## SERVICE INDEX

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## SELF - DIRECTED SERVICES AVAILABLE!

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- CONSULTATIVE ASSESSMENT
- ENVIRONMENTAL MODIFICATION ASSESSMENT
- HABILITATIVE COMMUNITY INCLUSION
- HOME MODIFICATIONS
- HOMEMAKER
- INDEPENDENT LIVING
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- SUPPORTED EMPLOYMENT – FOLLOW-ALONG
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- SUPPORTED FAMILY LIVING
- TRANSITIONAL SERVICE
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"Helping People Live Better Lives"
PURPOSE AND OTHER RESOURCES

This Service Directory gives participants an overview of developmental disabilities (DD) services which a participant may choose to receive through a Medicaid Home and Community-Based Services (HCBS) Waiver. A participant should always talk to his/her Service Coordinator about available DD services and both agency and independent providers in his/her area.

In this Service Directory, “participant” means the person receiving Medicaid HCBS Developmental Disabilities (DD) Waiver services and any person legally authorized to act on behalf of the participant.

The Service Directory includes:
- Brief descriptions of provider types and requirements;
- A list of services available in each Medicaid HCBS DD waiver;
- Descriptions of service tiers; and
- Summaries of each DD service with definition, limitations, and types of providers that can offer the service, including any additional provider requirements.

When you want short, easy-to-read descriptions of each service, check out the Services Quick Guide. The Quick Guide is intended as an introduction to services and may be used to decide which services to consider.

This Service Directory does not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full service information. Billing information for providers can be found in the DD Provider Handbook.

SERVICE COORDINATION

DHHS-DD provides Service Coordination to coordinate and oversee the delivery of effective services. A Service Coordinator may be requested once determined eligible for developmental disability services.

When assigned, a Service Coordinator can:
- Help the participant access services not funded by DHHS-DD, such as Medicaid, SSI, and SNAP;
- Help the participant identify and access community resources;
- Develop a plan based on needs of the participant; and
- Attend IEP (individual education plan) meetings as requested by the participant and invited by the school.

When DD funding is available and an offer has been accepted, the Service Coordinator will:
- Work directly with the participant to develop a service plan based on needs;
- Complete referrals for agency providers and assists with site visits and transition plans;
- Assist with set up for independent providers;
- Hold meetings at least every six months to help the participant work toward life goals;
- Complete monitoring of the plan, also called service reviews, to make sure the plan is being implemented and adequately addresses the needs of the participant;
- Follow up with the participant to ensure needs are being met;
- Follow up with the legally responsible adult;
- Adjust the service plan and services when changes are needed for success;
- Help advocate for what the participant needs from service provider(s), family, and the community; and
- Make sure services promote employment, independence, productivity, and inclusion.
PROVIDER TYPES

There are two types of DD providers:

**An Agency Provider** is a company which is an enrolled Medicaid provider and certified by DHHS to provide DD services. The agency provider is responsible for hiring or contracting, and supervising employees and contractors who work with the participant, and other administrative functions. DHHS-Public Health certifies all agency providers.

**An Independent Provider** is a person or vendor enrolled as a Medicaid provider and employed by a participant. The participant is responsible for hiring and supervising his/her provider. A person who is a legally responsible adult for a participant cannot be an independent provider. The state has an approval process to ensure the provider meets all requirements. Some services cannot be provided by independent providers.

GENERAL PROVIDER REQUIREMENTS

The following are general requirements for all DD providers. Some services have additional requirements. Additional requirements are listed in the service definition under provider type and additional qualifications.

A provider must:
- Be authorized to work in the United States;
- Not be an employee of DHHS-DD, unless approved by DHHS;
- Enroll as a Medicaid provider, including completing annual background checks;
- Be age 19 or older (independent provider only);
- Not be legally responsible for the participant;
- Avoid any conflicts of interest and any appearance of conflicts of interest;
- Work drug-free and maintain a drug-free workplace;
- Follow all statutes, regulations, and policies, and applicable licensure or certification standards;
- Follow HIPAA (Health Insurance Portability and Accountability Act) rules;
- Have access to and the ability to use the state-mandated web-based case management system (Therap);
- Comply with billing requirements, including submitting thorough and accurate electronic claims;
- Be able to meet the participant's needs;
- Possess a valid driver's license and insurance as required by Nebraska law when transportation is provided; and
- Have training in the following areas, and provide evidence of current certificate of completion when applicable or upon request:
  - Abuse, neglect, and exploitation and state law reporting requirements and prevention;
  - Cardiopulmonary resuscitation (CPR); and
  - Basic first aid.
SERVICES BY WAIVER

DHHS-DD administers two Medicaid Home and Community-Based Services (HCBS) Waivers:

- **Developmental Disabilities Adult Day Waiver (DDAD)** – Available to people ages 21 and older, who receive DD services in the community and meet the same institutional level of care criteria as people living in an intermediate care facility for persons with developmental disabilities (ICF/DD).

- **Developmental Disabilities Comprehensive Services Waiver (CDD)** – Available to people of all ages who receive DD services in the community and meet ICF/DD institutional level of care criteria.

The following table lists which services are available under each waiver.

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<td>Vehicle Modifications</td>
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**Service Tiers**

The following services have tiered rates: Habilitative Community Inclusion, Habilitative Workshop, Residential Habilitation – Continuous Home, Residential Habilitation – Host Home, and Residential Habilitation – Shared Living.

**BASIC TIER**

Participant needs limited staff supports and personal attention. Staff should be on-site or available when services are being billed. Supports may be provided by staff working with more than one participant.

Examples of support needed in this tier could include:
- Participant needs occasional support and services because he/she is fairly independent;
- Participant may follow daily routine with limited staff assistance;
- Participant may be alone for periods of time throughout the day;
- Participant usually does not need support during overnight hours; and
- Some days, staff support may not be needed.

As required by the service being delivered, all needs are met with reminders, habilitation programs, or a behavior support plan. A provider must provide services as specified in the participant’s ISP and staffing must be adequate to meet the participant’s needs at any given time.

**INTERMEDIATE TIER**

Participant usually needs full-time staff supports. Staff are available on-site for immediate response to meet the participant’s needs when services are being billed. Supports may be provided by staff working with more than one participant.

Examples of support needed in this tier could include:
- Participant needs staff presence and some assistance with activities of daily living;
- Participant needs structure and routine throughout the day; and
- Participant usually does not need staff assistance during overnight hours.

As required by the service being delivered, all needs are met with reminders, habilitation programs, or a behavior support plan. A provider must provide services as specified in the participant’s ISP and staffing must be adequate to meet the participant’s needs at any given time.

**HIGH TIER**

Participant needs full-time supervision with staff available on-site. Staff are available on-site for immediate response to meet the participant’s needs when services are being billed. Participant needs can generally be met in a shared setting.

Examples of support needed in this tier could include:
- Participant needs staff presence throughout the day for reinforcement, positive behavior support, personal care, and community or social activities;
- Participant needs frequent staff interaction and personal attention due to physical, medical, or behavioral needs; and
- Participant may need staff assistance during overnight hours.

As required by the service being delivered, physical, medical, and behavioral needs are met with habilitation programs, behavioral support plans, or medical protocols. A provider must provide services as specified in the participant’s ISP and staffing must be adequate to meet the participant’s needs at any given time.
ADVANCED TIER
Participant needs full-time supervision with staff available on-site. Usually, a sole, non-shared staff is required to provide direct support during all waking hours when services are being billed. Any deviation from a sole, non-shared staff must be agreed upon by the ISP team and documented in the ISP. This level of service may only be needed by someone with intense physical, medical, or behavioral needs.

