# Medicaid HCBS Living at Home Waiver
# Service Catalog

**Alabama Department of Mental Health**

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**Personal Care Services**

Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. There will be a separate code for this service, called Personal Care on Worksite, to distinguish it from other personal care activities, effective in Fiscal Year 2009. The separate code will have a higher rate, both to recognize the increased skill set required of the staff and also to provide incentive to support individuals in gaining and maintaining work, at competitive wages (at least minimum wage), in integrated worksites where most other workers do not have disabilities. The provision of personal care on the worksite does not require documentation that a person has already exhausted his benefits under the Vocational Rehabilitation (VR) Program, and can in fact be provided simultaneously with the provisions of the VR Program so long as the personal care is necessary for job support and does not duplicate any aspect of the benefit provided through the VR Program. The separate code for Personal Care on Worksite may only be billed for time spent supporting the individual at the worksite and transporting the individual to and from that worksite using the provision in the paragraph below.

Personal care attendants may transport consumers in their own (the attendant's) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the consumer in accessing the community, and not merely to provide transportation. Additional payment will be made for mileage and the provider's cost of an insurance waiver to cover any harm that might befall the consumer as a result of being transported. The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and is in-serviced on safety procedures when transporting a consumer. This service will provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.

Personal care under the waiver may also include general supervision and protective oversight reasonable to accomplishing of health, safety and inclusion. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and a case manager or community specialist) shall determine the composition of the service and assure it does not duplicate, nor is duplicated by, any other service provided to the individual. A written description of what the personal care worker will provide to the person is required to be submitted to the state as part of or in addition to the plan of care, and will require approval by the Division of Intellectual Disabilities and be subject to review by the Single State Agency for Medicaid.

While in general personal care will not be approved for a person living in a group home or other residential setting, the Division of Intellectual Disabilities may approve it for specific purposes that are not duplicative.

The plan of care or an addendum shall specify any special requirements for training, more than basic training, which may be needed to support the individual. Parents and other caretakers shall be key informers on the matter of special training, and will be encouraged to participate in the training and supervision of the worker.

When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. Otherwise, the only limitation on hours provided is the individual's documented need for the service as an alternative to

institutional care and the reasonable cost effectiveness of his or her plan.

There is no restriction on the place of service so long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual, not including worker's time of travel to and from the place of work.

Personal Care Workers shall not be members of the immediate family (parents, spouses, children or siblings) of the person being supported, nor may they be legally obligated in any other way to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered. Employment of a relative or friend shall be noted and justified in the consumer's record by the provider agency.

The procedure code and modifier for personal care is T1019 UD.
The procedure code and modifier for personal care transportation is T2001 UD.
The procedure code and modifier for personal care on worksite is T1019 UD HW.

**Personal Care Services Provider Qualifications**

Personal care workers may be employed by, or under contract with, any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QMRP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting. The primary requirements for the provider agency are to:

- Handle all payroll taxes required by law
- Provide training and supervision as required by this scope of services
- Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
- Implement a plan and method for providing backup at any time it is needed
- Implement and assure the person and his or her family are and remain satisfied with the service

**Personal Care Workers:**

- Must have at least two references from work and/or school, and one personal, which have been verified by the provider agency
- Must have background checks required by law and regulation
- Must be at least 18 years of age
- Must be able to read and write and follow instructions
- Must have at least completed tenth grade
- Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition
- Must have no physical or mental impairment that would prevent providing the needed assistance to the person
- If providing transportation, must have valid driver's license and insurance as required by State Law

Personal Care Workers shall not be members of the immediate family (parents, spouses, children or siblings) of the person being supported, nor shall they be in any other way legally obligated to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered. Employment of a relative or friend shall be noted and justified in the consumer's record by the provider agency.

**Training Requirements**

This service is intended to promote self-determination of waiver participants. To the extent practical, safe and cost effective, the individual and his family are encouraged to exert choice in planning, and in the selection and hiring of

staff, and are encouraged to provide training and supervision to the worker(s). Agencies are encouraged to partner with individuals and families in this endeavor, while providing a safe and effective backup system to meet contingencies.

**Training shall be provided prior to the worker delivering services and includes:**

Procedures and expectations related to the personal care worker including following the Personal Care Plan of Care, the rights and responsibilities of the provider and the consumer, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the provider agency or regional office.

- Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- Training in CPR and first aid and, if administration of ordinarily self-administered medication is required by the consumer, training in medication administration. As needed due to challenging behavior by the consumer, the worker will also be trained in behavioral intervention techniques appropriate to the consumer. Training in medication administration and behavior intervention techniques may be waived if not required to support the person.
- Training in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
- Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the consumer and identified by the planning team.
- The provider will maintain a record of training.

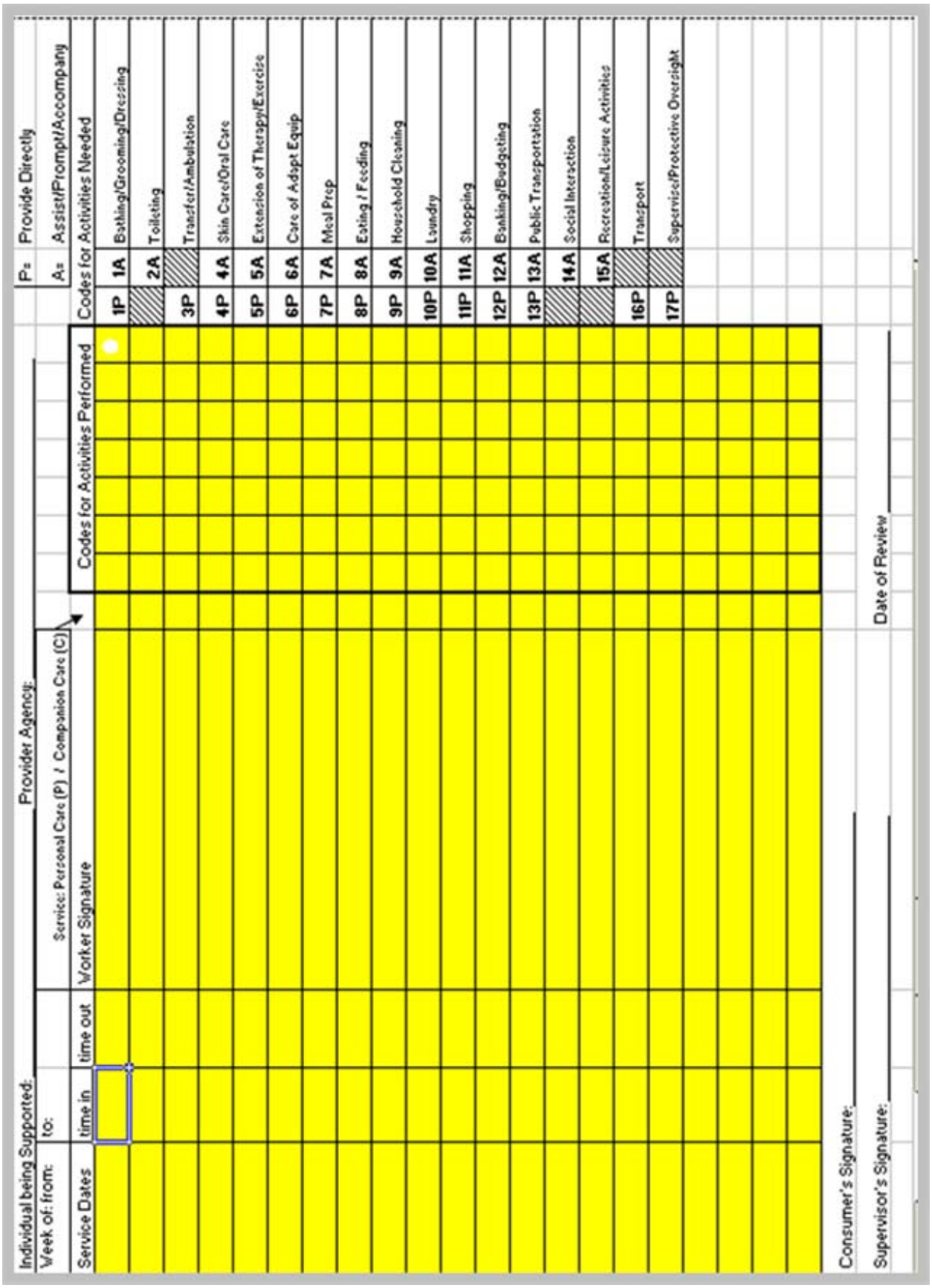
**Supervision**

A QMRP must visit the person, in person, at least every 90 days. The planning team shall recommend a visit schedule in the personal care addendum. The visiting QMRP shall make an assessment of the effectiveness of the service, the consumer satisfaction with the service, and of any changes that may need to be made, including additional training or a change in the plan of care. This record shall be shared with the provider agency and the individual and his or her family.

