

# ***Developmental Disabilities Advisory Committee***

## **Meeting Minutes**

**April 10, 2024**

### **I. Call to order**

Lorie Regier called to order the regular meetings of the DD Advisory Committee at 10:00 am on Wednesday, April 10, 2024. This meeting was in person at the Department of Health and Human Services, Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE.

### **II. Roll call**

The following persons were present:

**Advisory Members Present:** Dorothy Ackland, Stacy Bliss, Mike Browne, Linda Clemens (Arrived 12:00), Dianne DeLair, Jennifer Hansen, Kristen Larsen, Jennifer Miller, Cris Petersen, Lorie Regier, Debbie Salomon, Mark Shriver, Kizzie Vaughn (Arrived at 10:30 AM), Suzanne Wahlgren, Angie Willey, Christina Zeleski

**Advisory Members Absent:** Lisa Pruitt, Margaret Huss

**DHHS Staff:** Tyla Watson, Jenn Clark, Kristen Smith, Tony Green

**Meeting Attendees:** Paul Murdock, Liberty Health Care; Joe Valenti, Advocate; Ric Nelson, Area Director Mosaic; Nate Panowicz, Executive Director Mosaic

### **III. Approval of Agenda**

Angie Willey moved to approve the agenda as presented, 2<sup>nd</sup> by Debbie Salomon, Agenda. Role call vote complete:13 Approved, 0 Opposed, 0 Abstaining, 2 Not Present. Motion carried agenda approved as presented.

### **IV. Approval of Meeting Minutes**

Correction to the minutes – Under call of order the date is incorrect, needs to be Updated to March 13, 2024. Mike Browne made a motion to approve as amended. Motion seconded by Dianne DeLair. Role call vote complete:13 Approved, 0 Opposed, 0 Abstaining, 2 Not Present. Motion carried minutes approved as amended

### **V. Legislative Update**

- There are two days left in the session.
- Legislative Bill 1417 – Create, eliminate, terminate, and provide, change, eliminate, and transfer power, duties, and membership of boards, commissions, committees, councils, task forces, panels, authorities, and departments and change and eliminate funds.
  - Friday, April 4, 2024, amendment 3346 (AM3346) to LB1417 was filed and placed on general file. Reference to the 83-1212.01 Advisory Committee on Developmental Disabilities has been removed from the filed Amendment.
  - Update was emailed to the committee on Monday, April 8, 2024.

## VI. Developmental Disabilities Updates:

### ➤ Registry of Need Update

- HANDOUT: April 2024 Registry Date – Advisory Committee
  - 2,712 are currently on the registry this is an increase of 8 since March report.
- Offers Made
  - 2024 Graduate Day Service Offers have been made:
    - 128 Offers
    - 80 Accepted Services
    - 7 Declined
    - 1 Found Ineligible – Following Unwind, no longer Medicaid eligible.
    - 40 No Response – Second letter has been sent out to families.

### ➤ DD Court-Ordered Custody Act (COCA) Update:

- HANDOUT: DD Court-Ordered Custody Act Statistics – April 2024;
- 41 Active DD COCA Cases no change in number reported since March 2024.

### ➤ Family Support Waiver:

- 150 Offers made on the Family Support Waiver
  - 71 Accepted
  - 12 Declined
  - 67 No Response
- How are we measuring people are happy with their service?
- How is the implementation handled with having a financial intermediary?
  - Purchasing Goods and Services was removed from the Family Support Waiver, so the Fiscal Intermediary is not required for the Family Support Waiver at this time.
  - Accommodation request is on the website.
  - *FOLLOW UP*: Committee would like a refresher/update on the Fiscal Intermediary.