Examples of support needed in this tier could include:

- Participant needs supervision during all waking hours, with staff being close by much of the time;
- Participant needs full-time support due to physical, medical, or behavioral needs;
- Participant may need two or more non-shared staff for some activities and in response to physical, medical, or behavioral needs; and
- Participant often needs staff assistance during overnight hours.

As required by the service being delivered, physical, medical, and behavioral needs are met with intensive habilitation programs, behavioral support plans, or medical protocols. A provider must provide services as specified in the participant’s ISP and staffing must be adequate to meet the participant’s needs at any given time.

BEHAVIORAL RISK TIER
Participant needs full-time supervision with a non-shared staff on-site. A sole, non-shared staff must provide direct support during all waking hours when services are being billed. This level of service is only needed by someone with intense behavioral needs.

Examples of support needed in this tier could include:

- Participant needs supervision during all waking hours, with staff being close by much of the time;
- Participant needs a non-shared staff during overnight hours. When participant is sleeping, his/her staff may be awake or asleep; and
- Participant needs a one-to-one or higher staffing ratio.

Regular clinical oversight by a Clinical Psychologist, a Licensed Independent Mental Health Practitioner, or an Advanced Practice Registered Nurse employed by the provider is required for participants in this tier.

Clinical oversight must include:

- Participation in team meetings at least once a year;
- Development and monitoring of behavior support plan;
- Specialized training for direct support staff in risk and behavioral management and participant needs; and
- Analyzing data and tracking outcomes of the participant.

As required by the service being delivered, needs are met with intense supervision, intensive habilitation programs, or behavior support plans. A provider must provide services as specified in the participant’s ISP and staffing must be adequate to meet the participant’s needs at any given time.
ADULT DAY

The Adult Day service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Adult Day service information.

SERVICE DEFINITION:
Adult Day is a service providing day activities that are meaningful to a participant in a safe, supervised non-residential setting. Adult Day offers fewer opportunities for community involvement, due to compromised health issues and significant limitations of a participant, and cannot include employment or volunteer activities.

Adult Day includes:
- Social and recreational activities that are meaningful to a participant;
- Staff with participants to meet their needs and keep them engaged in the activities provided;
- Community involvement to the greatest extent possible based on the participant’s limitations and preferences; and
- Assistance with activities of daily living, health maintenance, and supervision.

Examples of Adult Day activities:
- Group exercise, book club, or group discussions; or
- Going out to eat, shopping, or other community activities.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Adult Day is only available to a participant age 21 or older.
- Adult Day cannot be provided in a residential setting or in the same room where other waiver services are provided.
- Adult Day cannot be provided by an employee who is providing other waiver services at the same time.
- A participant may receive Adult Day in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday.

Other day services are:
- Behavioral In-Home Habilitation;
- Enclave;
- Habilitative Community Inclusion;
- Habilitative Workshop;
- Medical In-Home Habilitation;
- Prevocational;
- Supported Employment – Individual; and
- Supported Employment – Follow-Along.

The cost of transportation is:
- Included in the rate during Adult Day;
- Not included in the rate to the site where Adult Day begins; and
- Not included in the rate from the site where Adult Day ends.

- Adult Day cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Adult Day is billed by the hour.
- Adult Day must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Adult Day can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
ASSISTIVE TECHNOLOGY

The Assistive Technology service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Assistive Technology service information.

SERVICE DEFINITION:
Assistive Technology is a device, equipment, or appliance used to increase a participant’s ability to complete activities of daily living or control his/her environment in his/her private or family home. Use of some assistive technology may decrease a participant’s need for staff assistance in his/her worksite and in his/her community.

Assistive Technology includes:
- Purchase or lease of the device, equipment, or appliance;
- Designing, customizing, installing, maintaining, repairing, and replacing assistive technology items;
- Coordination and use of necessary therapies, interventions, or other services in the ISP with assistive technology devices;
- Training for a participant and other members of the household; and
- Training for a provider who supports the participant.

Examples of Assistive Technology:
- Communication devices;
- Special beds; or
- Free-standing Hoyer lifts.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Assistive Technology has an annual budget cap of $2,500.
- All assistive technology must be provided in accordance with applicable state or local building codes or standards of manufacturing, design, and installation.
- Assistive Technology is billed by the item.
- An item over $500 must include insurance or an extended warranty.
- An uninsured item that is damaged, stolen, or lost may be replaced once every two years.
- DHHS-DD Central Office may require an on-site assessment of the environmental concern by an appropriate Medicaid enrolled professional provider. The assessment is provided under the Environmental Modification Assessment waiver service.
- A vendor cannot charge more than they would to the general public. A vendor who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- Transportation is not a component of Assistive Technology.
- Assistive Technology cannot overlap with, replace, or duplicate other similar services provided through Medicaid. A participant should find out if Medicaid will pay for assistive technology before requesting Assistive Technology.
- Assistive Technology must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Assistive Technology can be provided by a DD agency, independent provider, or vendor. DD agency and independent providers must follow all general provider requirements listed on page four of this Service Directory.

A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.
BEHAVIORAL IN-HOME HABILITATION

The Behavioral In-Home Habilitation service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Behavioral In-Home Habilitation service information.

SERVICE DEFINITION:
Behavioral In-Home Habilitation is a short-term habilitative service provided to a participant whose reoccurring or severe mental health condition or behavior prevents him/her from participating in his/her regularly scheduled day service activities or employment, and is unable to be home alone. Behavioral In-Home Habilitation is a habilitative service and must include habilitation programs.

Behavioral In-Home Habilitation includes:
- Habilitative services for a participant who:
  - Experiences a reoccurring mental health condition; or
  - Is having a reoccurring severe behavioral crisis; and
- Assistance with activities of daily living, health maintenance, and supervision.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Behavioral In-Home Habilitation can only be provided in the participant’s home.
- The provider must be in the home with the participant.
- Transportation is not a component of Behavioral In-Home Habilitation, as this service is only provided in the participant’s home.
- The DHHS-DD clinical team must approve requests for Behavioral In-Home Habilitation prior to the service being authorized, and provides ongoing monitoring of use of this service.
- A participant may receive Behavioral In-Home Habilitation in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Enclave;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Prevocational;
  - Supported Employment – Individual; and
  - Supported Employment – Follow-Along.
- Behavioral In-Home Habilitation cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Behavioral In-Home Habilitation cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Behavioral In-Home Habilitation is billed by the hour.
- Behavioral In-Home Habilitation is based on the participant’s need, which is routinely assessed by the DHHS-DD clinical team, and must be purchased within a participant’s annual individual budget amount.
PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Behavioral In-Home Habilitation can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
CONSULTATIVE ASSESSMENT

The Consultative Assessment service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Consultative Assessment service information.

SERVICE DEFINITION:
Consultative Assessment is provided for the development and implementation of behavioral supports to assist a participant to maintain his/her current services while ensuring his/her safety and the safety of others. Consultative Assessment increases the participant’s independence and involvement in his/her community. Consultative Assessment is a habilitative service and must include habilitation programs.