**Documentation**

The direct service provider and/or billing provider must maintain documentation of the dates and hours of service provided, and of the service activities provided within each span of work. Daily or weekly logs, signed by the worker and by the consumer or family member, which identify the consumer and the consumer's Medicaid number, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the specific activities provided within each span of work, will be acceptable as a minimum. In addition, there must be evidence of a quarterly review by a QMRP, of the services provided and of the continued appropriateness of those services.

A form approved by the Alabama Medicaid Agency follows this page. This form is not required if the provider has adequate documentation in another format. This form, which is an excel spreadsheet, provides documentation for services one week at a time, and can accommodate multiple workers. It can also be used for Companion Care. A downloadable copy, with instructions, is available on the Department's website, under Intellectual disabilities, Community Programs, Downloadable Files.


Individual being Supported:
Provider Agency:
Week of: from:
to:
Service: Personal Care (P) / Companion Care (C)
Service Dates
time in
time out
Worker Signature
Codes for Activities Performed
P= Provide Directly
A= Assist/Prompt/Accompany
Codes for Activities Needed
1P 1A Bathing/Grooming/Dressing
2A Toileting
3P Transfer/Ambulation
4P 4A Skin Care/Oral Care
5P 5A Extension of Therapy/Exercise
6P 6A Care of Adapt Equip
7P 7A Meal Prep
8P 8A Eating / Feeding
9P 9A Household Cleaning
10P 10A Laundry
11P 11A Shopping
12P 12A Banking/Budgeting
13P 13A Public Transportation
14A Social Interaction
15A Recreation/Leisure Activities
16P Transport
17P Supervise/Protective Oversight
Consumer's Signature:
Supervisor's Signature:
Date of Review

## Respite Care

Respite care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term care to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.

Respite is intended for participants whose primary caregivers typically are the same persons day after day (e.g. family members and/or adult family foster care providers), and is provided during those portions of the day when the caregivers typically provide care. Relief needs of hourly or shift staff workers will be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care. Respite care typically is scheduled in advance, but it can also serve as relief in a crisis situation. As crisis relief, out of home respite can also allow time and opportunity for assessment, planning and intervention to try to re-establish the person in his home, or if necessary, to locate another home for him.

Some consumers are institutionalized because their community supports become exhausted, or because they don't know how to cope with an increasingly challenging behavior, or due to the loss/incapacitation of a caregiver. The scope of out of home respite will allow quick response to place the person in an alternate setting and provide intensive evaluation and planning for return, with or without additional intervention and supports. Planning will be made for alternate residential supports if return is not possible. The goal is to avoid institutionalization.
Respite care is dependent on the individual's needs as set forth in the plan of care and requires approval by the Division of Intellectual Disabilities, subject to review by the Alabama Medicaid Agency. The limitation on in home and out of home Respite Care in combination shall be 4320 15-minute units of service (equals 1080 hours or 45 days) per participant per waiver year.

Respite care out of the home may be provided in a certified group home or ICF/MR. In addition, if the recipient is less than 21 years of age, respite care out of the home may be provided in a JCAHO Accredited Hospital or Residential Treatment Facility (RTF). While a recipient is receiving out of home respite, no additional Medicaid reimbursement will be made for other services in the institution.

There are two codes for Respite Care:
The procedure code and modifier for respite in home is S5150 UD.
The procedure code and modifier for respite out of home is T1005 UD.

### Documentation

The billing provider must maintain documentation of the services provided each day. Logs signed by the worker and cosigned by the consumer or family member are acceptable.

### Respite Care Provider Qualifications

Respite care workers may be employed by any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QMRP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting.

**The primary requirements for the provider agency are to:**

- Handle all payroll taxes required by law
- Provide training and supervision as required by this scope of services
- Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
- Implement a plan and method for providing backup at any time it is needed

- Implement and assure the person and his or her family are and remain satisfied with the service

**Respite Care Workers:**

- Must have background checks required by law and regulation.
- Must be at least 18 years of age.
- Must be able to read and write and follow instructions.
- Must have at least completed tenth grade.
- Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition.
- Must have no physical or mental impairment that would prevent providing the needed oversight and care to the person.

