

Service Description for DDS

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Behavioral Supports

Clinical and therapeutic services that assist informal support persons and/or paid support staff in carrying out individual positive behavioral support plans, which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. Behavioral Support activities are provided by professionals in psychology, counseling and behavior management. The service may include assessment of support needs, the development of a home-based positive behavioral support plan, training to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. This service is available to all participants in the waiver.

In the assessment process, Behavioral Supports personnel collect data, review documentation, conduct observations, interview family or staff, assist with functional assessments/analyses, and other duties as needed to conduct a full assessment. Behavioral Supports personnel's role in the implementation of behavior support plans includes training participants, family, staff and others in behavioral strategies and other specific topics. This staff may also model the application of procedures, conduct integrity observations, provide supportive or corrective feedback concerning plan implementation and directly implement plans.

Behavioral Supports personnel must communicate effectively with the participant, the participant's Case Manager, the Community Supports Team (if applicable) and other stakeholders to assure that supports and treatments are well-coordinated for the participant and integrated into the participant's Plan of Care.

Minimum qualifications to draft positive behavior plan is Master's degree in psychology when supervised by a licensed psychologist or a licensed clinical social worker. Minimum qualifications for consultation are Masters level psychologist, advanced practice nurse, LCSW, LGSW and licensed professional counselor or closely related field, and at least one year experience serving people with developmental disabilities. Knowledge and experience in behavioral analysis is preferred.

Center-Based Respite

Supports and services provided for relief of those unpaid individuals normally providing care to individuals unable to care for themselves, furnished on a short term basis, by a DDS-authorized respite facility.

In the event of a crisis, respite can be delivered by a licensed residential habilitation provider authorized to provide Center-Based Respite in a residential habilitation program.

These services are necessary to prevent individuals from being institutionalized or sent to an out-of-District program.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the District that is not a private residence.

Respite care will ensure that participants have access to community activities as delineated in the participant's Plan of Care. Community activities, including transportation to and from these activities, are included in the rate for Center-Based Respite. These activities include activities the participant would receive if they were not in the center-based respite facility. These community activities would allow the individual's routine not to be interrupted.

Center Based Respite is not available to participants receiving Companion Care, Host Home, Supported Living or Residential Habilitation services. Settings in which the provider is compensated for the general care of the participant (such as a group home, ICR/MR, etc.) cannot be reimbursed for respite care services related to the residents of the facility.

Community Support Team

Community Support Teams (CSTs) provide intensive behavioral and psychiatric supports for people in the community who are at imminent risk of institutionalization. The CST is a specialized professional treatment team that consists of a psychologist, a psychiatrist, a registered nurse, a social worker, and a Certified Alcohol Counselor and behavior specialist as needed. Each member is involved collaboratively in the development of an inter-disciplinary plan. The most clinically appropriate team member(s) represents the team in providing direct service to the participant. Each member is involved as needed, but team member(s) will spend a minimum of one hour weekly meeting with the participant and/or care givers at the onset of treatment and will review summary data at least weekly with CST staff who are involved. Written behavioral support strategies will be reviewed and updated at least monthly, based on the participant's response to services.

CST uses a collaborative, inter-disciplinary approach to develop individualized behavioral and psychiatric strategies that are both person-centered and effective. Supports and services available through the CST include psychological evaluations, psychosocial assessments, psychiatric evaluations, medical screenings, intensive formalized positive behavioral supports, psychiatric treatments, family and/or agency training, service transition planning, brief counseling therapies, 24-hour on-call phone supports, and crisis planning. The team also works closely with case managers to assure a coordinated team effort when other professionals in the community are providing supports (e.g., neurologist, general physician, physical therapist).

The following criteria must be present to receive CST supports:

1. An ongoing pattern of behavior that includes physical harm to self or others and /or behaviors/psychiatric symptoms which have led to institutionalization in the past or have a high probability of resulting in institutionalization. (e.g., self-injurious behavior, physical aggression, illegal or inappropriate sexual acts, reckless endangerment, psychiatric conditions leading to the denial of self-preservation or extremely poor hygiene).
2. An imminent risk of institutionalization;
3. A need for 24 hour on-call phone supports and crisis planning to support health and safety.

CST services do not include onsite crisis intervention services and cannot adequately serve people who threaten or attempt suicide or homicide or who have a pattern of felony violations involving violence or the victimization of others.