Consultative Assessment includes:
- Observing a participant, in-person or by Telehealth, across all environments including where he/she lives, works, and receives services;
- Completing a behavioral assessment;
  - A behavioral assessment identifies specific problem behavior, the purpose or function of the behavior, identifies a positive replacement behavior, and makes recommendations to address the problem behavior.
  - The behavioral assessment is used to develop a positive behavior support plan (BSP) to teach positive replacement behaviors and reduce problem behaviors.
- Developing a positive BSP, safety plan, and other supports;
- Providing training on the BSP, safety plan, and other supports;
- Giving recommendations to the participant’s ISP team; and
- Implementing, evaluating, and revising BSP, safety plan, and other supports as necessary.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Consultative Assessment, including the behavioral assessment, must be provided by a Licensed Independent Mental Health Practitioner (LIMHP), Licensed Psychologist, Advanced Practice Registered Nurse (APRN), or a Board-Certified Behavior Analyst (BCBA) supervised by an LIMHP, licensed psychologist, or APRN.
- The provider or vendor must meet with the ISP team a minimum of two times per year, in-person, by phone, or by Telehealth.
- The provider’s transportation and lodging costs are included in the rate for Consultative Assessment.
- Consultative Assessment cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- A participant who is under 21 years of age will receive an assessment through state plan services under EPSDT.
- Consultative Assessment is billed by the hour.
- The cost of Consultative Assessment does not come out of the participant’s annual budget.
- Consultative Assessment has an annual cap of 1,000 hours.
- The use of more than 10 hours per month of Consultative Assessment requires prior approval by DHHS-DD Central Office.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Consultative Assessment can be provided by a DD agency, independent provider, or vendor. DD agency and independent providers must follow all general provider requirements listed on page four of this Service
Directory. This service is not specific to DD and can be offered by a vendor. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.

A provider of this service must be licensed in good standing with the Division of Public Health and functioning within their scope of practice, such as LIMHP, licensed psychologist, or APRN.
ENCLAVE

The Enclave service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Enclave service information.

SERVICE DEFINITION:
Enclave is a habilitative service provided at a business or in the community. In an Enclave, a participant or a group of participants learn work skills and appropriate work behavior, which can be used to seek competitive employment in the future. Enclave must include habilitation programs.

Enclave includes:
- Opportunities for a participant to be paid while gaining work experience in a community business setting;
  - A participant receiving Enclave is not employed by the community business.
  - The agency provider holds a contract with the business for a job and the business pays the agency provider for the contract.
  - The agency provider pays the participant or group of participants who complete the job.
- Opportunities for interaction between participants and employees or customers; and
- Assistance with personal care, health maintenance activities, and supervision.

Examples of Enclave include an individual or crew doing work such as:
- Landscaping, mowing, snow removal;
- Packaging items for shipping;
- Cleaning;
- Sorting or folding documents;
- Newspaper routes;
- Laundry; or
- Clearing tables, dish washing, or rolling silverware.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Enclave cannot be provided in a provider-owned or leased, operated or controlled setting.
- Enclave is only available when a participant is determined not eligible for vocational rehabilitation services.
- A DD provider cannot benefit from the work completed by a participant receiving Enclave. For example, a provider cannot have an Enclave clean or maintain provider settings.
- Medicaid HCBS DD waiver funds cannot be used for incentive payments, subsidies to the business, unrelated vocational training expenses, or to supplement a participant’s wages.
- A participant may receive Enclave in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday.

Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Prevocational;
  - Supported Employment – Individual; and
  - Supported Employment – Follow-Along.

- The cost of transportation is:
- Included in the rate during Enclave;
- Not included in the rate to the site where Enclave begins; and
- Not included in the rate from the site where Enclave ends.

Enclave cannot include any service or part of a service available through public education:
- Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
- During the school hours set by the local school district regardless of school chosen (public, private, or home).

- Enclave cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Enclave is billed by the hour.
- Enclave must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Enclave can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
ENVIRONMENTAL MODIFICATION ASSESSMENT

The Environmental Modification Assessment service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Environmental Modification Assessment service information.

SERVICE DEFINITION:
An Environmental Modification Assessment is an evaluation of the participant’s private home, family home, or vehicle (not provider-owned, leased, operated or controlled) to identify modifications or devices needed for the health and safety of a participant, to help the participant access the community, and to increase the participant’s independence. This service may be required before using Assistive Technology, Home Modification, or Vehicle Modification.

Environmental Modification Assessment includes:
- Assessing if a modification or device is necessary to meet the participant’s needs;
- Deciding what assistive technology, home modification, or vehicle modification is best for the participant; and
- Reporting if the modification or device is cost effective.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Environmental Modification Assessment may be provided by a relative of the participant, but not a legally responsible person for the participant.
- A provider cannot charge more than they would to the general public. A provider who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- Environmental Modification Assessment cannot overlap with, replace, or duplicate other similar services provided through Medicaid. A participant should find out if Medicaid will pay for an environmental modification assessment before requesting Environmental Modification Assessment.
- Environmental Modification Assessment must be purchased within a participant’s annual individual budget amount.
- Environmental Modification Assessment has an annual cap of $1,000.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Environmental Modification Assessment can be provided by a DD agency, independent provider, or vendor. DD agency and independent providers must follow all general provider requirements listed on page four of this Service Directory. This service is not specific to DD and can be offered by a vendor. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.

A provider of this service must:
- Ensure that all items and assistive equipment recommended or provided meet the applicable standards of manufacture, design, and installation.
- Obtain, at a minimum, three bids/cost proposals to ensure cost effectiveness.
HABILITATIVE COMMUNITY INCLUSION (HCI)

The Habilitative Community Inclusion service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Habilitative Community Inclusion service information.

SERVICE DEFINITION:
Habilitation Community Inclusion teaches self-help, behavioral, socialization, and adaptive skills. The majority of Habilitative Community Inclusion takes place in the community in a non-residential setting. During Habilitative Community Inclusion, a participant must decide where he/she wants to go and how often he/she wants to visit the same places. Habilitative Community Inclusion is a habilitative service and must include habilitation programs.

Habilitation Community Inclusion includes:
- Habilitative activities designed to increase independence and personal choice;
- Opportunities to make connections and interact with community members;
- Volunteer activities and hobbies which earn minimal money; and
- Assistance with activities of daily living, health maintenance, and supervision.

Examples of Habilitative Community Inclusion:
- Teaching a participant how to join and participate in a community group, church group, book club, card club, or a fishing club;
- Teaching a participant how to go shopping, attend a concert, go out to eat, or attend a sporting event;
- Teaching a participant how to join and participate in volunteer activities, such as an animal shelter or Meals on Wheels; or
- Teaching a participant how to get around the community by using public transportation or riding a bike.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- During Habilitative Community Inclusion, a participant may not do paid or unpaid work for which others are typically paid.
- During Habilitative Community Inclusion, a provider cannot bill for non-integrated activities when there is little or no opportunity for interaction with community members, such as van rides or going to empty parks.
- The majority, at least fifty-one percent, of the time billed in a week for Habilitative Community Inclusion must occur in the community.
- Habilitative Community Inclusion can be used to pay for a DD provider to be an additional person in a child care setting when a child’s needs related to his/her disability cannot be met by the child care provider. The rate for Habilitative Community Inclusion does not include the basic cost of child care.
- Habilitative Community Inclusion may be provided by a relative of the participant, but not a legally responsible person for the participant.
- A participant may receive Habilitative Community Inclusion in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Prevocational;
- Supported Employment – Individual; and
- Supported Employment – Follow-Along.