Respite Care Workers shall not be members of the immediate family (parents, spouses, children or siblings) of the person being supported. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care. Employment of a relative or friend shall be noted and justified in the consumer's record by the provider agency.

**Training Requirements**

To the extent practical, safe and cost effective, the individual and his family are encouraged to exert choice in the selection and hiring of staff, and are encouraged to provide training to the worker(s). Agencies are encouraged to partner with individuals and families in this endeavor, while providing a safe and effective backup system to meet contingencies.

**Training shall be provided prior to the worker delivering services and includes:**

1. The rights and responsibilities of the provider and the consumer, procedures for billing and payment, record—keeping requirements and who to contact within the regional center.
2. Information about the specific condition and needs of the person to be served, and training in the care and assistance the respite worker will need to provide.
3. Training or verification of training in CPR and first aid and, if needed, training in medication administration and/or behavioral intervention techniques approved by the regional centers (these include MANDT techniques and PCI--Physical Crisis Intervention).

The provider will maintain a record of training.

**Supervision**

A QMRP from the provider agency must accompany a new worker to his or her first assignment, to observe and assist as the ordinary caregiver tells the worker what needs to be done to support the person being cared for. The QMRP may leave when the caregiver does, but needs to debrief the worker within a week after the assignment is completed. Additional visits may need to be made to assist the worker, especially with situations where the respite is to be provided to a person with special medical or behavioral needs or problems. Supervision must be tailored to the individual being served. The supervisor shall either be on call for the worker while respite is being provided or shall ensure the worker has a back-up number to call. The supervising QMRP shall record an assessment of the worker's competence and comfort working with people with intellectual disabilities, and shall always contact a family served by the worker to determine and record their satisfaction with the service and any other information they wish to share.

**Residential Habilitation - (Other Living Arrangement)**

Residential habilitation services provide care, supervision, and skills training in activities of daily living, home management and community integration. In this waiver, residential habilitation services are provided to recipients in their own homes, but not in group homes or other facilities. A unit of service is 15 minutes. The place of service will primarily be the person's home, but may include services in the community to promote opportunities for inclusion, socialization, and recreation.

Residential habilitation activities must relate to identified, planned goals. Training and supervision of staff by a QMRP shall assure the staff is prepared to carry out the necessary training and support functions to achieve these goals. Initial training requirements must be met prior to the staff beginning work. For recipients living in certified residences, staff must be trained regarding the individual recipient's plan of care prior to beginning work with the recipient. For recipients living independently or with family, additional training to specifically address and further the goals in the individual's plan may occur on the job. In these settings, consumers and family members shall be included in the planning, and shall be offered and encouraged to use the opportunity to participate in the training and supervision of the staff.

**The service includes the following:**

- Habilitation training and intervention in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, community inclusion, money management, pursuit of leisure and recreational activities and household responsibilities. Training and intervention may consist of incidental learning in addition to formal training plans, and will also encompass modification of the physical and/or social environment. This may mean changing factors that impede progress (i.e. moving a chair, substituting Velcro closures for buttons or shoe laces, changing peoples' attitudes toward the person, opening a door for someone, etc.) and provision of direct support, as alternatives to formal habilitative training.
- Habilitation supplies and equipment; and
- Transportation costs to transport individuals to day programs, social events or community activities when public transportation and/or transportation covered under the Medicaid state plan are not available will be included in payments made to providers of residential habilitation. Residential Habilitation service workers may transport consumers in their own vehicles as an incidental component of this service.

In this waiver, residential habilitation services are provided to recipients in their own homes, but not in group homes or other facilities.

The service excludes the following:
- Services, directly or indirectly, provided by a member of the individual's immediate family;
- Routine care and supervision which would be expected to be provided by a family;
- Activities or supervision for which a payment is made by a source other than Medicaid; and
- Room and board costs.

Providers of residential habilitation must be certified by the Department of Mental Health.

The procedure code and modifier for residential habilitation OLA is T2017 UD.

Documentation:

Providers must have documented record of having completed training prior to providing services. Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumer's plan of care.