### ➤ Quality Updated – Kristen Smith and Paul Murdock, Liberty Healthcare

- We are continuing with the implementation of the optional services that were included in the Quality Initiative Document at the last meeting. The implementation date for the initiatives will be slightly delayed as we launch the elimination of the waitlist.
- *Question asked to the committee*: Looking for feedback from the committee. Meeting resistance after what the Department feels like has been a robust communication regarding quality changes with providers.
  - You are getting pushback from management of agencies. What we ended up finding is the people that are in the meeting is not management. It is the front line staff. Should be speaking to providers bottom up and not top down.
  - The change seems similar to when things changed for SLPs. The relationships that are assumed between the sub-contractors or employees with provider agencies or management is not always as much there as people think in all cases.

- Providers are all hearing the information, but they are taking different info away from it.
- *Question asked to the committee.* Should communication to frontline staff be the responsibilities the Department or the Agencies?
  - Discussion followed:
    - Do not think this should be the Departments place/responsibility.
    - A direct staff persons exposure is from the company they work for only. They don't know to do extra research and attend meetings. This information was discussed for 6 months publicly but as an employee, how would they know they should be looking outside their employer to get information.
    - Who is responsible for making sure the providers are sharing this information with their employees?
    - Some Terminology may need to change and may need to be adjusting how we are communicating.
    - Administrative cost and overhead cost is why there is an issue.
    - If an agency isn't doing it right, maybe an agency should not be able to provide these services.
    - A small charge of providers have expressed that they would prefer the money currently being paid to Liberty be given to the providers to track quality.

## VII. Subcommittees:

- Committee members were asked to volunteer for which committees they would like to be part of.
- *FOLLOW UP:* Members please let Lorie know which committee they would prefer to be part of. The first report to the fill committee will be done at the June meeting.
  - **Executive Committee** – Chair of the Sub-committee will automatically become a member of the Executive Committee they (Membership, Onboarding, ect...) Lorie Regier, Mark Browne, Kristen Larsen, Cris Petersen, Dianne DeLair
  - **Quality** - (System Evaluation Report, Liberty, Quality Management) – Mike Browne (Chair), Kristen Larsen, Mark Shriver, Debbie Salomon, Suzie Wahlgren
  - **Legislative** – Cris Petersen (Chair), Dorothy Ackland, Angie Willey, Kristen Larsen, Christina Zeleski
  - **DD Court-Ordered Custody Act** – Dianne DeLair (Chair), Debbie Salomon, Mark Shriver, Stacy Bliss

## VIII. New Business

- Elimination of Developmental Disabilities Registry announcement
  - Announcement was made on March 29, 2024. A copy of the press release is on the Governor's website: <https://governor.nebraska.gov/press/governor-pillen-announces-elimination-developmental-disabilities-registry#:~:text=LINCOLN%2C%20NE%20%E2%80%93%20Governor%20Jim%20Pillen,support%20Nebraskans%20with%20intellectual%20and>

- Tony shared with the committee. I want to be clear, I did not do this. We all did this. Ending the waitlist is something that stakeholders, advocacy groups, and families have been wanting to end this waitlist for year.
- HANDOUT: Empowering Your Growth. – Handouts shows how services may move along a continuum of care as needs change and people age.
  - The vision is that once the waitlist is gone. Someone could apply to the department and receive the supports they need right away.
  - All children that meet eligibility and level of care for DD Services they don't have to wait for Medicaid. Medicaid currently working on a state plan amendment to add ICF/DD level of care to the Katie Beckett program that when approved would allow those children to receive Medicaid services immediately without having.
  - As things exist today in the waiver- things are open for discussion. We all need to think about any changes we might need to make.
- How do we move forward:
  - Making offers on the Family Support Waiver.
  - Internal kick off meeting with Medicaid and Policy
  - Need to identify the needs of those on the waitlist, until everyone has a disposition.
  - Once those 2700 people have been covered, we move to handling needs as they happen.
- What it looks like after 18 months – options for people, focus on employment, goal – people are maximizing on individual's independence and using the system where the support is needed.
  - Assessment to increase supports as needs arise.
  - What would it look like for graduates? At 21, you could have day service as that is in statute (no intention to change). Make automatic offer.
  - No one in existing services is going to be cut or reduce as a result of elimination of the registry project.
  - \$18,000,000 addresses the here and now. We will have to continue to track/monitor. Example: Graduate, Attrition, Moving out of State.
- Is there any way for a child to get the Comprehensive Waiver?
  - If anyone meets priority one they could qualify for the Comprehensive Waiver.
  - We may need to come up with an assessment specific to children. We want to keep kids in the home and provide wrap around services.
  - We want to know what does "need the comprehensive waiver" mean to you.
- Do you see any movement on Legal Responsible Individuals, are still currently exploring and watching.
  - Could be a benefit and strategy for workforce shortage, but has to include safe nets.
- We've historically always told people to apply, apply early. In this new world do we still want people to do so?
  - Yes, we want to know who people are and what they need so we can plan for the future.