- The cost of transportation is:
  - Included in the rate during Habilitative Community Inclusion;
  - Not included in the rate to the site where Habilitative Community Inclusion begins; and
  - Not included in the rate from the site where Habilitative Community Inclusion ends.

- Habilitative Community Inclusion cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).

- Habilitative Community Inclusion cannot overlap with, replace, or duplicate other similar services provided through Medicaid.

- Habilitative Community Inclusion is billed by the hour or day.
  - Daily rate must be used when providing 7 hours or more in a 24-hour period 12:00am -11:59pm.
  - When a provider bills the daily rate, it counts as 7 hours towards the 35 hours per week limit on day services.

- Habilitative Community Inclusion must be purchased within a participant’s annual individual budget amount.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**

Habilitation Community Inclusion can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory. An independent provider of this service must have:

- A Bachelor’s degree or equivalent coursework or training in education, psychology, social work, sociology, human services, or a related field; OR

- Four or more years of professional experience providing habilitative services for people with DD, or habilitative program writing and program data collection/analysis, or four or more years of life experience teaching and supporting someone with DD; OR

- Any combination of education and experience identified above equaling four years or more.
HABILITATIVE WORKSHOP

The Habilitative Workshop service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Habilitative Workshop service information.

SERVICE DEFINITION:
Habilitative Workshop teaches self-help, behavioral, socialization, and adaptive skills. Habilitative Workshop takes place in a provider-owned or leased, operated or controlled non-residential setting. This service is provided when a participant does not have a personal employment goal and is not currently seeking competitive integrated employment. Habilitative Workshop is a habilitative service and must include habilitation programs.

Habilitative Workshop includes:
- Habilitative activities to increase or maintain cognitive, social, motor, and communication skills; and
- Assistance with activities of daily living, health maintenance, and supervision.

Examples of Habilitative Workshop include habilitative activities to build skills, such as:
- Gross motor skills, including grasping, stacking, or transferring items;
- Fine motor skills, including picking up small objects, holding small items, or using a keyboard;
- Attention to task;
- Improving physical abilities, such as sitting in a chair or standing for an extended period of time to complete a task;
- Following simple one-to-two step instructions;
- General social skills; or
- Self-help skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- A participant may receive Habilitative Workshop in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Community Inclusion;
  - Medical In-Home Habilitation;
  - Prevocational;
  - Supported Employment – Individual; and
  - Supported Employment – Follow-Along.

- The cost of transportation is:
  - Included in the rate during Habilitative Workshop;
  - Not included in the rate to the site where Habilitative Workshop begins; and
  - Not included in the rate from the site where Habilitative Workshop ends.

- Habilitative Workshop cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
• During the school hours set by the local school district regardless of school chosen (public, private, or home).
• Habilitative Workshop cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
• Habilitative Workshop is billed by the hour or day.
  o Daily rate must be used when providing 7 hours or more in a 24-hour period 12:00am - 11:59pm.
  o When a provider bills the daily rate, it counts as 7 hours towards the 35 hours per week limit on day services.
• Habilitative Workshop must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Habilitative Workshop can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
HOME MODIFICATIONS

The Home Modifications service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Home Modifications service information.

SERVICE DEFINITION:
Home Modifications are changes to a participant’s private or family home to make it easier and safer to get around.

Home Modifications include:
- Physical adaptation of a participant’s private or family home necessary to increase the participant’s ability to complete activities of daily living, function with greater independence, or access his/her home; and
- Modifications within the current structure and footprint of the participant’s private or family home.

Examples of Home Modifications:
- Ramps;
- Bathroom alterations, such as an accessible bathtub or shower;
- Widening doorways; or
- New or upgraded electrical or plumbing systems.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Modifications cannot include adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the participant. For example:
  - Replacing damaged carpet throughout the house;
  - Making multiple bathrooms accessible; or
  - Accessibility to an upper or lower level of the house when all needs can be met on the main floor.
- Home Modifications cannot adapt provider-owned or leased, operated or controlled settings including Shared Living or Host Homes.
- Modifications cannot add to the total square footage of a home, unless necessary to improve entrance to the home or adapt a bathroom to accommodate a wheelchair.
- Proof of renter’s insurance or homeowner’s insurance may be requested.
- DHHS-DD Central Office may require an on-site assessment by an appropriate Medicaid enrolled professional provider. The assessment is provided under the Environmental Modification Assessment waiver service.
- A vendor cannot charge more than they would to the general public. A vendor who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- Home Modifications may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Transportation is not a component of Home Modifications.
- Home Modifications cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- A participant should find out if Medicaid will pay for the home modification before requesting Home Modifications.
- Home Modifications must be purchased within a participant’s annual individual budget amount.
• Home Modifications have a budget cap of $10,000 per five-year period. A participant may request funding over the budget cap due to a critical health or safety need. DHHS-DD Central Office approval is determined based on available funding.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Homemaker can be provided by a DD agency, independent provider, or vendor. DD agency and independent providers must follow all general provider requirements listed on page four of this Service Directory. This service is not specific to DD and can be offered by a vendor. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified people shall make or oversee all modifications.
HOMEMAKER

The Homemaker service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Homemaker service information.

SERVICE DEFINITION:
Homemaker is a support to assist with general household activities when the family member usually responsible is temporarily absent or unable to manage the home. This service is only available to a participant under the age of 21 who lives with an unpaid caregiver. Homemaker is not available to a participant at or above the age of 21 because he/she can use other DHHS services to meet the same need.

Homemaker includes:
- Meal preparation;
- Laundry;
- Errands; and
- Routine household care.

Examples of when Homemaker may be used:
- Responsible family member is injured, ill or in the hospital;
- Responsible family member is out of town; or
- Responsible family member is unable to manage the home and care for him or herself or others in the home.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Homemaker does not include direct care or supervision of the participant.
- Homemaker is provided in the participant’s private family home, and not a provider-owned or leased, operated or controlled residence.
- Homemaker cannot be provided by a provider who lives in the same home as the participant.
- Homemaker may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Homemaker cannot be provided to a participant receiving:
  - Independent Living;
  - Residential Habilitation – Continuous Home
  - Residential Habilitation – Shared Living; or
  - Residential Habilitation – Host Home.
- Homemaker cannot duplicate or replace natural supports, such as, other family members, neighbors, or friends.
- Transportation is not a component of Homemaker.
- Homemaker cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Homemaker is billed by the hour.
- Homemaker must be purchased within a participant’s annual individual budget amount.
- Homemaker has an annual cap of 520 hours.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Homemaker can be provided by a DD agency, independent provider, or vendor. DD agency and independent providers must follow all general provider requirements listed on page four of this Service Directory. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.
INDEPENDENT LIVING

The Independent Living service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Independent Living service information.

SERVICE DEFINITION:
Independent Living is a habilitative, intermittent service which teaches the participant skills related to living independently and community integration. Independent Living is provided in the participant’s private home. Independent Living is a habilitative service and must include habilitation programs.