**Residential Habilitation Provider Qualifications - OLA**

The Department of Mental Health, Division of Intellectual Disabilities requires certification of programs delivering Residential Habilitation services. Standards are in Alabama Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide Residential Habilitation Services under the Living at Home Waiver does not need to provide evidence of compliance with fire and health standards because the service will be provided in the individual's home (including family home). Instead, a new applicant shall submit to the Division a written plan in the form of a proposal, together with an application for programmatic certification, describing how the programmatic standards referenced above will be met. Designated staff will review the application and proposal and when applicant and staff are in agreement, staff will recommend initial certification to the Associate Commissioner for Mental Retardation. Subsequent certification inspections will take place on site in the consumer's home, with the permission of the consumer/family.

An applicant who is already certified to provide Residential Habilitation in a facility does not need to submit an application and proposal to provide services under this waiver. Instead, the provider should simply contact the regional community service office of the Division, expressing an interest in enrolling. Initial certification for this service will be deemed; when a certification inspection is due, a sample of inspections will take place in the consumer's home, with the permission of the consumer/family.

Programs delivering Residential Habilitation services shall have a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:

**Program philosophy and purpose;**
**Geographical area served;**
**Range of services provided; and**
**Population served, including criteria for service eligibility, program admission and program discharge.**

**Residential Habilitation provided in a person's natural home or setting other than a group home (Res Hab Other Living Arrangement)**

Program staff ratios and staff work schedules shall be maintained to meet the needs of the client. An emergency, on-call staff person shall be available. Staff scheduling and work place assignments shall be so arranged as to provide continuous on-site response capability in the event of client needs. The staffing pattern shall be appropriate to the type and scope of programmed services. Staff shall meet qualifications in the approved job descriptions. Service is provided to one person at a time.

Residential Habilitation services will be delivered/supervised by a Qualified Mental Retardation Professional in coordination with the individual's plan of care.

**Staff Qualifications: Habilitation Aide– Residential Habilitation OLA**

The Aide will work under supervision and direction of a Qualified Mental Retardation Professional. The QMRP must provide and document supervision of, training for, and evaluation of Aide in the individual client's record. The QMRP must assist the Aide as necessary as they provide individual habilitation services as outlined by the plan of care.

**Minimum Qualifications**:

The Aide must be 18 years of age and must possess a high school diploma or G.E.D.

**Training Requirements**:

Prior to assignment, each Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH that will minimally include:

1. Recipient rights and grievance procedures.
2. Overview of intellectual disabilities and developmental disabilities.
3. Concepts of human development.
4. CPR, first aid, medical emergencies.
5. Management of challenging behavior.
6. Physical management techniques.
7. Health observation, including hygiene, medication control/universal precautions.
8. Recipient abuse, neglect and mistreatment.
9. Habilitation training programs.

Retraining will be conducted as needed, but at least annually for training requirements 1, 5, 6, 7 & 8 above.

**Day Habilitation Services**

Day habilitation includes planning, training, coordination and support to enable and increase independent functioning, physical health and development, communication development, cognitive training, socialization, community integration, domestic and economic management, behavior management, responsibility and self direction. Staff may provide assistance/training in daily living activities and instruction in the skills necessary for independent pursuit of leisure time/recreation activities. Social and other adaptive skills building activities such as expressive therapy, prescribed use of art, music, drama or movement may be used to modify ineffective learning patterns and/or influence change in behavior.

Four levels of Day Habilitation have been identified, based on participant characteristics and the staffing ratios needed to support persons with those characteristics. There is a rate for each level.

Level one day habilitation is for consumers whose ICAP service score is 61 to 99.
Level two day habilitation is for consumers whose ICAP service score is 36 to 60.
Level three day habilitation is for consumers whose ICAP service score is 1 to 35.
Level four day habilitation is for consumers who need one to one support more than 75% of the time during service.

Transportation cost to transport individuals to places such as day programs, social events or community activities when public transportation and/or transportation covered under the State Plan is not available, accessible or desirable due to the functional limitations of the client will be included in the rate paid to providers for this service. Day Habilitation service workers may transport consumers in their own vehicles as an incidental component of this service. For each consumer whom the day program transports between his residence and the day program, when his residence is more than 10 miles as measured in a straight radius from the day program site, an additional payment is available per day of transport.

The unit of service is a day consisting of at least 5 hours, one hour of which may include transporting an individual.