- *FOLLOW UP:* The committee would like a road map of what policies or statutes will need to be changed or adjusted. This would allow this committee to provide more input.
- *FOLLOW UP:* Committee would like to see the InterRIA tool.
- *FOLLOW UP:* As Tony/DHHS goes along your state tour can you share what questions that are being asked by families/staff.

➤ **June meeting date**

- June meeting is scheduled for June 12, 2024. The DHHS Deputies and Director will be at a conference out of state during that time.
- Motion made by Mike Browne to move the June meeting to Monday, June 17, 2024. Motion seconded by Debbie Salomon. Role call vote complete:14 Approved, 0 Opposed, 0 Abstaining, 1 Not Present. Motion carried.

**IX. Public Comments:**

- Joe Valenti, Advocate: Providers are paid by State and Federal money. We have a right to know what they are doing with our money. Sometimes my passion gets me ahead of me but this is important. This is our money.  
When Kristen did the groups. They wanted the DSP's with these focus groups. I was responsible for training my own people. They are employers, providers need to train their employees. It's ridiculous to expect the Department to do it. With management turnover in organizations it is hard to get everyone trained all the time. But it is part of being in business.  
Nebraska is a provider driven state. Providers are upset that they cannot control everything. We've got to improve the quality. 22 to 23 incidents went up 60% - that's because they are having to report when people bump into things. Someone is getting affected by what is going on. NCI can only do so much. I encourage you to stick by it.
- Nate Panowicz, Executive Director Mosaic: This is a really interesting time for Nebraska revamping how we look at services. There was a really good question poised. At what point would the comprehensive waiver be available. This is still a good questions that needs to be answered. How do we encourage more service. How can that be managed. There was earlier discussion by some providers in increase FTE due to quality work. Yes there are times we need an onsite review. Our teams don't always have all the answers. We learn from someone to come in and look at our information and ask questions we might now have thought of. I find value in a lot of quality pieces.

**Next Meetings:**

Monday, June 17, 2024  
 Conference Room P  
 5220 South 16<sup>th</sup> St  
 Lincoln, NE

**Governor's Developmental Disability Advisory Committee**  
**Wednesday, April 10, 2024**  
**10:00 AM – 2:00 PM**  
**In-Person**  
**Conference Room P, 5220 South 16<sup>th</sup> St, Lincoln, NE**

**Order of Business**

- 10:00 a.m.** Call to Meeting Order & Roll Call
- 10:05 a.m.** Review/consider motion to approve the Order of Business
- 10:10 a.m.** Review/ consider motion to approve the March 13, 2024 Draft Meeting Minutes (*HANDOUT – 3.13.24 DD Advisory Committee minutes DRAFT*)
- 10:15 a.m.** Legislative Update – Division to provide an update on bill or amendments that the division is tracking.
- 10:20 p.m.** Developmental Disability (DD) Updates
- a) Registry of Needs – Division to provide updated data of those individuals currently on the registry (*HANDOUT – April 2024 Registry Data – Advisory Committee*)
  - b) DD Court-Ordered Custody Act - Division to provide data related to the DD Court-Ordered Custody Act (*HANDOUT –DDCOCA Statistics 4.2.2024*)
  - c) Family Support Waiver (FSW) – Waiver approved by CMS March 1, 2024. Division to provide update on activities surrounding the FSW since the March 13,2024 Meeting.
- 11:00 a.m.** Quality Management Plan - Liberty Health Services: The advisory committee is to oversee the design and implantation of the quality management and improvement plan (NE revised [statute 83-1212.01](#)).
- 11:30 a.m.** Subcommittee – Touchbase – the first subcommittee report back to full committee will be during the June 12, 2024 meeting.
- 1) Executive Subcommittee
  - 2) Quality Subcommittee
  - 3) Legislative Subcommittee
  - 4) DD Court-Ordered Custody Act
- 11:45 a.m.** New Business
- a) Elimination of Developmental Disabilities Registry – Governor Pillen announced Thursday, March 28, 2024.
  - b) Budget Process
    - 1) Legislative Appropriations
    - 2) Overall Budget Process
- 12:00 p.m.** Lunch/Break

