

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Adaptive Therapeutic Recreational Equipment and Fees	Recreational equipment that is adapted specific to the participant’s disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of adapted equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access Professional Services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and typical indoor/ outdoor play structures. The maximum annual allowance for recreational items/services is \$1,000.00 per plan year.	Equipment: 0-\$1,000	<ul style="list-style-type: none"> • General Considerations Chart • Has an assessment been completed by a qualified therapist within their scope of practice to demonstrate need? • Is it related to the Individual's disability? • Are the services allowed? 1. Fees to access Professional Services: Are the Professional services documented in the Service Plan? 2. Recreational Equipment: Is it adapted in some manner? This is not for typical recreational equipment. 3. Water Safety Training	<ul style="list-style-type: none"> • Tickets for zoos, museums, butterfly pavilion, • Movies, Theaters, Concerts • Professional and minor league sporting events • Any indoor/ outdoor play structures
		Fees: >\$0 (ALL)		
		N/A		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Assistive Technology	<p>Assistive Technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive Technology Service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive Technology includes:</p> <ol style="list-style-type: none"> 1) The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; 2) Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 3) Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and 4) Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person’s disability. <p>Purchase, training or maintenance of service animals is specifically excluded. Assistive Technology devices and services are only available when the cost is above and beyond that of typical expenses and is not available through the Medicaid State Plan or third party resource.</p> <p>The total cost of Home Accessibility Adaptations, Vehicle Modifications, and Assistive Technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>	0-\$10,000	<ul style="list-style-type: none"> • General Considerations Chart • Has an assessment been completed by a qualified therapist within their scope of practice to demonstrate need? • Is the requested serviced related to the participant's disability? <p style="text-align: center;"><i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i></p>	<ul style="list-style-type: none"> • Computers • Purchase, Training and Maintenance of Service Animals • Items or devices that are entertainment in nature (CDs, iTunes, DVDs, Games, etc. • Training or adaptations directly related to a school curriculum or in home education goal
		N/A		
		>\$10,000		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Behavioral Services	<p>Behavioral Consultations Services include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the individuals developmental disability and are necessary for the participant to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Intervention modalities shall relate to an identified challenging behavioral need of the individual. Specific goals and procedures for the Behavioral Services must be established. Participants with co-occurring diagnoses of developmental disabilities and covered mental health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination by the Behavioral Services professional to obtain the best outcome for the individual.</p> <p>Provider Qualifications: Shall have a Master’s degree or higher in behavioral, social or health science or education and be nationally certified as a “Board Certified Behavior Analyst” (BCBA), or certified by a similar nationally recognized organization or be actively licensed by the State Board of Examiners. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or,</p> <p>Shall have a Baccalaureate degree or higher in behavioral, social or health science or education and be 1) certified as a “Board Certified Associate Behavior Analyst” (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services professional.</p> <p>Behavior Plan Assessment Services include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document. Behavioral Plan Assessment Services are limited to 40 units per Service Plan year.</p> <p>Provider Qualifications: Shall have a Master’s degree or higher in behavioral, social or health science or education and be nationally certified as a “Board Certified Behavior Analyst” (BCBA) or certified by a similar nationally recognized organization or be actively licensed by the State Board of Examiners. Shall have at least 2 years of directly</p>	<p>Line: 1-1000 units Assessment: 1-40 Combined Consultation and Individual/Group Counseling Services: 1-450</p> <hr/> <p>Line: 1001-1500 units Assessment N/A Combined Consultation and Individual/Group Counseling Services 451-700</p>	<ul style="list-style-type: none"> • General Considerations Chart • Is there a BISSP in place? • Is the appropriate Behavioral Service utilized to meet the identified needs? • Is Behavioral Line Service being utilized for an indefinite/long term period of time? 	<ul style="list-style-type: none"> • Mental Health Services