There are four codes for Day Habilitation:
The procedure code and modifiers for day habilitation 1 is T2020 UD HW.
The procedure code and modifiers for day habilitation 2 is T2020 UD TF.
The procedure code and modifiers for day habilitation 3 is T2020 UD TG.
The procedure code and modifiers for day habilitation 4 is T2020 UD HK.

There are four codes for Day Habilitation with Transportation:
The procedure code and modifiers for day habilitation with transportation 1 is T2020 UD HW SE.
The procedure code and modifiers for day habilitation with transportation 2 is T2020 UD TF SE.
The procedure code and modifiers for day habilitation with transportation 3 is T2020 UD TG SE.
The procedure code and modifiers for day habilitation with transportation 4 is T2020 UD HK SE.

**Note: Day Habilitation with Transportation add-on as a modifier for each of above T2020 codes adds $6.00

**Day Habilitation Services Provider Qualifications**

The Department of Mental Health, Division of Intellectual Disabilities requires certification of programs delivering Day Habilitation services. Standards are in Alabama Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Intellectual Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Intellectual Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Day Habilitation services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

**Program philosophy and purpose;**
**Geographical area served;**
**Range of services provided; and**
**Population served, including criteria for service eligibility, program admission and program discharge.**

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or individual activity plan (IAP).

**Habilitation Aide – Job Specifications**

Day Habilitation training services will be delivered by a habilitation aide and supervised by a Qualified Mental Retardation Professional (QMRP) in coordination with the individual's plan of care.

The Aide will work under supervision and direction of a Qualified Mental Retardation Professional. The QMRP must provide and document supervision of, training for, and evaluation of Aide in the individual client's record. The QMRP must assist the Aide as necessary as they provide individual Habilitation services as outlined by the plan of care.

**Minimum Qualifications**:

Must be 18 years of age and must possess a high school diploma or G.E.D.

**Training Requirements**:

Prior to assignment, each Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH which will minimally include:

1. Recipient rights and grievance procedures.
2. Overview of intellectual disabilities and developmental disabilities.
3. Concepts of human development.
4. CPR, first aid, medical emergencies.
5. Management of challenging behavior.
6. Physical management techniques.
7. Health observation, including hygiene, medication control/ universal precautions.
8. Recipient abuse, neglect and mistreatment.
9. Habilitation training programs.

Retraining will be conducted as needed, but at least annually for training requirements 1, 5, 6, 7 & 8 above.

**Prevocational Services**

Prevocational habilitation services under the Waiver must not be available under a program 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 17)). Services under the Waiver are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

*When compensated, individuals are paid at less than 50 percent of the minimum wage.*

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

The unit of service for prevocational habilitation is a day.

The procedure code and modifier for prevocational services is T2014 UD.

**Prevocational Services Provider Qualifications**

The Department of Mental Health, Division of Intellectual Disabilities requires certification of programs delivering Prevocational Habilitation services. Standards are in Alabama Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Intellectual Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Intellectual Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Prevocational services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

**Program philosophy and purpose;**
**Geographical area served;**
**Range of services provided; and**
**Population served, including criteria for service eligibility, program admission and program discharge.**

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or individual activity plan (IAP).

In addition to certification, the following requirements apply to the provider's staff:

**Activity Program Aide: Job Specifications**

The minimum requirement for this position is graduation from high school or its equivalent and two years work experience. A Bachelors Degree with a major concentration in rehabilitation, industrial arts, pre-vocational education, psychology or a related field is preferred along with experience supervising or training and knowledge of persons with disabilities.

**Specific Duties**: The Activity Program Aide will work under the supervision and direction of a QMRP. The QMRP will provide and document on-site supervision every 30 days. Supervisor reports must be maintained in the personnel file and are subject to review by DMH and Alabama Medicaid Agency.