**12:20 a.m.** New Business (Continued)

**1:45 p.m.** Public Comment

**1:50 p.m.** Members Open Discussion – This time is meant to allow committee members a chance to share anything they would like the committee to know about their experiences with Developmental Disabilities Services.

**2:00 p.m.** Adjournment

## DD ADVISORY COMMITTEE

### DD Court-Ordered Custody Act Statistics

#### GENDER

Female	6
Male	35
	<u>41</u>

#### CURRENT AGE

19-24 yrs	11
25-39 yrs	21
40-59 yrs	9
60+ yrs	0
	<u>41</u>

#### COUNTY OF COMMITMENT

Butler	1
Cass	1
Cheyenne	1
Colfax	2
Dodge	1
Douglas	8
Gage	1
Jefferson	0
Johnson	1
Lancaster	8
Madison	4
Otoe	1
Phelps	1
Platte	1
Sarpy	6
Saunders	2
Scottsbluff	1
Washington	1
	<u>41</u>

#### YEAR OF COMMITMENT

2009	1
2010	0
2011	4
2012	0
2013	0
2014	2
2015	1
2016	4
2017	2
2018	1
2019	6
2020	6
2021	5
2022	7
2023	2
	<u>41</u>

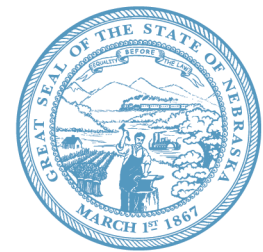
#### Services Before DDCOCA

None	21
SC Only	7
Day Services	2
CDD	11
	<u>41</u>

#### FUNDING

CDD	38
DDAID	3
DDAID - Not Med. Elgble	0
	<u>41</u>





**Division of Developmental Disabilities  
Advisory Committee  
Registry Statistics  
(As of 4/1/24)**

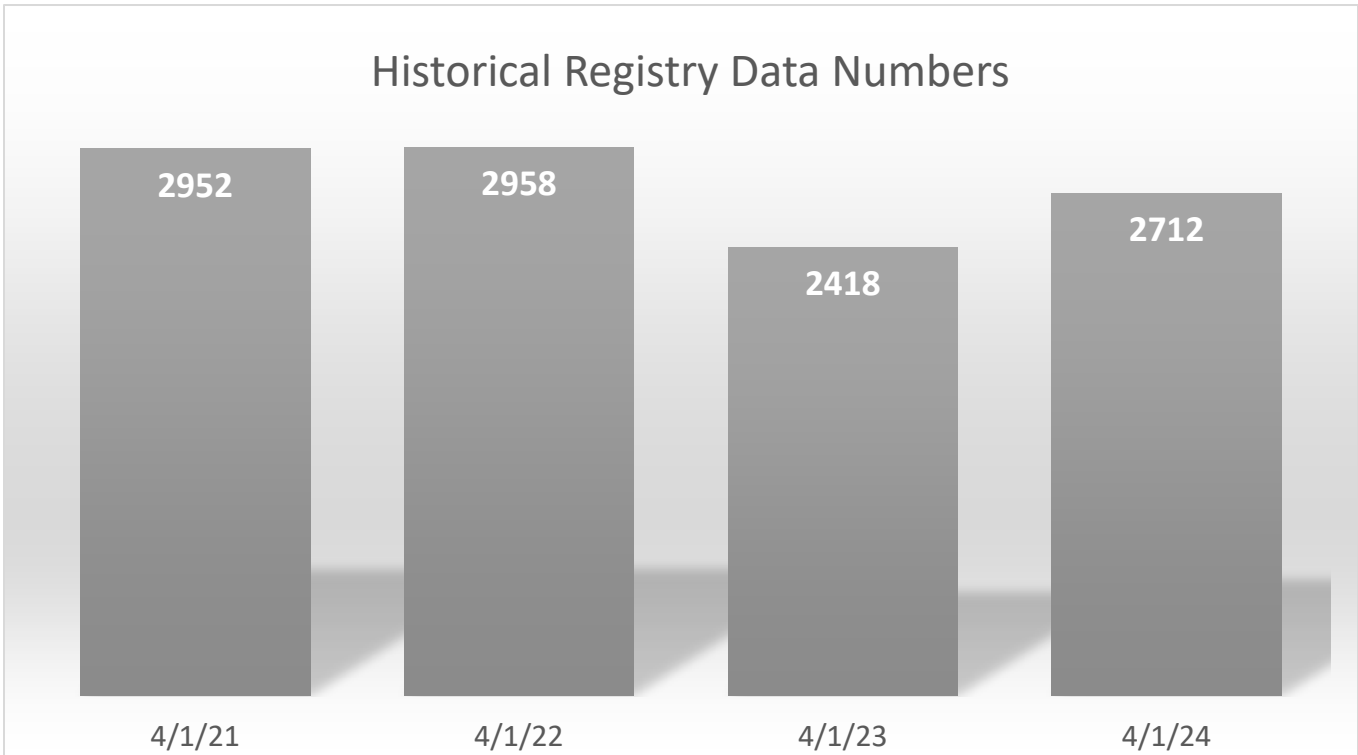
Current Registry Numbers:		Gender:	
Total:	2,712 (increase by 8)	Female:	931 / 35%
		Male:	1,781 / 65%

Active Waiver Numbers	
Waiver	Number of Participants:
Comprehensive Developmental Disabilities (CDD)	4,850
Developmental Disabilities Adult Day (DDAD)	432