Independent Living includes activities of daily living, such as:
- Personal hygiene;
- Laundry and household chores;
- Meal preparation;
- Activities in the community; and
- Social and leisure skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Independent Living is an intermittent habilitative service provided to a participant who does not require continuous support 24 hours a day.
- Independent Living cannot be provided when the participant is sleeping.
- Independent Living is only available for a participant age 19 or older.
- Independent Living is generally provided in the participant’s private home.
- Independent Living cannot be delivered in an agency provider-owned or leased, operated or controlled residence.
- Independent Living can be provided for up to two participants at the same time. Groups of three must be approved by DHHS-DD Central Office. Groups of more than three are not allowed within Independent Living.
- Independent Living may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Participants receiving Independent Living cannot receive:
  - Residential Habilitation – Continuous Home;
  - Residential Habilitation – Host Home;
  - Residential Habilitation – Shared Living;
  - Respite; or
  - Supported Family Living.
- The cost of transportation is:
  - Included in the rate during Independent Living;
  - Not included in the rate to the site where Independent Living begins; and
  - Not included in the rate from the site where Independent Living ends.
- Independent Living cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Independent Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
• Independent Living is billed by the hour.
• Independent Living must be purchased within a participant’s annual individual budget amount.
• Independent Living has a weekly cap. A week is defined as 12:00 am Monday through 11:59 pm Sunday.
  o The cap for CDD is 70 hours.
  o The cap for DDAD is 25 hours.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**

Independent Living can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory.

An independent provider of this service must have:
• A Bachelor’s degree or equivalent coursework or training in education, psychology, social work, sociology, human services, or a related field; OR
• Four or more years of professional experience providing habilitative services for people with DD, or habilitative program writing and program data collection/analysis, or four or more years of life experience teaching and supporting someone with DD; OR
• Any combination of education and experience identified above equaling four years or more.
MEDICAL IN-HOME HABILITATION

The Medical In-Home Habilitation service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Medical In-Home Habilitation service information.

SERVICE DEFINITION:
Medical In-Home Habilitation is a short-term service provided to a participant whose severe medical condition prevents him/her from participating in regularly scheduled day service activities or employment, and is unable to be home alone. Medical In-Home Habilitation is a habilitative service and must include habilitation programs.

Medical In-Home Habilitation includes:
- Habilitative services for a participant who:
  - Has recently been hospitalized and is recovering at home; or
  - Has a medical condition which makes leaving home unsafe under some circumstances, such as staying home when temperatures are below a certain degree or when air quality is poor. Circumstances must be:
    - Outlined in a doctor’s, or other similar professional’s, order;
    - Specific to the participant;
    - Evaluated and documented as a need on the day the service is used; and
    - Evaluated at least annually by the doctor.
- Assistance with activities of daily living, health maintenance, and supervision.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Medical In-Home Habilitation must be provided in the participant’s home.
- The provider must be in the home with the participant.
- Transportation is not a component of Medical In-Home Habilitation, as this service is only provided in the participant’s home.
- The DHHS-DD clinical team must approve requests for Medical In-Home Habilitation prior to the service being authorized, and provides ongoing monitoring of use of this service.
- A participant may receive Medical In-Home Habilitation in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Prevocational;
  - Supported Employment – Individual; and
  - Supported Employment – Follow-Along.
- Medical In-Home Habilitation cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
• Medical In-Home Habilitation cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
• Medical In-Home Habilitation is billed by the hour.
• Medical In-Home Habilitation must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Medical In-Home Habilitation can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

The Personal Emergency Response System (PERS) service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full PERS service information.

SERVICE DEFINITION:

PERS is an electronic device which a participant uses to call for help in an emergency. When a PERS button is pushed, the device contacts a designated person or call center.

The Personal Emergency Response System includes:
- Instruction to the participant about how to use the device;
- Making sure the call center will respond 24 hours per day, seven days per week;
- Replacing a PERS device when needed within 24 hours of notification;
- Making sure information for any designated people is accurate at least twice a year;
- Monthly testing of the PERS device; and
- Ongoing assistance.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- PERS cannot be used by a participant who lives in a provider-owned or leased, operated or controlled setting unless the participant has a transition plan which outlines how PERS will assist him/her to move to an independent setting within six months. When there is no transition plan, PERS cannot be authorized for a participant receiving Residential Habilitation-Continuous Home, Residential Habilitation-Host Home, or Residential Habilitation-Shared Living.
- Transportation is not a component of PERS.
- PERS cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- PERS must be purchased within a participant’s annual individual budget amount.
- PERS is paid as a one-time installation fee and a monthly rental fee.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:

This service is not specific to DD and can be offered by a vendor. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.
**PREVOCATIONAL**

The Prevocational service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Prevocational service information.

**SERVICE DEFINITION:**
Prevocational is a habilitative service to develop employable skills in a community-integrated setting to match the participant’s interests, strengths, abilities, and capabilities for future competitive integrated employment. Prevocational must include habilitation programs.

Prevocational includes:

- Broad employment-related goals and habilitation programs; and
- Assistance with activities of daily living, health maintenance, and supervision.

Examples of Prevocational habilitation programs to develop:

- Basic transferable skills, such as in reading, writing, typing/keyboarding, telling time;
- Generalized skills, such as following multi-step directions and instructions, staying on task for extended periods of time;
- Common acceptable social skills; or
- Skills to communicate effectively with others.

**LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:**

- Prevocational cannot be provided in the same room of a provider-owned or leased, operated or controlled day service setting where other waiver services are provided.
- Prevocational cannot be provided by an employee providing other waiver services at the same time.
- Prevocational is time-limited and cannot be used for longer than 12 months in a row.
- A participant may receive Prevocational in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Supported Employment – Individual; or
  - Supported Employment – Follow-Along.
- The cost of transportation for Prevocational is:
  - Included in the rate during Prevocational;
  - Not included in the rate to the site where Prevocational begins; and
  - Not included in the rate from the site where Prevocational ends.
- Prevocational cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Prevocational cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Prevocational is billed by the hour.
• Prevocational must be purchased within a participant’s annual individual budget amount.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Prevocational can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
RESIDENTIAL HABILITATION – CONTINUOUS HOME

The Residential Habilitation – Continuous Home service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Residential Habilitation service information.

SERVICE DEFINITION:
Continuous Home is a service delivery option of Residential Habilitation, delivered in provider-owned or leased, operated or controlled residential setting and provided by agency provider shift staff.

Residential Habilitation – Continuous Home is a continuous service which teaches the participant skills to live independently and access his/her community. Continuous Home includes assistance with health maintenance and supervision. Continuous Home is a habilitative service and must include habilitation programs.

Examples of Continuous Home include teaching adaptive daily living skills, such as:
- Personal hygiene;
- Laundry and household chores;
- Meal preparation;
- Activities in the community; and
- Social and leisure skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Continuous Home may be provided to no more than three participants at the same time, unless the home is licensed as a Center for the Developmentally Disabled (CDD).
- Participants receiving Continuous Home at a daily rate cannot receive Supported Family Living on the same day.
- Participants receiving Continuous Home cannot receive:
  - Independent Living; or
  - Respite.
- A lease, residency agreement, or other form of written agreement must be in place to protect the participant from eviction according to landlord and tenant laws.
- The cost of transportation is:
  - Included in the rate during Continuous Home;
  - Included in the rate to the site where Continuous Home begins; and
  - Included in the rate from the site where Continuous Home ends.
- Continuous Home cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Continuous Home cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Continuous Home is billed by the day or half-day.
  - The daily rate must be used when providing 10 hours or more out of a 24-hour period 12:00am - 11:59pm.
  - The half-day rate must be used when providing less than 10 hours out of a 24-hour period 12:00am -11:59pm.
Part or all of the 10 hours in the day may be time the provider and participant are asleep, as long as this is appropriate per the participant’s ISP and all needs are being met.