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Behavioral Service	<p>supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or,</p> <p>Shall have a Baccalaureate degree or higher in behavioral, social or health science or education and be 1) certified as a “Board Certified Associate Behavior Analyst” (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services provider.</p> <p>Individual/Group Counseling Services include psychotherapeutic or psychoeducational intervention related to the developmental disability in order for the individual to acquire or maintain appropriate adaptive behaviors , interactions with others and behavioral self-management, to positively impact the individual’s behavior or functioning. Counseling may be provided in an individual or group setting and may include cognitive behavior therapy, systematic desensitization, anger management, biofeedback, and relaxation therapy.</p> <p>Provider Qualifications: Shall hold the appropriate license or certification for the provider’s discipline according to state law or federal regulations and represent one of the following professional categories: Licensed Clinical Social Worker, Certified Rehabilitation Counselor, Licensed Professional Counselor, Licensed Clinical Psychologist, or BCBA and must demonstrate or document a minimum of two years experience in providing counseling to individuals with developmental disabilities; or,</p> <p>Have a Baccalaureate degree or higher in behavioral, social or health science or education and work under the supervision of a licensed or certified professional as set forth above in the individual/group counseling provider qualifications.</p>	<p>Line: >1500</p> <p>Assessment: NA</p> <p>Combination of Consultation and Individual and Group Counseling: >700</p>		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Behavioral Service	<p>Behavior Line Services include direct implementation of the behavioral support plan, under the supervision and oversight of a Behavioral Consultant for intervention to address social/emotional issues and/or with an identified challenging behavior that puts the participant’s health and safety and/or the safety of others at risk.</p> <p>Provider Qualifications: Must be at least 18 years of age, graduated from high school or earned a high school equivalence degree and have a minimum of 24 hours training, inclusive of practical experience in the implementation of positive behavioral supports or applied behavioral analysis that is consistent with best practice and research on effectiveness for people with developmental disabilities. Work under the direction of a Behavioral Consultant.</p>			

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Community Connector	<p>Supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population.. Community Connector Services provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment to provide services and supports as identified in the participant's Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention, or improvement.</p> <p>Community Connector Services are provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p>	0-1,000	<ul style="list-style-type: none"> • General Considerations Chart • Does the Service Plan goal reflect activities that engage the child in typical community events and activities? • Does it build relationships and natural supports in the community? 	<ul style="list-style-type: none"> • The cost of admission to community activities, meals, or any food items
		N/A		
		>1,000		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Home Accessibility Adaptations	<p>Those physical adaptations to the primary residence of the participant’s (child’s) family, required by the participant’s service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility such as carpeting, roof repair, and central air conditioning, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Prior authorization is required for any adaptation adding square footage to a home. All devices and adaptations shall be provided in accordance with applicable state or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan or third party resources shall be utilized prior to accessing waiver funds.</p> <p>The total cost of Home Accessibility Adaptations, Vehicle Modifications, and Assistive Technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>	0-\$10,000	<ul style="list-style-type: none"> • General Considerations Chart • Has an assessment been completed by a qualified Physical Therapist or Occupational Therapist? • Is this the Primary residence? • Is the request related to the child’s disability? • Is the request the most cost effective? • Is the request necessary for the health and safety of the child? • Does it promote or Increase independence? • Does it reduce ongoing costs to the waiver? • Have 3 bid been obtained. • Is the residence being rented or purchased? • If it is a rental, can the modification be taken with the child upon a move? • Has this modification been previously paid for in another residence? <p><i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i></p>	<ul style="list-style-type: none"> • Aesthetics • Luxury Building Materials • Air Duct Cleaning • Provider Convenience • Adaptations that are general homeowner expenses • Ongoing homeowner maintenance • Driveways • Sidewalks
		N/A		
		>\$10,000		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Homemaker-Basic	Services that consist of the performance of basic household tasks within the participant’s primary residence such as cleaning, laundry, or household care including maintenance related to the participant’s disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant’s disability that results in additional household tasks and increases the parent/caregiver’s ability to provide care needed by the participant. This assistance may take the form of hands on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.	>0	<ul style="list-style-type: none"> • General Considerations Chart • Is this the primary residence? <p style="margin-left: 20px;">Always consider Natural Supports, but specifically question does it make sense that this particular chore is separated out from the overall family routine?</p> <ul style="list-style-type: none"> • Are the requested services more intense due to the child’s disability and does it result in additional household tasks? • Does it afford the family the ability to provide additional supports to the child? 	<ul style="list-style-type: none"> • All areas of the home are requested • Lawn Care • Snow Removal • Pet Care- Monkeys, cats, dogs, cattle, livestock---all PETS excluded
		N/A		
		N/A		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