Traumatic Brain Injury (TBI)	18
Aged and Disabled (AD)	7,876

Medicaid Eligibility While on Registry:	
Eligible:	2,184 / 81%
Non-Eligible – Children (under 19 years):	440 / 16%
Non-Eligible – Children (19-22 years):	88 / 3%

Services Received While on the Registry:	
Aged & Disabled:	487 / 18%
TBI Waiver:	0 / 0%
DDAD - Day Waiver:	367 / 14%
DD Service Coordination Only:	350 / 13%
Total - Receiving Services:	1,204 / 45%

Current Age of Participants on Registry:		
Age:	Total by Age:	Total by Age with A&D Waiver while on Registry:
0-5 yrs	260	73
6-10 yrs	434	81
11-15 yrs	418	96
16-18 yrs	307	44
19-21 yrs	450	74
22-50 yrs	790	106
51 +	53	13
Child Total	1,419	294
Adult Total:	1,293	193
<b>Total:</b>	<b>2,712</b>	<b>487</b>



# Empowering Your Growth

Division of Developmental Disabilities

## Children 0-18

### Services

Early Childhood and School-Age Services  
Medicaid Only (Katie Beckett)  
Medicaid plus Service Coordination  
Medicaid plus Service Coordination and Waiver Services

### Waivers

Aged & Disabled  
Family Support

## Transition 12-20

### Services

School Transition Services  
Employment-Related Services  
Medicaid Only  
Medicaid plus Service Coordination  
Medicaid plus Service Coordination and Waiver Services

### Waivers

Aged & Disabled  
Family Support

## Adults 21-60

### Services

Medicaid Only  
Medicaid plus Service Coordination  
Medication plus Service Coordination and Waiver Services