The duties of the Activity Program Aide (Pre-Vocational) include:

1. Instructs/demonstrates/interacts with clients concerning a variety of education, personal care, pre-vocational training, job safety, and social behaviors, in accordance with the individual's habilitation plan and program requirements. Uses sound judgment and abides by supervisor's instructions, minimum standards and other applicable regulatory standards in order to foster client self-sufficiency and independence.
2. Converses with/listens to clients concerning personal needs, responsibilities, expectations, aspirations, privileges, and personal/behavioral problems in a supportive and understanding manner.
3. Participates in developing, modifying, and adapting instruction and training to individual client needs.
4. Interacts often and appropriately with clients using both verbal and nonverbal methods (gestures, modeling, sign language, etc.) to provide information to clients about expected behavior, duties, and activities.
5. Observes the quality of production and integrates efficiency concepts in the work process.
6. Provides/receives information to/from peers, supervisors, other professional staff, support personnel, and clients pertaining to care plan, schedules, programs, and progress using personal contacts, meetings, memorandums, reports, records and filing systems in accordance with established schedules in order to facilitate client training, record maintenance and the exchange of other pertinent information.
7. Assists in computing data for programs such as behavior management, speech, token reinforcement, vocational, and social in order to assess client progress.

**Training Requirements**

The Activity Program Aide (Pre-Vocational) training should demonstrate interaction with recipients concerning education, personal care, pre-vocational training, job safety and social behaviors, in accordance with the recipient's habilitation plan and care plan. The minimum training requirements:

1. Planning and coordinating all activities according to the individual habilitation and care plan.
2. Leadership with recipients doing therapeutic or rehabilitative activities programs.
3. Conferring with other professional personnel concerning the progress and needs of the recipients.
4. Providing individual instruction when needed.
5. Health observation including hygiene medication control/universal precautions.
6. Recipient abuse, neglect and mistreatment.
7. Knowledge of equipment and supplies needed for assigned activities.
8. Recipients rights and grievance procedures.
9. CPR first aid, medical emergencies.
10. Training on how to read and comprehend written materials, such as the care plan, habilitation plans and policy and procedures manuals.

Ongoing training will be conducted as needed but at least annually for above training requirements 6 and 8.

**Additional Provider Requirements**

The provider of service

- Must have required training prior to providing service;
- Must keep record of required training in the personnel folder; and
- Must maintain a service log that documents specific days on which services were delivered consistent with the recipient's individual plan of care.

**Supported Employment Services (Per Diem Payment)**

Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely without supports, and who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals 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.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

**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 an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

**Note: Routine transportation, as by van within a 15 mile radius, is included in the fee for these services. This does not preclude other arrangements such as transportation by family or public conveyance.**

The unit of service is a day, consisting of at least 5 hours, up to one hour of which may include transporting the individual.

The procedure code and modifier for supported employment is T2018 UD.

**Supported Employment Services Provider Qualifications**

The Department of Mental Health, Division of Intellectual Disabilities requires certification of programs delivering Supported Employment services. Standards are in Alabama Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide these services must provide written statements of the program facility’s compliance with fire and health standards and submit these and other documentation to the Division of Intellectual Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certification certificate will be issued by the Division of Intellectual Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Supported Employment services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

**Program philosophy and purpose;**
**Geographical area served;**
**Range of services provided; and**
**Population served, including criteria for service eligibility, program admission and program discharge.**

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or individual activity plan (IAP).

In addition to certification, the following requirements apply to the provider's staff.

**Job Trainer (Job Coach)**
**Qualifications:**

The minimal requirement for this position is graduation from high school or its equivalent and two years work experience. A Bachelors Degree, preferable with a major concentration in rehabilitation, industrial arts, vocational education, psychology or a related field is preferred. Work experience of a supervisory or training nature as well as knowledge of persons with disabilities would be particularly desirable.

**Job Specification:**

The Job Trainer is responsible to the Program Director for the training and associated support services necessary to ensure the successful employment of clients involved in Supported Employment. The Trainer works under the direction of a QMRP.

The specific duties of the Job Trainer (Job Coach) include:

1. Training supported work clients to perform specific jobs consistent with their abilities;
2. Working with employers to modify or adapt job duties or work stations so supported work clients can have the maximum opportunity for job success. This may involve job and task analysis, employer interviews, and actual job performance to insure a thorough understanding of the specific job and general job rules prior to placement of the client:
3. Teaching clients associated work skills, responsibilities and behaviors not related to the specific job being performed, such as how to complete a time card, when and where to take bathroom and lunch breaks, safety precautions, etc.;
4. Assisting each client placed in a job-training program to become an integrated member of the work force. This may happen in the general course of the job but could require activity such as encouragement of the client worker or other employees to communicate with each other, or the provision of disability awareness of training to worker's of the company;
5. Working with client to be placed in employment and/or with client's family or residential provider to insure that client has reliable transportation to and from work, adequate housing, and emotional support for client's job efforts;
6. Making every effort to insure that the supported work client and the job are satisfactory matched by thoroughly getting to know each client prior to job placement. This may include reviewing current

progress in client's present program placement, studying referral information, and working with client to assess work skills;

7. Communicating through written and oral reports on progress of Supported Work Clients to Program Director and other program staff; follow oral or written instructions (such as the care plan or rehabilitation plan);
8. Providing continued ongoing support to supported work clients;
9. Performing other job duties necessary to ensure the success of Supported Work Clients as well as any additional tasks assigned by the Program Director that will be of benefit to other clients in the program.