CST personnel will have a minimum of 2 years experience providing professional services to people with developmental disabilities or receive supervision by professional staff that have the requisite experience. Psychologists will provide clinical leadership and provide supports consistent with person-centered practices and positive behavioral support practices.

Live-In Caregiver

Live-In Caregiver services are provided in a participant's home by a principal care provider (Caregiver) who lives as a room mate with the participant. Live-In Caregiver services are furnished to adults who require someone to assume 24 hour as-needed responsibility for their physical and social well-being as determined by a District-managed assessment process and Plan of Care. This service differs from Host Home in that the participant lives in his own home (rented or owned) and does not require 24 hour direct supervision. The Caregiver assists in implementing the needed supports as identified in the Plan of Care which enable the participant to retain or improve skills related to health, activities of daily living, money management, community mobility, recreation, cooking, shopping, use of community resources, community safety and other adaptive skills needed to live in the community. Community access activities and coordination of transportation services are provided as needed by the principal Caregiver. The Caregiver is responsible for coordinating and assisting as needed with transportation to medical appointments. The Caregiver is responsible for providing medical and physical health care that can be delivered by unlicensed trained personnel in accordance with the standards governing delegation of nursing interventions set forth in Chapters 54 and 55 of Title 17 of the District of Columbia Municipal Regulations (DCMR)

Live-In Caregiver services can be provided by a person (s) unrelated to the participant or a family member but not a parent, spouse or legally responsible relative. The Caregiver is responsible for participating in and abiding by the Plan of Care as well as maintaining records in accordance with District and provider requirements.

Live-In Caregiver services are arranged by provider organizations that are subject to licensure and are subject to standards identified by the District and the provider. The provider organization has 24 hour responsibility for arranging and overseeing the delivery of services, providing emergency services as needed and providing or arranging for two weeks of respite per year. The participant's home receives an initial inspection by the provider organization as well as periodic inspections with a frequency determined by the provider. The provider will make a minimum of once per month contact with the Caregiver.

The Caregiver will receive free rent.

A written agreement developed as part of the participant's Plan of Care will define all shared responsibilities between the Caregiver and the participant including no more than four hours per day of support provided by the Caregiver, activities provided by the Caregiver, a typical weekly schedule and payment for both parties' personal needs, utilities and food. Revisions to this agreement must be done by the Plan of Care Team and can occur at any time at the request of the participant, the Caregiver or the provider.

Separate payment will not be made for Host Home, Residential Habilitation, Supported Living, Center-Based Respite or In-Home Supports, since these services are integral to and inherent in the provision of Live-In Caregiver services. FFP is not available if the participant resides in the Caregiver's home.

Day Habilitation Services

Day Habilitation Services are aimed at developing activities and/or skills acquisition to support or further community integration opportunities outside of an individual's home that promote independence, autonomy and assist him/her in developing a full life in his/her community. Services should focus on habilitation activities in group settings that enable the participant to attain maximum functional level based on his or her valued outcomes. These services should be provided in a variety of community venues and the venues should routinely correspond with the

context of the skill acquisition activity to enhance the habilitation activities. Overarching goals of the program shall include regular community inclusion and the opportunity to build towards maximum independent status for the individual.

The primary focus of Day Habilitation Services is acquisition of new skills or maintenance of existing skills based on individualized preferences and goals. The skill acquisition/maintenance activities should include formal strategies for teaching the individualized skills and include the intended outcome for the participant. Individualized progress for the skill acquisition/maintenance activities should be routinely reviewed and evaluated with revisions made as necessary to promote continued skill acquisition. As a person develops new skills, his or her training should move along a continuum of habilitation services offered toward greater independence and self-reliance.

Day Habilitation Services shall focus on enabling participants to attain their maximum functional level and shall be coordinated with any physical, occupational or speech therapies listed in the individual's Plan of Care. In addition Day Habilitation Services may serve to reinforce skills or lessons taught in school, therapy or other settings.

This service is delivered no more than eight hours per day. Provisions must be made by the provider for participants who arrive early and depart late.

Time spent in transportation to and from the program shall not be included in the total amount of services provided per day.