- Continuous Home must be purchased within a participant’s annual individual budget amount.

### PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Residential Habilitation – Continuous Home can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
RESIDENTIAL HABILITATION – HOST HOME

The Residential Habilitation – Host Home service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Residential Habilitation service information.

SERVICE DEFINITION:
Host Home is a service delivery option of Residential Habilitation, delivered in a private home, owned or leased by an employee of the agency provider. The Host Home employee and the participant live together and the participant shares daily life with the Host Home family in their home and community.

Residential Habilitation – Host Home is a continuous service which teaches the participant skills to live independently and access his/her community. Host Home includes assistance with health maintenance and supervision. Host Home is a habilitative service and must include habilitation programs.

Examples of Host Home include teaching adaptive daily living skills, such as:
- Personal hygiene;
- Laundry and household chores;
- Meal preparation;
- Activities in the community; and
- Social and leisure skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- The Host Home cannot be owned or leased, operated or controlled by a DD agency provider.
- Host Home can be provided for up to two participants at the same time. Groups of three must be approved by DHHS-DD Central Office in advance.
- Participants receiving Host Home at a daily rate cannot receive Supported Family Living on the same day.
- Participants receiving Host Home cannot receive:
  - Independent Living; or
  - Respite.
- Back-up staff chosen by the participant may come into the home to work instead of the Host Home employee.
  - Back-up staff must deliver the same habilitative services to the participant, follow the participant’s usual schedule, and meet all provider qualifications.
  - Use of back-up staff must be documented in the participant’s ISP.
  - The Host Home employee cannot use back-up staff for more than 360 hours per participant’s ISP year.
    - One day (10-24 hours) of back-up staff counts as just 10 hours towards the annual cap of 360 hours.
    - Unused back-up staff hours cannot be carried over into the next ISP year.
- Support staff chosen by the participant may be used to assist the Host Home employee.
  - Support staff must deliver the same Habilitative services to the participant, follow the participant’s usual schedule, and meet all provider qualifications.
  - Use of support staff must be documented in the participant’s ISP.
  - The Host Home employee cannot use support staff for a continuous, 24-hour period.
- A lease, residency agreement, or other form of written agreement must be in place to protect the participant from eviction according to landlord and tenant laws.
- The cost of transportation is:
Host Home cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).

Host Home cannot overlap with, replace, or duplicate other similar services provided through Medicaid.

Host Home is billed by the day or half-day.
  - The daily rate must be used when providing 10 hours or more out of a 24-hour period 12:00am - 11:59pm.
  - The half-day rate must be used when providing less than 10 hours out of a 24-hour period 12:00am -11:59pm.
  - Part or all of the 10 hours in the day may be time the provider and participant are asleep, as long as this is appropriate per the participant’s ISP and all needs are being met.

Host Home must be purchased within a participant’s annual individual budget amount.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Residential Habilitation – Host Home can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
RESIDENTIAL HABILITATION – SHARED LIVING

The Residential Habilitation – Shared Living service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Residential Habilitation service information.

SERVICE DEFINITION:
Shared Living is a service delivery option of Residential Habilitation, delivered in a private home owned or leased by an independent contractor of the agency provider. The Shared Living contractor and the participant live together and the participant shares daily life with the Shared Living family in their home and community.

Residential Habilitation – Shared Living is a continuous service which teaches the participant skills to live independently and access his/her community. Shared Living includes assistance with health maintenance and supervision. Shared Living is a habilitative service and must include habilitation programs.

Examples of Shared Living include teaching adaptive daily living skills, such as:
- Personal hygiene;
- Laundry and household chores;
- Meal preparation;
- Activities in the community; and
- Social and leisure skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- The Shared Living home cannot be owned or leased, operated or controlled by a DD agency provider.
- Shared Living can be provided to one or two participants at the same time. Groups of three must be approved by DHHS-DD Central Office in advance.
- Participants receiving Shared Living at a daily rate cannot receive Supported Family Living on the same day.
- Participants receiving Shared Living cannot receive:
  - Independent Living; or
  - Respite.
- Back-up staff chosen by the participant may come into the home to work instead of the Shared Living contractor.
  - Back-up staff must deliver the same habilitative services to the participant, follow the participant’s usual schedule, and meet all provider qualifications.
  - Use of back-up staff must be documented in the participant’s ISP.
  - The Shared Living contractor cannot use back-up staff for more than 360 hours per participant’s ISP year.
    - One day (10-24 hours) of back-up staff counts as just 10 hours towards the annual cap of 360 hours.
    - Unused back-up staff hours cannot be carried over into the next ISP year.
- Support staff chosen by the participant may be used to assist the Shared Living contractor.
  - Support staff must deliver the same Habilitative services to the participant, follow the participant’s usual schedule, and meet all provider qualifications.
  - Use of support staff must be documented in the participant’s ISP.
  - The Shared Living contractor cannot use support staff for a continuous, 24-hour period.
- A lease, residency agreement, or other form of written agreement must be in place to protect the participant from eviction according to landlord and tenant laws.
• The cost of transportation is:
  o Included in the rate during Shared Living;
  o Included in the rate to the site where Shared Living begins; and
  o Included in the rate from the site where Shared Living ends.

• Shared Living cannot include any service or part of a service available through public education:
  o Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  o During the school hours set by the local school district regardless of school chosen (public, private, or home).

• Shared Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.

• Shared Living is billed by the day or half-day.
  o The daily rate must be used when providing 10 hours or more out of a 24-hour period 12:00am - 11:59pm.
  o The half-day rate must be used when providing less than 10 hours out of a 24-hour period 12:00am - 11:59pm.
  o Part or all of the 10 hours in the day may be time the provider and participant are asleep, as long as this is appropriate per the participant’s ISP and all needs are being met.

• Shared Living must be purchased within a participant’s annual individual budget amount.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Residential Habilitation – Shared Living can only be provided by a DD agency. The agency provider must follow all general provider requirements listed on page four of this Service Directory.
**RESPITE**

The Respite service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Respite service information.

**SERVICE DEFINITION:**
Respite is a non-habilitative service provided to a participant unable to care for him/herself as relief for the participant’s usual caregiver. Respite includes assistance with activities of daily living, health maintenance, and supervision.

Examples of Respite activities:
- Assistance with providing medication; or
- Supervision for activities at home or in the community.

**LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:**
- Respite can only be provided to relieve a usual caregiver living in the same private home as the participant.
- Respite cannot be used as adult or child care when the usual caregiver is working or attending school.
- Respite may be provided in the participant’s home, the respite provider’s home, or during community activities.
- When no other option is available, respite may be provided in an institutional setting with prior approval by DHHS-DD Central Office.
- The cost of transportation is:
  - Included in the rate during Respite;
  - Not included in the rate to the site where Respite begins; and
  - Not included in the rate from the site where Respite ends.
- Respite cannot be provided by an independent provider who lives in the same private home as the participant.
- A Respite provider cannot provide respite to participants age 18 or older and children at the same time and location, unless approved by DHHS-DD Central Office.
- Respite cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Respite must be purchased within a participant’s annual individual budget amount.
  - Respite has an annual cap of 360 hours for Comprehensive DD Waiver.
  - Respite has an annual cap of 240 hours for DD Adult Day Waiver.
- Respite is billed by the hour or day.
  - The daily rate must be used when providing 8 hours or more out of a 24-hour period 12:00am - 11:59pm.
  - A daily unit of respite counts as 8 hours toward the annual cap.
- Unused Respite cannot be carried over into the next ISP year.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Respite can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory.
SUPPORTED EMPLOYMENT – FOLLOW-ALONG

The Supported Employment – Follow-Along service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Supported Employment – Follow-Along service information.