### Waivers

Aged & Disabled  
Comprehensive Developmental Disabilities  
Developmental Disabilities Adult Day  
Traumatic Brain Injury

## Adults 61+

### Services

Medicaid only  
Medicaid plus Service Coordination  
Medication plus Service Coordination and Waiver Services

### Waivers

Aged & Disabled  
Comprehensive Developmental Disabilities  
Developmental Disabilities Adult Day  
Traumatic Brain Injury

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## Funding Tiers: Comprehensive Developmental Disabilities (CDD) and Developmental Disabilities Adult Day (DDAD) Waiver

*This is not applicable to the Family Support Waiver (FSW) because the waiver does not use funding tiers. Refer to rate sheet for FSW rates.*

The participant's ICAP score corresponds with one of five funding tiers. The participant and their Individual Support Plan (ISP) team determines the services and supports a participant receives. Services must be provided as specified in the participant's ISP and as described for the funding tier. Provider staffing must be adequate to meet the participant's needs at any given time. The following are definitions of each funding tier with examples of services and supports which may be included in each tier:

- A. Basic Tier is for a participant who needs limited supports and personal attention.
  - 1. Staff should be on-site or available when the provider is billing for services.
  - 2. Supports may be provided by staff working with more than one participant.
  - 3. Examples of support needed in this tier could include:
    - a. Participant needs occasional support and services because they are fairly independent;
    - b. Participant may follow daily routine with limited staff assistance;
    - c. Participant may be alone for periods of time throughout the day;
    - d. Participant usually does not need support during overnight hours; and
    - e. Some days, the participant may not need support.
  - 4. Participant needs are met with reminders, habilitation programs, or a behavior support plan as required by the service being provided.
  - 5. Providers must provide services and supports as specified in the participant's ISP and staffing must be adequate to meet the participant's needs at any given time.
- B. Intermediate Tier is for a participant who usually needs full-time supports.
  - 1. Staff is available on-site for immediate response to meet the participant's needs when the provider is billing services. Immediate response means available within moments to assist the participant.
  - 2. Supports may be provided by staff working with more than one participant.
  - 3. Examples of support needed in this tier could include:
    - a. Participant needs staff presence and some assistance with activities

of daily living;

- b. Participant needs structure and routine throughout the day; and
- c. Participant usually does not need staff assistance during overnight hours.

- 4. Participant needs are met with reminders, habilitation programs, or a behavior support plan as required by the service being provided.
- 5. Providers must provide services and supports as specified in the participant's ISP and staffing must be adequate to meet the participant's needs at any given time.

C. High Tier is for a participant who needs full-time services and supports with staff available on-site.

- 1. Staff is available on-site for immediate response to meet the participant's needs when the provider is billing for services. Immediate response means available within moments to assist the participant.
- 2. Supports may be provided by staff in a shared setting.
- 3. Examples of support needed in this tier could include:
  - a. Participant needs staff presence throughout the day and evening for reinforcement, positive behavior support, personal care, and community or social activities;
  - b. Participant needs frequent staff interaction and personal attention due to physical, medical, or behavioral needs; and
  - c. Participant may need staff assistance during overnight hours.
- 4. Participant physical, medical, and behavioral needs are met with habilitation programs, behavioral support plans, or medical protocols as required by the service being provided.
- 5. Providers must provide services and supports as specified in the participant's ISP and staffing must be adequate to meet the participant's needs at any given time.

D. Advanced Tier is for a participant who needs full-time services and supports with staff available on-site.

- 1. A sole, non-shared staff is required to provide direct support during all waking hours when the provider is billing for services, except when the ISP team agrees on deviation from a sole, non-shared staff and the Service Coordinator documents this in the ISP.
- 2. A participant may need this level of service when they have intense physical, medical, or behavioral needs.
- 3. Examples of support needed in this tier could include:
  - a. Participant needs staff presence during all waking hours, with staff being close by much of the time;