Time spent in transportation to and from the program for the purpose of training the participant on the use of transportation services may be included in the number of hours of services provided per day for a period of time

Dental Services

Dental services shall include: Oral examinations; radiographs; tests and laboratory examinations; preventative services including, dental prophylaxis, topical fluoride treatment, space maintenance and sealant; restorative services including, amalgam, resin-based, inlay/on lay, crowns, and other restorative services; endodontics including, pulp capping, pulpotomy, endodontic therapy and endodontic retreatment; periodontics including, a comprehensive oral examination, surgical services, scaling and root planning, full mouth debirement and periodontal maintenance procedures; prosthodontics-removable including, complete and partial dentures, adjustments, repairs of dentures, rebase and reline procedures and interim prosthesis and tissue conditioning; prosthodontics-fixed including, denture pontics, crowns and other services; oral and maxillofacial surgery including extractions local anesthesia, suturing and routine postoperative care; emergency treatment of dental pain; anesthesia including full mouth rehabilitation or other services provided under intravenous sedation or general anesthesia; orthodontics limited to medically or habilitatively necessary procedures; hospitalization clinically necessary to perform dental procedures; home visits clinically necessary.

Environmental Accessibilities Adaptations

Those physical adaptations to the home or vehicle, required by the participant's Plan of Care, which are necessary to ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home, and without which, the participant would require institutionalization. Home modification funds are not intended to cover basic construction cost. Waiver funds can be used to cover the difference between constructing a bathroom and building an accessible or modified bathroom, but in any situation must pay for a

specific approved adaptation.

Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the participant. Modifications may be applied to rental or leased property with the written approval of the landlord and approval of DDS. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, exterior fencing, general home repair and maintenance, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable District building codes.

A cap of \$10,000 for a five year period for this service will be per participant. On a case by case basis, with supporting documentation and based on need, a participant may be able to exceed this cap with the approval of DDS and with the limits beyond the capped prior authorized. No more than two residences modified in a five year period; exceptions may be approved by DDS.

Host Home

Host Home services enable participants to retain or improve skills related to health, activities of daily living, money management, community mobility, recreation, cooking, shopping, use of community resources, community safety and other adaptive skills needed to live in the community. Host Home services are provided in a private home by a principal care provider who lives in the home and either rents or owns the home. Host Home services are furnished to waiver participants who require 24 hour services as determined by a District-managed assessment process and Plan of Care. Residential, community integration and transportation services are delivered in conjunction with residing in the home. The Host Home is responsible for providing transportation to medical appointments and providing medical and physical health care that can be provided by unlicensed persons in accordance with the District of Columbia's Nurse Practice Act.

The total number of participants (including those served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed three. Host Home services are provided by a person (s) unrelated to the participant or a family member but not a parent, spouse or legally responsible relative. The Host Home is responsible for participating in and abiding by the Plan of Care as well as maintaining records in accordance with State and provider requirements.

Host Home services are arranged by provider organizations certified by DDS that operate residential programs that are subject to licensure. Host Homes are subject to standards identified by the District and the provider. The provider organization has 24 hour responsibility for arranging and overseeing the Host Home, providing emergency services as needed and providing or arranging for 14 days of respite per year. The Host Home receives an initial inspection by the provider organization as well as periodic inspections with a frequency determined by the provider but is not subject to licensure.

Host Home contractors serving children who are waiver participants are required to provide daily supports and supervision, to meet on-going support needs and to handle emergencies as required on a 24-hour basis; just as any family would do for their minor child based on age, capabilities, health conditions and any special needs.

Host Home contractors serving adult waiver participants who are competent majors are required to be available for daily supervision, support needs or emergencies as outlined in the adult participant's Plan of Care based on medical, health and behavioral needs, age, capabilities, and any special needs.

Host Home contractors serving adult waiver participants who have been adjudicated incompetent are required to be available for daily supervision, support needs or emergencies as outlined in the adult participant's Plan of Care based on medical and behavioral needs, capabilities, age and special needs, and in accordance with the legal requirements of the guardianship.

Host Home contractors must afford participants with a family atmosphere and a welcoming, safe and nurturing home expected in a family home environment. They assist participants in meeting their basic adaptive living needs offering direct support where required. Responsibilities of a Host Home contractor also extend beyond these basic duties of assuring health and safety. They help participants to develop their leisure interests and activities in the home setting and their relationships with other members in the household. In addition, they provide other supports consistent with the participant's goals, Plan of Care and identified support needs. They utilize specific teaching strategies to encourage independence and autonomy when a part of the participant's Plan of Care.