SERVICE DEFINITION:

Supported Employment – Follow-Along is a habilitative service to help a participant maintain competitive integrated employment. This service supports job stabilization and addresses any concerns an employer may have. Supported Employment – Follow-Along must include habilitation programs.

Supported Employment – Follow-Along includes:

- Phone calls with the participant’s employer to determine the need for additional habilitation;
- Observing, teaching, and monitoring at a participant’s place of employment a minimum of twice a month;
- Regular contact and follow-up with the participant and employer to ensure job stabilization; and
- Connecting participants with coworkers at the work site and advocating with the participant.

Examples of Supported Employment – Follow-Along:

- Observation of the participant at the work site; and
- Teaching job tasks and skills:
  - Clocking in or out;
  - Requesting leave time or checking vacation balance;
  - Calling in sick.
  - Learning break or lunch routine;
  - Getting along with co-workers; or
  - Problem solving.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- A participant may receive Supported Employment – Follow-Along in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Prevocational; or
  - Supported Employment – Individual.

- Supported Employment – Follow-Along does not include:
  - Activities taking place in a group, such as work crews or enclaves;
  - Employee meetings;
  - Staff development; or
  - A job coach working the job instead of the participant doing the job.

- The cost of transportation is:
  - Included in the rate during Supported Employment – Follow-Along
  - Not included in the rate to the site where Supported Employment – Follow-Along begins; and
  - Not included in the rate from the site where Supported Employment – Follow-Along ends.
- Supported Employment – Follow-Along cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Supported Employment – Follow-Along may be provided by a relative but not a legally responsible individual for the participant.
- Supported Employment – Follow-Along cannot overlap with, replace, or duplicate other similar services provided through Medicaid or Vocational Rehabilitation.
- Supported Employment – Follow-Along is billed by the hour.
- Supported Employment – Follow-Along must be purchased within a participant’s annual individual budget amount.
- Supported Employment – Follow-Along has a yearly cap of 25 hours.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Supported Employment – Follow-Along can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory. An independent provider of this service must have:
- A Bachelor’s degree or equivalent coursework or training in education, psychology, social work, sociology, human services, or a related field; OR
- Four or more years of professional experience providing habilitative services for people with DD, or habilitative program writing and program data collection/analysis, or four or more years of life experience teaching and supporting someone with DD; OR
- Any combination of education and experience identified above equaling four years or more.
SUPPORTED EMPLOYMENT – INDIVIDUAL

The Supported Employment – Individual service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Supported Employment – Individual service information.

SERVICE DEFINITION:
Supported Employment – Individual is a habilitative service to provide a job coach for one-on-one teaching to help a participant maintain competitive integrated employment. Supported Employment-Individual must be provided in an integrated community employment setting. Supported Employment – Individual may include self-employment businesses. Supported Employment – Individual must include habilitation programs.

Supported Employment – Individual includes:
- Habilitation programs to maintain and increase employment skills related to the job;
- Connecting a participant with coworkers at the work site and advocating with the participant;
- Developing a plan to decrease the need for a job coach; and
- Referring a participant to gain access to an employment network, Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified employment service programs that provide benefits planning.

Examples of Supported Employment – Individual:
- Learning work schedule/routine;
- Working alongside with coworkers;
- Talking with the boss about work needs; or
- Learning how to meet job expectations.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Supported Employment – Individual cannot take place in a setting that is provider-owned or leased, operated or controlled.
- A participant may receive Supported Employment – Individual in combination with other day services, but the total combined hours cannot exceed 35 hours per week. A week is defined as 12:00 am Monday through 11:59 pm Sunday. Other day services are:
  - Adult Day;
  - Behavioral In-Home Habilitation;
  - Enclave;
  - Habilitative Community Inclusion;
  - Habilitative Workshop;
  - Medical In-Home Habilitation;
  - Prevocational; or
  - Supported Employment – Follow-Along.
- Income from a customized home business does not have to meet minimum wage requirements.
- The cost of transportation is:
  - Included in the rate Supported Employment – Individual;
  - Not included in the rate to the site where Supported Employment – Individual begins; and
  - Not included in the rate from the site where Supported Employment – Individual ends.
- Supported Employment – Individual cannot include any service or part of a service available through public education.
• Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
• During the school hours set by the local school district regardless of school chosen (public, private, or home).

• Medicaid HCBS DD waiver funds cannot be used for incentive payments or subsidies to the business, or unrelated vocational training expenses.
• Supported Employment – Individual may be provided by a relative but not a legally responsible individual for the participant.
• Supported Employment – Individual cannot overlap with, replace, or duplicate other similar services provided through Medicaid or Vocational Rehabilitation.
• Supported Employment – Individual is billed by the hour.
• Supported Employment – Individual must be purchased within a participant’s annual individual budget amount.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**

Supported Employment – Individual can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory.

An independent provider of this service must have:
• A Bachelor’s degree or equivalent coursework or training in education, psychology, social work, sociology, human services, or a related field; OR
• Four or more years of professional experience providing habilitative services for people with DD, or habilitative program writing and program data collection/analysis, or four or more years of life experience teaching and supporting someone with DD; OR
• Any combination of education and experience identified above equaling four years or more.
SUPPORTED FAMILY LIVING

The Supported Family Living service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Supported Family Living service information.

SERVICE DEFINITION:
Supported Family Living is a habilitative, intermittent service that teaches the participant skills to live independently and access his/her community. Supported Family Living is provided in the participant’s private family home. Supported Family Living must include habilitation programs.

Supported Family Living includes teaching adaptive daily living skills, such as:
- Personal hygiene;
- Laundry and household chores;
- Meal preparation;
- Activities in the community; and
- Social and leisure skills.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:
- Supported Family Living is an intermittent habilitative service provided to a participant who does not require continuous support 24 hours a day.
- Supported Family Living cannot be provided when the participant is sleeping.
- Supported Family Living is generally provided in the participant’s private family home.
- Supported Family Living cannot be delivered in an agency provider-owned or leased, operated or controlled home.
- Supported Family Living can be provided to one or two participants at the same time. Groups of three must be approved by DHHS-DD Central Office in advance.
- Supported Family Living may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Participants receiving Supported Family Living cannot receive Independent Living.
- Participants receiving Supported Family Living cannot receive a daily rate on the same day for:
  - Residential Habilitation – Continuous Home;
  - Residential Habilitation – Host Home; or
  - Residential Habilitation – Shared Living.
- The cost of transportation is:
  - Included in the rate during Supported Family Living;
  - Not included in the rate to the site where Supported Family Living begins; and
  - Not included in the rate from the site where Supported Family Living ends.
- Supported Family Living cannot include any service or part of a service available through public education:
  - Programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session such as summer breaks, scheduled school holidays, and teacher in-service days; and
  - During the school hours set by the local school district regardless of school chosen (public, private, or home).
- Supported Family Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Supported Family Living is billed by the hour.
- Supported Family Living must be purchased within a participant’s annual individual budget amount.
• Supported Family Living has a weekly cap. A week is defined as 12:00 am Monday through 11:59 pm Sunday.
  o The cap for CDD is 70 hours.
  o The cap for DDAD is 25 hours.

**PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:**
Supported Family Living can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory.

An independent provider of this service must have:
• A Bachelor’s degree or equivalent coursework or training in education, psychology, social work, sociology, human services, or a related field; OR
• Four or more years of professional experience providing habilitative services for people with DD, or habilitative program writing and program data collection/analysis, or four or more years of life experience teaching and supporting someone with DD; OR
• Any combination of education and experience identified above equaling four years or more.
TRANSITIONAL SERVICE

The Transitional service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Transitional service information.

SERVICE DEFINITION:
Transitional service assists with one-time household set-up expenses and supports to help a participant move into a private home so he/she will receive Medicaid HCBS DD waiver services. Transitional service may be used when the participant does not have funds for household expenses.

Transitional service includes expenses such as:
- Essential furniture;
- Household supplies;
- Security deposits, such as one month’s rental amount to cover damages;
- Basic utility fees or deposits, such as water, gas, and electricity; or
- Moving expenses.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Transitional service cannot be used to move into a provider-owned or leased, operated or controlled home.
- Transitional service is available to a participant moving from an institution in Nebraska to a private home.
  - Transitional service can only be used when moving from the following institutional settings:
    - An intermediate care facility for individuals with developmental disabilities (ICF/DD);
    - A skilled nursing facility; or
    - A regional center.
- Transitional service cannot be used to pay rent or a rental deposit.
- Transitional service cannot be used for personal care items, food, clothing, or items and services that are not essential.
- A provider cannot charge more than they would to the general public. A provider who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- Transitional service may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Transportation is not a component of Transitional service.
- Transitional service cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- An application must be submitted to DHHS Economic Assistance before using Transitional service.
- Transitional service must be purchased within a participant’s annual individual budget amount.
- Transitional service has a one-time cap of $1,500.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Transitional service can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory.
TRANSPORTATION

The Transportation service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Transportation service information.

SERVICE DEFINITION:
Transportation is a service to provide non-medical transportation to and from Medicaid HCBS DD waiver services, community activities and resources. This is a standalone waiver service, separate from transportation included in other waiver services.

Transportation must be provided in a vehicle in good working order and that meets the participant’s needs, including any necessary adaptations, such as a wheelchair lift.

Examples of Transportation:
- Transportation offered by a DD provider;
- Taxi or other car service; or
- Purchase of a Handi-Van pass or city bus pass.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- This waiver service cannot replace other options, such as natural supports. These options should be fully utilized.
  - Specialized transportation from local community aging services;
  - Transportation service offered by a participant’s managed care organization; and
  - Natural supports, including family, friends, and co-workers.
- Transportation does not include transportation to medical appointments.
- Transportation may be provided by a relative of the participant, but not a legally responsible person for the participant.
- Transportation is reimbursed per mile or cost of bus pass.
- A participant must be in the vehicle for mileage reimbursement.
- More than one participant may be transported at the same time.
- Transportation mileage is reimbursed to get to or from a location using the most direct route.
- A provider cannot charge more than they would to the general public. A provider who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- Transportation cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Transportation must be purchased within a participant’s annual individual budget amount.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
Transportation can be provided by a DD agency or independent provider. The DD provider must follow all general provider requirements listed on page four of this Service Directory. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.

A provider of this service must:
- Ensure drivers possess a current and valid driver's license;
- Maintain the minimum vehicle insurance coverage as required by state law;
- Ensure drivers have not had his/her driver/chauffeur's license revoked within the past three years; and
- Use their own personally registered or agency-owned vehicle to transport.
VEHICLE MODIFICATIONS

The Vehicle Modifications service definition and limits outlined below do not include all details and requirements. Providers should refer to the Medicaid HCBS DD Waivers for full Vehicle Modifications service information.

SERVICE DEFINITION:

Vehicle Modifications provides adaptations or alterations to the participant’s privately-owned main automobile or van to increase his/her ability to travel independently.

Vehicle Modifications includes:
- Physical adaptations necessary to meet the participant’s needs or increase his/her independence; and
- Ongoing maintenance or repair of adaptations.

Examples of Vehicle Modifications:
- Wheelchair lift; or
- Adaptive control devices for the accelerator, brake, turn signals, steering wheel, or parking brake.

LIMITS ON THE AMOUNT, FREQUENCY, OR DURATION OF THIS SERVICE:

- Vehicle Modifications can only be used for a vehicle owned by:
  - A participant; or
  - A participant’s family, when the vehicle is the participant’s main transportation.
- Vehicle Modifications cannot be used for vehicles owned or leased by DD providers.
- Vehicle Modifications cannot be used for:
  - Adaptations or improvements that are of general utility, such as:
    - Heated or cooled seats;
    - DVD player; or
    - Customized tires or rims.
  - Purchase or lease of a vehicle;
  - Paying for existing adaptations or adaptations already started; and
  - Regularly scheduled maintenance.
- Proof of vehicle insurance may be requested.
- DHHS-DD Central Office may require an on-site assessment by an appropriate Medicaid enrolled professional provider. The assessment is provided under the Environmental Modification Assessment waiver service.
- A vendor cannot charge more than they would to the general public. A vendor who offers a discount to a certain group of people, such as students or senior citizens, must offer the same discount to a participant in that group.
- A modification to a leased vehicle must be transferrable to the next vehicle.
- Vehicle Modifications cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Transportation is not a component of Vehicle Modifications.
- Vehicle Modifications must be purchased within a participant’s annual individual budget amount.
- Vehicle Modifications has a cap of $10,000 per five-year period. A participant may request funding over the budget cap due to a critical health or safety need. DHHS-DD Central Office approval is determined based on available funding.

PROVIDER TYPE & ADDITIONAL QUALIFICATIONS:
This service is not specific to DD and can be offered by a vendor. A vendor is a company or agency enrolled as a Medicaid provider, but not certified as a DD service provider.

A provider of this service must ensure that all items and assistive equipment provided meet the applicable standards of manufacture, design, and installation. Appropriately licensed/certified people shall make or oversee all modifications.
GLOSSARY

**Activities of daily living (ADLs)** – Basic everyday tasks, such as eating, cooking, dressing, and bathing.

**Adult** – For purposes of eligibility for the DD waivers, an adult is age 21 and older.

**Habilitation** – The assisting of a participant with improving and achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills.

**Habilitative Program** – A structured method of teaching skills, with goals and data collection.

**Habilitative Service** – A developmental disabilities service which teaches a participant through habilitation programs and provides other supports such as personal care, supervision, and medication administration.

**Individual Support Plan (ISP)** – A plan of services, supports, activities, and resources based on the participant’s personal goals and preferences, and assessments of strengths and needs.

**Legally responsible adult** – A person who is legally authorized to make decisions on behalf of a participant. Legally responsible adults include a parent (natural or adoptive) of a minor child, a spouse, a guardian, a conservator, or a power of attorney.

**Participant** – The person receiving Medicaid HCBS DD waiver services and any person legally authorized to act on behalf of the participant.

**Service Coordinator** – DHHS-DD employee assigned to help a participant find needed services and supports, facilitate the development of the ISP, and make sure the ISP is implemented as written.