- b. Participant needs full-time staff assistance due to physical, medical, or behavioral needs;
    - c. Participant may need two or more non-shared staff for some activities and in response to physical, medical, or behavioral needs; and
    - d. Participant often needs staff assistance during overnight hours.
  - 4. Participant physical, medical, and behavioral needs are met with intensive habilitation programs, behavioral support plans, or medical protocols as required by the service being provided.
  - 5. Providers must provide services and supports as specified in the participant's ISP and staffing must be adequate to meet the participant's needs at any given time.
- E. Behavioral Risk Tier is for a participant who has intense behavioral needs, which require full-time services, supports, and supervision with a non-shared staff on-site.
- 1. A sole, non-shared staff must provide direct support during all waking hours when the provider is billing for services.
  - 2. Examples of support needed in this tier could include:
    - a. Participant needs supervision during all waking hours, with staff being close by much of the time;
    - b. Participant needs a non-shared staff presence during overnight hours. When the participant is sleeping, their staff may be awake or asleep; and
    - c. Participant needs a sole non-shared or higher staffing ratio.
  - 3. 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 a participant in this tier. Clinical oversight must include:
    - a. Participation in team meetings at least once a year;
    - b. Development and monitoring of behavioral support plan;
    - c. Specialized training for direct support staff in risk and behavioral support and participant needs; and
    - d. Analyzing data and tracking outcomes of the participant.
  - 4. Participant needs are met with intense supervision, intensive habilitation programs, or behavioral support plans.
  - 5. Providers 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.



## Developmental Disabilities Service Fee Schedule

Effective March 1, 2024 to June 30, 2024

Service	Service Code	Level	Unit	7/1/23 Maximum Allowable Rate
<b>Day Services</b>				
Adult Day – Agency	6221	All	Hour	\$10.63
Community Integration - Agency	9845	Family Support Waiver	Hour	\$12.99
Community Integration - Agency	9845	Basic	Hour	\$12.99
Community Integration - Agency	9845	Intermediate	Hour	\$18.09
Community Integration - Agency	9845	High	Hour	\$31.69
Community Integration - Agency	9845	Advanced	Hour	\$53.42
Community Integration - Agency	9845	Risk	Hour	\$58.94
Community Integration - Independent	9845	Family Support Waiver	Hour	\$19.15
Community Integration - Independent	9845	Basic	Hour	\$19.15
Community Integration - Independent	9845	Intermediate	Hour	\$19.15
Community Integration - Independent	9845	High	Hour	\$22.34
Community Integration - Independent	9845	Advanced	Hour	\$32.89
Child Day Habilitation - Agency	6396	Family Support Waiver	Hour	\$12.99
Child Day Habilitation - Agency	6396	Basic	Hour	\$12.99
Child Day Habilitation - Agency	6396	Intermediate	Hour	\$18.09
Child Day Habilitation - Agency	6396	High	Hour	\$31.69
Child Day Habilitation - Agency	6396	Advanced	Hour	\$53.42
Child Day Habilitation - Agency	6396	Risk	Hour	\$58.94
Child Day Habilitation - Independent	6396	Family Support Waiver	Hour	\$19.15
Child Day Habilitation - Independent	6396	Basic	Hour	\$19.15
Child Day Habilitation - Independent	6396	Intermediate	Hour	\$19.15
Child Day Habilitation - Independent	6396	High	Hour	\$22.34
Child Day Habilitation - Independent	6396	Advanced	Hour	\$32.89
Day Support - Agency	8652	Family Support Waiver	Hour	\$10.19
Day Support - Agency	8652	Basic	Hour	\$10.19
Day Support - Agency	8652	Intermediate	Hour	\$15.61
Day Support - Agency	8652	High	Hour	\$28.98
Day Support - Agency	8652	Advanced	Hour	\$44.53
Day Support - Agency	8652	Risk	Hour	\$47.72
Medical In-Home Habilitation – Agency	9220	Medical	Hour	\$34.14
Behavioral In-Home Habilitation - Agency	1796	Behavioral	Hour	\$41.84
<b>Prevocational Services</b>				
Prevocational - Agency - Individual	8362	Individual (1:1)	Hour	\$54.87
Prevocational - Agency - Small Group	8362	Small Group (1:2 –1:3)	Hour	\$21.95
Prevocational - Agency - Large Group	8362	Large Group (1:4 –1:5)	Hour	\$12.18



