour period; and second, up to 1,880 units (470 hours )per year in which the total respite hours are less than 40 units (10 hours) in a 24 hour period.</i></p>   |
| <p><b>Community Connector Services</b></p> | <p>The Community Connector will explore community services appropriate to the individual in their community, natural supports available to the individual, match and monitor community connections to enhance socialization and community access capability.</p> | <p><b>Community Connector</b></p> | <p>Supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population, including community education or training, and volunteer activities. Supported Community Connections provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment to provide services and supports as identified in the participant's service plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention, or improvement. Supported Community Connections are provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p> |

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|   | <p>Recreational and Leisure Activities: (for the child with a developmental disability) Recreational programs that will allow the child with a developmental disability to experience typical community leisure time activities, increase their ability to participate in these activities and develop appropriate physical and psychological-social skills. (Limited to \$500 per year).</p>   | <p><b>Adaptive Therapeutic Recreational Equipment and Fees</b></p> | <p>Recreational equipment that is adapted specific to the participant’s disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of adapted equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access professional services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.)</p> <p>Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and typical indoor/ outdoors play structures.</p> <p>The maximum annual allowance for recreational items/services is \$1,000.00 per plan year.</p> |
| <p><b>Environmental Engineering</b></p> |   |  | <p><i>(DDD notation: the broad category of environmental engineering is being discontinued and the services now must be billed individually as follows:)</i></p>   |
|   | <p><b>Home Modification Services:</b><br/>Home Modification Services may include those services which assess the need for, arrange for and provide modifications and/or improvements to the family home of a child with a developmental disability to help ensure the child’s safety, security and accessibility in the home and community. Home modifications services include devices and services to make daily living easier, such as adapted showers or toilets, adaptations that make places accessible such as ramps and railings and reinforcing or fencing for the child's protection. Services shall exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the</p> | <p><b>Home Accessibility Adaptations</b></p>                       | <p>Those physical adaptations to the primary residence of the participant’s family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of fencing, ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning, etc.) and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to</p>   |

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|         | <p>waiver <i>participant</i>, such as carpeting, roof repair, central air conditioning, etc. All services shall be provided in accordance with applicable State or local building codes.</p>   |                                     | <p>complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Any request to add square footage to the home shall be prior authorized. All devices and adaptations shall be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan, EPSDT or third party resources shall be utilized prior to accessing waiver funds.</p>  |
|         |  | <p><b>Vehicle Modifications</b></p> | <p>Adaptations or alterations to an automobile or van that is the participant’s primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:</p> <ol style="list-style-type: none"> <li>1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;</li> <li>2) Purchase or lease of a vehicle; and</li> <li>3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.</li> </ol> |
|         | <p>Assistive Technology Services may include the evaluation of the child’s need for assistive technology related to the disability, helping to select and obtain appropriate devices, designing, fitting and customizing those devices, purchasing, repairing or replacing the devices, and training the child and/or family to use the devices effectively.</p> | <p><b>Assistive Technology</b></p>  | <p>Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes:</p> <ol style="list-style-type: none"> <li>1) The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;</li> </ol>  |

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|         | <p>Assistive technology services includes devices and services that will help a child with a developmental disability and the child’s family to overcome barriers related to the disability that they face in their daily lives. This may include the use of devices to help child move around such as wheelchairs, wheelchair adaptations, and adaptations for vans (e.g., lifts for vans or roof storage for wheelchairs), devices that help the child communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); devices that make learning easier such as adapted games, toys or computers; and devices that control the environment such as switches. Recreational equipment, such as, a floatation collar for swimming, a bowling ramp, various types of balls with internal auditory devices and other types of equipment appropriate for the recreational needs of a child with a developmental disability.</p> <p>This service is necessary to prevent the institutionalization of the recipient. The cost effectiveness of this service is demonstrated in 2.</p> |         | <ol style="list-style-type: none"> <li>2) Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</li> <li>3) Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and</li> <li>4) Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person’s disability.</li> </ol> <p>When the cost is above and beyond that of typical expenses and is not available through the Medicaid State Plan or third party resource.</p> <p><i>(DDD notation: adaptations for vehicles are now available under Vehicle Modifications.)</i></p> |
|         | <p>Environmental Engineering (Maximum Benefit is limited to \$10,000 per person for the current waiver span), except on a case by case basis the state may authorize additional funds.</p>   |         | <p>The total cost of home accessibility adaptations, vehicle modifications and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>   |