Host Home contractors support participants in accessing community services, activities and in pursuing and developing recreational and social interests outside the home. They facilitate participants in becoming a part of their communities and assist with teaching community living skills as outlined in the Plan of Care to achieve the participant's goals concerning their community and social life as well as to maintain contacts with their biological families and natural supports as specified in their Plans of Care.

For participants who are working or interested in working, Host Home contractors assist the participants, their provider agency, and other service entities in their attempts to locate an appropriate job and support the participant's desire to work. They maintain contact with supported employment or pre-vocational providers and employers where appropriate. Host Home contractors are responsible for assisting participants in keeping medical and therapy appointments and are expected to attend these appointments when their support is beneficial. They are responsible for providing for or ensuring transportation to school, work, and medical/therapy appointments. Host Home contractors who are engaged in employment outside the home should adjust these duties to allow the flexibility needed to meet their responsibilities to the participant.

Host Home contractors assist with the development of the Plan of Care well as maintaining records in accordance with State and provider requirements. They provide special medical supports specified in the Plan of Care as allowable under state law. Host Home contractors follow behavior support strategies as outlined in the participant's Plan of Care. Host Home contractors keep and provide information/data to assist in evaluating the participant's personal goals. They are responsible for immediately reporting to their agencies any major issues or concerns related to the participant's safety and well-being. Specialized training may be required to provide supports in a Host Home setting. This is determined by the provider agency, DDS and the participant's needs as identified in the Plan of Care.

Waiver payments are not made for room and board.

For individuals receiving Host Home services, separate payment will not be made for Center Based Respite or Respite since these services are integral to and inherent in the provision of Host Home services.

In-Home Supports

In-Home Supports are provided to participants in order to assist them to reside successfully in homes owned or leased by the family or participant. These services are furnished to participants who live in a home that is leased or owned by the person(s) or their family receiving services.

Services may be provided in the home or community, with the place of residence as the primary setting.

In-Home Supports focus on achieving one or more goals as outlined in the approved Plan of Care utilizing teaching and support strategies. Specified goals are related to acquiring, retaining and improving independence, autonomy and adaptive skills. Examples of trainings include the following:

- Self-help skills include activities of daily living and self-care. In-Home Supports provide direct support services to assist with these goals.
- Socialization skills are intended to foster community inclusion and well-being. An example is becoming involved in community recreational and leisure activities. In-Home Supports may provide out-of-home support, community-integration planning (event/location identification and scheduling), transportation, travel training, or other supports needed for socialization skills development.
- Cognitive and Communication Tasks Adaptive Skills may include homemaker tasks, safety skills, recognition of basic concepts, academic skills, and a variety of interpersonal communication objectives. In-Home Supports providers may work collaboratively with informal supports, the Case Manager and service providers to identify goal areas that tie in with the participant's choice of daily routine.
- Replacement Behavior Components of Positive Behavior Support Plans include those skills required to effectively address situations and antecedents of frequently occurring maladaptive or challenging behavior. In-Home Supports providers may work as directed by an assigned professional to assist the participant to develop skills necessary to reduce or eliminate episodes in which the participant becomes a danger to self or others.

Payment will not be made for routine care and supervision that is normally provided by the family or for services furnished to a minor by the child's parent or step-parent or by a participant's spouse. Family members who provide In-Home Supports must meet the same standards as providers who are unrelated to the participant. Payment does not include room and board or maintenance, upkeep and improvement of the participant's or family's residence.

Payment will not be made for travel or travel training to Supported Employment, Day Habilitation or Pre-Vocational Services.

This service includes 24-hour availability of response staff to meet schedules or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security.

In-Home Supports provide for therapeutic leave payment to enable the provider to retain personal care services during the time a participant is out of their home for a period of time in excess of 24 hours without direct care staff because of hospitalization, vacation or other absence. Therapeutic leave must be authorized and documented in the Plan of Care. This leave shall not exceed 14 days per year.

In-Home Supports are not available to participants receiving Host Home, Companion Care, Residential Habilitation or Supported Living services.

Qualified participants may use In-Home Supports in combination with State Plan Personal Care and Home Health Agencies as long as services are not provided during the same period in a day. The Case Manager is responsible for ensuring that no duplication of service occurs.

Nutrition

Nutrition services include dietary evaluation and consultation with participants or their care provider. Services are intended to maximize the participant's nutritional health.

Occupational Therapy

Occupational Therapy services shall be designed to maximize independence, prevent further disability, and maintain health. These services should be provided in accordance with the participant's Plan of Care. All Occupational Therapy services should be monitored to determine which services are most appropriate to enhance the participant's well being and to meet the therapeutic goals.