**Threshold” means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Homemaker-Enhanced	<p>Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning.</p> <p>Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental Basic Homemaker Services that is provided in combination with Enhanced Homemaker Services; however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker Services also include the need for extraordinary cleaning as a result of the participant’s behavioral or medical needs.</p>	1-560	<ul style="list-style-type: none"> • General Considerations Chart • Does the service require a habilitative, structured program? • Do the tasks require enhanced prompting and cueing? Enhanced prompting and cueing: Provider is physically present to provide step by step instructions (verbal or physical) throughout the entire task. • Is there a specific ISSP? • Is the need for extraordinary cleaning related to the child’s disability and/or behaviors? • Extraordinary cleaning means those tasks that are beyond routine sweeping, mopping, laundry or cleaning and require additional cleaning /sanitizing due to the individual’s disability. 	
		561-720		
		>720		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Parent Education	<p>Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the participant’s needs, including sign language training. Acquisition of information, specific to the participant’s disability, for family members from support organizations and special resource materials, cost of registration for parents/caregivers to attend conferences/educational workshops that are specific to the participant’s disability, cost of membership to parent support/information organizations and publications designed for parents of children with disabilities.</p> <p>The maximum annual allowance for Parent Education is \$1,000.00 per year.</p>	0-\$1,000	<ul style="list-style-type: none"> • General Considerations Chart • Training is specific to the child’s disability and not training that would be typical for all parents of a child with disabilities (IEP). 	<ul style="list-style-type: none"> • Transportation • Lodging • Food • Membership Fees to any Political Organization including those that lobby • Staff training • Training for employment requirements
		N/A		
		N/A		
Personal Care	<p>A range of assistance to enable participants to accomplish tasks that they would normally do for themselves such as hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.</p>	1-1400	<ul style="list-style-type: none"> • General Considerations Chart • Health Related Services: How much skilled care does the person receive? • Medical/Skilled vs. Non-Medical/Unskilled 	<ul style="list-style-type: none"> • Skilled care
		1401-1800		
		>1800		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Professional Services	<p>Professional services include Hippo-therapy, Movement Therapy and Massage. These services are only available from a provider who is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source.</p> <p>Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/ enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral and communication.</p> <p>Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.</p> <p>Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.</p>	>0	<ul style="list-style-type: none"> • General Considerations Chart 	<ul style="list-style-type: none"> • Experimental Services • Equine Therapy • Warm Water Therapy • Art Therapy • Acupuncture • Chiropractor
		N/A		
		N/A		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Respite	<p>Respite service may be provided to eligible participants, on a short-term basis, because of the absence or need for relief of the primary care-givers of the participant. Respite is to be provided in an age appropriate manner. The eligible participant older than 11 years of age may receive Respite during the time the care-giver works because same age typical peers do not need ongoing supervision at that age and the need for the respite is based on the child’s disability. Children, 11 years of age and younger, will not receive respite during the time the parent works because this is a typical expense for all working parents. In the event the cost of care during the time the parents work is more for an eligible participant, 11 years of age or younger, than it is for same age typical peers, then Respite may be used to pay the additional cost.</p> <p>Respite may be provided for siblings of eligible participant who reside in the same home and who are 11 years of age or younger in the event supervision is needed so the primary caretaker(s) can take the recipient to a service covered by state plan benefits or the waiver. Sibling care is not allowable for care needed due to parent’s work schedule or breaks.</p> <p>Federal financial participation is not available for the cost of room and board except when provided, as part of Respite care furnished in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less.</p> <p>The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional units when the service period is less than a day. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period. DHS/DDD may approve a higher amount based on a documented increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs.</p>	<p>1-30 full days per year and 1-1880 individual units</p> <p>N/A</p> <p>>30 full days per year and >1880 individual units</p> <p>Camp/Group >0 (ALL)</p>	<ul style="list-style-type: none"> • General Considerations Chart • What type of setting is the Respite being delivered? <p>Individual: The participant receives respite in a one-on-one situation. There are no other individual in the setting also receiving respite services. Individual respite occurs for 10 hours or less in a 24-hour period.</p> <p>Individual Day: The participant receives respite in a one-on-one situation for cumulatively more than 10 hours in a 24 hour period.</p> <p><u>Camp</u>: The participant receives respite in a camp setting, which is defined as a facility that offers 24-hour supervision through supervised overnight group accommodations. The intention of the service must be to provide the primary caretaker a temporary break from caring for the participant. Camp may not substitute for other services provided by the Camp such as personal care, behavioral services or services not covered by the waiver including room and board. The daily camp rate shall not exceed the respite daily rate. Total camp units will be included in the maximum service limit.</p> <p><u>Group</u>: The participant receives care along with other individuals, who may or may not have a disability. The total cost of group units within a 24-hour period shall not exceed the respite daily rate. Total group units shall be included in the maximum service limit.</p>	