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| <p><b>Specialized Medical Equipment and Supplies</b></p> | <p>Specialized Medical Equipment and Supplies services will be provided only if these services are not available under Medicaid EPSDT coverage, Medicaid State Plan benefits, other third party liability coverage or other federal or state funded programs, services or supports.)</p> <p>Other Equipment and Supplies:<br/>                     Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods.<br/>                     General care items such as distilled water for saline solutions, supplies such as eating utensils, etc., required by a child with a developmental disability and related to the disability.<br/>                     Specially designed clothing (e.g. Velcro) for children if the cost is over and above the costs generally incurred for a child’s clothing.</p> | <p><b>Specialized Medical Equipment and Supplies</b></p> | <p>Specialized Medical Equipment and supplies include:</p> <ol style="list-style-type: none"> <li>1) Devices, controls, or appliances, specified in the service plan, that enable participant to increase their ability to perform activities of daily living;</li> <li>2) Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods.</li> <li>3) General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a child with a developmental disability and related to the disability.</li> <li>4) Specially designed clothing (e.g. Velcro) for participant if the cost is over and above the costs generally incurred for a participant’s clothing.</li> <li>5) Maintenance and upkeep of the equipment.</li> </ol> <p>Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan, EPSDT and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.</p> |
| <p><b>Professional Services</b></p>                      | <p>Professional services will be provided only if these services are not available under Medicaid EPSDT coverage, Medicaid State Plan benefits, other third party liability coverage or other federal or state funded programs, services or supports.</p> <p><b>Counseling and therapeutic services:</b><br/>                     Individual and/or group counseling, behavioral or other therapeutic interventions related to the child’s disability, needed to sustain the overall functioning of the child with a developmental disability.<br/>                     Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the child’s needs. Includes acquisition of information for family members of</p>   | <p><b>Professional Services</b></p>                      | <p>Professional services include Hippotherapy, Movement Therapy and Massage. These services are only available from a provider who is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service shall be an identified need in the Service Plan. In addition, the service shall be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and monitors the progress towards goal achievement at least quarterly. The identified Professional Service cannot be available under the regular Medicaid State Plan, EPSDT or from a third party source.</p> <p><b>Hippotherapy:</b> A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral and communication.</p>  |

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|         | <p>children with developmental disabilities from support organizations and special resource materials, (e.g., publications designed for parents of children with developmental disabilities.).</p> <p>Diagnostic, evaluation and testing services necessary to determine the child’s health and mental status and the related social, psychological and cognitive needs and strengths, including genetic counseling and family planning.</p> <p><b>Professional care services:</b></p> <p>Any personal care functions requiring assistance by an RN, LPN, Certified Nurse Aide or Home Health Aide and not otherwise available under Medicaid EPSDT coverage, third party liability coverage, or other state funded programs, services or supports. These services may also include operating and maintaining medical equipment.</p> |                                 | <p><b>Movement Therapy:</b> The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.</p> <p><b>Massage:</b> The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.</p> <p><i>(DDD notation: Counseling is no longer available as a waiver service, however, parent education continues to be available as a separate service. (See below) Behavioral services are now a separate service. (See below) Occupational Therapy, Physical Therapy, Speech Therapy and skilled care are available as a benefit under the Medicaid State Plan.)</i></p>   |
|         |  | <p><b>Behavior Services</b></p> | <p>Behavioral services identified in the service plan including individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual’s developmental disability and are needed for the individual to acquire or maintain appropriate interactions with others. Intervention modalities must relate to an identified challenging behavior need of the person and specific criteria for remediation of the behavior must be established. The provider(s) will be identified in the service plan and will be at the minimum qualification level necessary to achieve the specific criteria for remediation. If an individual has a covered mental health diagnosis and is in need of covered mental health services, then those services must be accessed through the Medicaid State Plan. It is possible for people with co-occurring diagnoses of Developmental Disabilities and Covered Mental Health conditions to have identified needs that the Developmental Disabilities system can provide and identified needs that the Mental Health system provides.</p> |

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|         |  | <b>Parent Education</b>                             | <p>Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the participant’s needs, including sign language training. Acquisition of information, specific to the participant’s disability, for family members from support organizations and special resource materials, cost of registration for parents/caregivers to attend conferences/educational workshops that are specific to the participant’s disability, cost of membership to parent support/information organizations and publications designed for parents of children with disabilities.</p> <p>The maximum annual allowance for Parent Education is \$1,000.00 per year.</p>  |
|         |  | <b>Vision Services</b>                              | <p>Vision therapy is provided only when the services are not available through the Medicaid State Plan or EPSDT due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at (10 CCR 2505-3) 8.011.11 or available through a third party resource. Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the participant and the participant’s signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.</p>                                   |
|         |  | <b>Consumer Directed Attendant Support Services</b> | <p>Services that assist the child or youth in accomplishing activities of daily living including personal care, homemaker activities, and protective oversight. Personal Care services are those routine and repetitive activities of daily living which require non-skilled assistance for health and normal bodily functioning and which would be carried out by an individual with a disability if he or she were physically/cognitively able. Personal Care includes accompanying the <i>participant</i> outside the home when associated with the delivery of a personal care task. Homemaker services are general household activities provided in the home of an eligible <i>participant</i> to maintain a healthy and safe home environment for a <i>participant</i>, when the person ordinarily responsible for these activities is absent or unable to manage these tasks.</p> |

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|         |  |  |         | <p>Protective oversight is supervision of the <i>participant</i> to prevent at risk behavior that may result in harm to the <i>participant</i>. These services are provided by an attendant under the supervision of the <i>participant</i> or the <i>participant's</i> authorized representative.</p> <p>The <i>participant</i>, or the authorized representative, is responsible for hiring, training, recruiting, setting wages, scheduling, and in other ways managing the attendant.</p> <p><i>(DDD notation: CDASS will not be available until rules have been drafted and approved.)</i></p> |