One-Time Transitional Services

One-Time Transitional Services are non-recurring set-up expenses for participants who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the participant is directly responsible for their own living expenses. Allowable expenses are those necessary to enable a participant to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and, (g) activities to assess need, arrange for and procure need resources. One-Time Transitional Services are furnished only to the extent that they are reasonable and necessary as determined through the Plan of Care development process, clearly identified in the Plan of Care and the participant is unable to meet such expense or when the services cannot be obtained from other sources. One-Time Transitional Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. One time life time maximum service of \$5,000 per participant. Service expenditures will be tracked by MMIS and DDS data files and through prior and post authorization records.

Personal Emergency Response System (PERS)

Personal Emergency Response System (PERS) is an electronic device which enables certain participants at high risk of institutionalization to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. Trained professionals staff the response center. PERS services are available to those participants who live alone, or who are alone for significant parts of the day and have no regular caregiver for extended periods of time, and who otherwise would require extensive routine supervision.

Coverage of the PERS is limited to the rental of the electronic device. PERS services shall include the cost of maintenance and training the recipient to use the equipment. Reimbursement will be made for an installation fee for the PERS unit. A monthly fee will be paid for the maintenance of the PERS.

Physical Therapy

Physical Therapy services shall be designed to maximize independence, prevent further disability, and maintain health. Physical Therapy services are designed to treat the identified physical dysfunction or the degree to which pain associated with movement can be reduced. These services should be provided in accordance with the participant's Plan of Care. All Physical Therapy services should be monitored to determine which services most appropriate to enhance the participant's well being and meet the therapeutic goals.

Pre-Vocational Services

Pre-vocational activities are delivered in either a group or individualized setting designed to assist a participant in acquiring and maintaining basic work-related skills necessary to acquire and retain competitive employment. Overall goals of the program include regular community inclusion and development of work skills and habits to improve the employability of the participant.

Services should be offered which engage participants in real and simulated employment tasks to determine their vocational potential. Services focus on teaching concepts and skills such as following directions, attending to task, task completion, problem solving and job safety skills. All Pre-Vocational services are to be reflective of the participant's Plan of Care directed toward habilitation and/or teaching a specific job skill.

The primary focus of Pre-Vocational Services is the acquisition of employment-related skills based on the participant's vocational preferences and goals. These activities should include initial assessments, adult education, formal strategies for teaching the skills and supporting the participant to achieve their intended outcomes through trials at various employment opportunities. Individualized progress for the activities should be routinely reviewed and evaluated with revisions made as necessary.

Pre-Vocational services are provided to participants who because of their disabilities need intensive ongoing support to perform in a paid work setting. In the event participants are compensated in the employment-related training services, pay must be in accordance with the United States Fair Labor Standards Act of 1985. Participants who express interest in working in a competitive job setting are supported to transition to a more appropriate vocational opportunity by the pre-vocational provider and the Case Manager.

Pre-Vocational services are not available to participants who are eligible to participate in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act, 20 U.S.C. 1401 (16) and (71).

Services shall normally be furnished to a participant up to eight hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in a participant's Plan of Care.

Time spent in transportation to and from the program shall not be included in the total amount of services provided per day.

This service cannot be provided or billed for at the same hours on the same day as Day Habilitation or Supported Employment.

Professional Services

Professional Services are direct services to participants, based on need, and specified in an approved Plan of Care.

Professional services offered are: Massage Therapy, Sex Therapy, Art Therapy, Dance Therapy, Drama Therapy, Fitness Trainer, Acupuncture and Music Therapy.

Professional services may be utilized to:

- Assist in increasing the individual's independence, participation, emotional well-being and productivity in their home, work and community
- Provide training or therapy to an individual and/or their natural and formal supports, necessary to either develop critical skills that may be self-managed by the individual or maintained according to the individual's needs,
- Perform assessments and/or re-assessments and recommendations
- Provide consultative services and recommendations
- Provide necessary information to the individual, family, caregivers, and/or team to assist in planning and implementing plans per the approved Plan of Care.

The specific service delivered must be consistent with the scope of the license held by the professional. Service intensity, frequency, and duration will be determined by individual need. The services may be short-term, intermittent, or long-term, depending on the need. The team developing the plan of support makes determinations for service utilization.