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Specialized Medical Equipment and Supplies	<p>Specialized Medical Equipment and supplies include:</p> <ol style="list-style-type: none"> 1. Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living; 2. Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods. 3. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability. 4. Specially designed clothing (e.g. velcro) for participant if the cost is over and above the costs generally incurred for a participant’s clothing. 5. Maintenance and upkeep of the equipment. <p>Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State Plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.</p>	Equipment 0-\$700	<ul style="list-style-type: none"> • General Considerations Chart 	<ul style="list-style-type: none"> • State Plan Benefits <ul style="list-style-type: none"> • Orthopedic Shoes/Inserts • Chucks/bed pads • Gloves • Diapers • Grab Bars • Wheel Chair Adaptations <p><i>Please Refer to current Provider Bulletin for a complete listing</i></p>
		Supplies 0-\$700		
		Equipment \$701-\$1000		
		Supplies \$701-\$1000		
		Equipment >\$1000		
		Supplies >\$1000		

Attachment C

Service Authorization
Home and Community Based Children’s Extensive Support Services Waiver (HCBS-CES)

*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Vehicle Modifications	<p>Adaptations or alterations to an automobile or van that is the participant’s primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>The following are specifically excluded:</p> <p>1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;</p> <p>2) Purchase or lease of a vehicle; and</p> <p>3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.</p> <p>The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>	0-10,000	<ul style="list-style-type: none"> • General Considerations Chart • Are there sufficient providers to obtain 3 bids? • Cost Effective? • Primary Vehicle Only? • Has this modification been purchased on another vehicle in the past? If so, is it something that can be transferred to the new vehicle? <p><i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i></p>	<ul style="list-style-type: none"> • Luxury Upgrades • Provider convenience • Adaptations or improvements not related to the individual's disability • Purchase or lease of a vehicle • Regular upkeep and maintenance of the vehicle
		N/A		
		>\$10,000		
Vision	<p>Vision therapy is provided only when the services are not available through the Medicaid State Plan or EPSDT due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the participant and the participant’s signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.</p>	0-\$500	<ul style="list-style-type: none"> • General Considerations Chart • Is there a treatment plan from the qualified professional? • Is there any portion of the treatment plan that will be covered under EPSDT? 	<ul style="list-style-type: none"> • Eye glasses • Contacts • Routine eye exams
		\$501-\$1,000		
		>\$1,000		