Service	Service Code	Level	Unit	7/1/22 Maximum Allowable Rate
<b>Employment Services</b>				
Small Group Vocational Support - Agency	8338	Agency	Hour	\$13.41
Supported Employment -Follow Along -Independent	2141	Independent	Hour	\$31.18
Supported Employment -Follow Along - Agency	2141	Agency	Hour	\$57.48
Supported Employment Individual - Independent	9695	Independent	Hour	\$32.96
Supported Employment Individual - Agency	9695	Agency	Hour	\$60.89
<b>Residential Habilitation Services</b>				
Independent Living - Agency	2639	Individual	Hour	\$42.88
Independent Living - Agency	2639	Group (2)	Hour	\$21.44
Independent Living - Agency	2639	Group (3)	Hour	\$14.31
Independent Living - Independent	2639	Individual	Hour	\$25.11
Independent Living - Independent	2639	Group (2)	Hour	\$12.55
Independent Living - Independent	2639	Group (3)	Hour	\$8.37
Supported Family Living - Agency	7494	Individual	Hour	\$39.33
Supported Family Living - Agency	7494	Group (2)	Hour	\$19.67
Supported Family Living - Agency	7494	Group (3)	Hour	\$13.11
Supported Family Living - Independent	7494	Individual	Hour	\$24.46
Supported Family Living - Independent	7494	Group (2)	Hour	\$12.24
Supported Family Living - Independent	7494	Group (3)	Hour	\$8.15
Continuous Residential Habilitation - Agency	3992	Basic	Day	\$216.00
Continuous Residential Habilitation - Agency	3992	Intermediate	Day	\$249.42
Continuous Residential Habilitation - Agency	3992	High	Day	\$364.07
Continuous Residential Habilitation - Agency	3992	Advanced	Day	\$557.70
Continuous Residential Habilitation - Agency	3992	Risk	Day	\$845.41
Host Home Residential (Employee) - Agency	9293	Basic	Day	\$175.45
Host Home Residential (Employee) - Agency	9293	Intermediate	Day	\$211.60
Host Home Residential (Employee) - Agency	9293	High	Day	\$330.18
Host Home Residential (Employee) - Agency	9293	Advanced	Day	\$500.98
Host Home Residential (Employee) - Agency	9293	Risk	Day	\$693.88
Shared Living (Independent Contractor) -Agency	1472	Basic	Day	\$153.28
Shared Living (Independent Contractor) -Agency	1472	Intermediate	Day	\$185.04
Shared Living (Independent Contractor) -Agency	1472	High	Day	\$287.71
Shared Living (Independent Contractor) -Agency	1472	Advanced	Day	\$437.26
Shared Living (Independent Contractor) -Agency	1472	Risk	Day	\$617.12
Therapeutic Residential Habilitation	7286	Agency	Day	\$1,063.71
<b>Consultative Assessment Service</b>				
Consultative Assessment Service – Independent	7783	Independent	Hour	\$148.36
Consultative Assessment Service – Agency	7783	Agency	Hour	\$148.36
<b>Homemaker Services</b>				
Homemaker - Independent	9393	Independent	Hour	\$14.23
Homemaker - Agency	9769	Agency	Hour	\$20.32
<b>Respite Services</b>				
Respite Individual - Independent	8148, 9042	Independent	Hour	\$16.25
Respite Individual - Agency	2656	Agency	Hour	\$29.38
<b>Other Services</b>				
Transportation – Agency	3764	Agency	Mile	\$1.98
Transportation – Independent	3764	Independent	Mile	\$0.67
Family and Peer Mentoring	8490	Family Support Waiver	Hour	\$50.00
Family Caregiver Training	5827	Family Support Waiver	Occurrence	\$500.00 (Annually)