The participant may utilize one or more Professional Services in the same day but not at the same time.

There is a \$2,250 per participant, per Plan of Care year cap for professional services.

Additional services can be prior authorized if the participant reaches the cap before the expiration of the Plan of Care year and the participant's health and safety are at risk.

Residential Habilitation

Services are provided in homes for 4-6 participants sharing a home managed by a provider agency. Services are developed in accordance with the needs of the individual and include supports to assist individuals in acquiring, retaining and improving self-care, daily living, adaptive and leisure skills needed to reside successfully in a shared home within the community. Supports include health care and supervision and oversight including 24-hour availability of response staff to meet schedules or unpredictable needs in a way that promotes maximum dignity and independence and nursing. The service provides supervision, safety and security but does not include the time the person is in school or employed. Services are developed in accordance with the participant's Plan of Care.

Payments are not made for room and board, the cost of facility maintenance, upkeep or improvement.

The cost of transportation is included in the residential habilitation rate.

Respite

Services provided to participants unable to care for themselves; furnished on a short-term basis in the participant's home because of the absence or need for relief of those persons normally providing the care.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the District that is not a private residence. Respite care is in the participant's place of residence.

This service is necessary to prevent participants from being institutionalized or sent to an out-of-District program.

Respite care will ensure that participants have access to community activities as delineated in the participant's Plan of Care. Community activities, including transportation to and from these activities, are included in the rate for Respite. These activities include ensuring school attendance, or other school activities, or other activities the participant would receive if they were not in respite. These community activities would allow the participant's routine not to be interrupted.

Respite is not available to participants receiving Center-Based Respite, Companion Care, Host Home or Residential Habilitation services.

Limited to 720 hours or 30 days per participant, per Plan of Care year. Services provided cannot exceed those authorized in the Plan of Care. Any request for hours in excess of 720 hours must have DDS approval with proper justification and documentation.

Skilled Nursing Services

Services listed in the Plan of Care that are within the scope of the District's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the District of Columbia. Since Skilled Nursing is an extended State Plan service, waiver participants must exhaust all available skilled nursing visits provided under the District's Medicaid State Plan Services prior to receiving services through this Waiver.

Skilled Nursing services must be included in the participant's Plan of Care, have a physician's order, a physician's letter of medical necessity, an individual nursing service plan, a summary of medical history, and the skilled nursing checklist. The Nurse should submit updates every 60 days if any changes to the individual's needs and/or Physician's orders.

Consulting services include assessments and health related training and education for participants and caregivers. These services may address healthcare needs related to prevention and primary care activities. Consultative services must be performed by a Registered Nurse.

When there is more than one participant in the home receiving skilled nursing services, services may be shared and payment must be coordinated with the service authorization system and each participant's Plan of Care. Nursing consultations are offered on an individualized basis only.

DDS can approve up to six visits per year of Skilled Nursing services. Skilled Nursing is not available in residential habilitation or supported living.

Speech, Hearing and Language Therapy

Speech, Hearing and Language Therapy services shall be designed to maximize independence, prevent further disability, and maintain health. These services should be provided in accordance

with the participant's Plan of Care. All Speech, Hearing and Language Therapy services should be monitored to determine which services are most appropriate to enhance the individual's well being and to meet the therapeutic goals.

Supported Employment

Supported Employment is competitive work in an integrated work setting, or employment in an integrated work setting in which participants are working toward competitive work, consistent with strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Supported Employment is also provided to participants with ongoing support services for whom competitive employment has not traditionally occurred. These are services provided to participants who are not served by the District's Rehabilitation Services and need more intense, long term follow along and usually cannot be competitively employed because supports cannot be successfully faded.

Supported Employment is:

1. Vocational assessments: All vocational assessments, regardless of the participant's vocational placement, are conducted by supported employment providers;
2. Individual placement: A supported employment placement strategy in which an employment specialist (job coach) places a participant into competitive employment through a job discovery process, provides training and support, and then gradually reduces time and assistance at the worksite;
3. Enclave: An employment situation in competitive employment in which a group of eight or fewer participants with disabilities are working at a particular work setting. The participants may be disbursed throughout the company and among workers without disabilities or congregated as a group in one part of the business;
4. Mobile Work Crew: A group of eight or fewer participants who perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor);
5. Development and on-going support for micro-enterprises owned and operated by the participant. This assistance consists of: (a) assisting the participant to identify potential business opportunities; (b) assisting the participant in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the participant to operate the business; and, (d) ongoing assistance, counseling and guidance once the business has been launched.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to a participant's supported employment program.

Service Exclusions:

1. Day Habilitation, Pre-Vocational Services and In-Home Supports shall not be used in conjunction or simultaneously with this service.

2. When Supported Employment services are provided at a work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

3. Services are not available to individuals who are eligible to participate in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act, 20 U.S.C. 1401(16) and (71).

Service Limits:

1. One-to-One intensive services shall not exceed 1,280 1/4 hour units per Plan of Care year.
2. Services shall be limited to no more than eight hours a day, five days a week, for eight weeks.
3. Follow along services shall not exceed 24 days per Plan of Care year.
4. Mobile Crew/Enclave services shall not exceed 8,320 1/4 hour units of service per Plan of Care year, without additional documentation. This is eight hours per day, five days per week.
5. Time spent in transportation to and from the program shall not be included in the total amount of services provided per day.

Supported Living

This service is designed to provide support to participants who have limited informal supports and have an assessed need for assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a non-institutional setting. This service is provided by an agency in a home serving one to three participants that is owned or leased and operated by the agency. Payment for Supported Living is not made for cost of room and board, the cost of home maintenance, upkeep and improvement, modifications or adaptations to a home, or to meet the requirements of the applicable life safety code. Payment for Supported Living does not include payments made, directly or indirectly, to members of the participant's immediate family. Services are not reimbursed when the participant is receiving Center-Based Respite or Respite. A 24-hour setting for a single participant is only possible when the participant is a danger to others, as determined by psychological assessment and/or court order. The psychological assessment must be updated on an annual basis to determine the continued necessity for this single 24-hour placement.

Transportation –Community Access

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, as specified by Plan of Care.

This service shall not replace:

1. Transportation services to medically necessary services under the State Plan;
2. Transportation services provided as a means to get to and from school; and
3. Transportation provided per waiver services definitions of center-based respite, day habilitation services, prevocational habilitation, supported employment and shared living.

Transportation services under the waiver shall be offered in accordance with and documented in the participant's Plan of Care. The participant must be present to receive this service. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. Whenever possible, public transportation or the most cost-effective method of transport will be utilized.

If the participant is using other modes of transportation (e.g. bus, Metro, taxi) the cost of the trip cannot exceed the cost of point-to-point van service and can be provided as tokens, passes, or fare cards brokered by DDS

This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them.

The cap on this service is \$2,400 per year. Proposed expenditures above this cap must be reviewed and approved by DDS.

Transportation can be billed as a maximum of two one-way trips per service day regardless of the number of places the participant receives the service or billed as one round-trip service to one location.

Transportation –Vocational

Service offered in order to enable waiver participants to gain access to vocational services, activities and resources, as specified by the Plan of Care.

This service shall not replace:

1. Transportation services to medically necessary services under the State Plan; and
2. Transportation services provided as a means to get to and from school.

Transportation services under the waiver shall be offered in accordance with and documented in the participant's Plan of Care. The participant must be present to receive this service. Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge will be utilized. Whenever possible, public transportation or the most cost-effective method of transport will be utilized.

Transportation services are meant to provide maximum flexibility to the participant to choose the mode of transportation they wish to use to reach the vocational site. If vocational providers are providing the transportation, they may bill for reimbursement.

If the participant is using other modes of transportation (e.g. bus, Metro, taxi) the cost of the trip cannot exceed the cost of point-to-point van service and can be provided as tokens, passes, or fare cards brokered by DDS

Transportation can be billed as a maximum of two one-way trips per service day for a maximum of 264 days and 728 service units regardless of the number of places the person receives the service.

Vehicle Modifications

Vehicle modifications are designed to help the participant function with greater independence. Such adaptations to the vehicle may include a lift, or other adaptations to make the vehicle accessible to the participant, or for the participant to drive. Excluded are those adaptations, which are of general utility, or for maintenance of the vehicle, or for repairs to adaptations. Car seats are not considered as a vehicle adaptation.

All providers must meet any District for licensure or certification, as well as the person performing the service.

A cap of \$10,000 for a five year period for this service per participant. On a case by case basis, with supporting documentation and based on need, a participant may be able to exceed this cap with the approval of DDS and with the limits beyond the capped prior authorized. No more than two vehicles modified in a five year period; exceptions may be approved by DDS.