**Training Requirements:**

The training program for the Job Coach will reinforce the responsibility to ensure successful employment of recipients involved in supported employment. The Job Coach must be certified by a QMRP as having completed training approved by DMH. This certification must be documented and is subject to review by DMH and Alabama Medicaid. Minimum training requirements shall include the following areas:

1. Overview of intellectual disabilities and developmental disabilities
2. Skills to identify recipient abuse, neglect and mistreatment
3. Recipient rights and grievance procedures
4. Oral and written instructions regarding care plan
5. Planning and conducting appropriate activities to support the person in finding and maintaining employment.

Ongoing training will be conducted as needed but at least annually for training requirements 2 and 3 above.

**Supported Employment at an Integrated Worksite (15 Minute Unit)**

Supported Employment Services include supporting individuals at a worksite where other workers do not have disabilities (Integrated Worksite) and where the individual with the disability is paid at least minimum wage (Competitive Employment). The two procedure codes under this heading are specifically intended to support the provision of supported employment at competitive wages in an integrated worksite.

The principles of Supported Employment at an Integrated Worksite are:

a. Employment First: The outcome in which an individual has sustained work in an integrated worksite at a competitive wage, and the services by which to obtain this outcome, are a priority over other services. This is the principle of Employment First.
b. The Employment First Principle means that every person needs to be assessed for employment as a part of planning. In planning with an adult of working age, therefore, work must be addressed.
c. Working is the normal expectation of adults in our society and should not be bypassed because of a disability.
d. No one is excluded who wants to participate – level of disability is not a barrier and all individuals who express the desire for work are to be assessed and supported to be employed.
e. Job Development begins when the individual expresses interest in working. There are no requirements for pre-employment assessment and training, although the Vocational Rehabilitation benefit must be sought and utilized, if available, prior to billing the waiver program.
f. Follow-along supports are continuous as long as the individual needs them to maintain employment.
g. The individual's choices and decisions about work are important and must be given deference; maintaining employment is achieved only when individuals obtain jobs they desire, and are NOT just placed in jobs that are convenient and easy to find.
h. Individuals are to receive all the same benefits as other employees in the same workplace and job description.
i. Successful supported employment begins with excellent person centered planning, of which assessment for employment is an important component.

There are two paid services: Individualized Job Coach and Individualized Job Developer. These are different roles and are performed, normally, by different staff at different cost. The provider agency must also have a QMRP.

Individualized Job Coach – Scope of Service

a. On the job training and skill development
b. Co-worker training (for accommodations and natural supports)
c. Facilitating job accommodations and use of assistive technology
d. Job site analysis (matching job site needs with needs of the person)
e. Educating the person and others on the job site regarding rights and responsibilities – and the role of self advocacy in the work place.
f. Participation with the interdisciplinary team to support the person to achieve chosen employment outcomes.
g. Facilitating and/or providing transportation (need a mileage service code).
h. Documentation: progress on training goals, documentation of training, progress notes – on a per day basis rather than a per unit basis.

Individualized Job Developer – Scope of Service

a. Development of initial career development plan and…
b. Performing a vocational assessment (this can often be done by the Individualized Job Coach, but the initial one should be done by the Job Developer). There needs to be one vocational assessment per year per person.
c. The above is part of the person centered planning process, but the outcome is distinct from the person's service plan.
d. Employer Negotiation (No evoking pity, no cold calls. Answer questions of Why should I do this and What's in it for me truthfully.)
e. Job Structuring (negotiating hours or location to meet the abilities of the person)

f. Job Carving (in any business, if you look at entry level tasks, you can carve out functions that our consumer can do and wants to do; and the staff that ordinarily do those functions can do other functions).
g. Placement: once placement is arranged, the job coach enters, and there is a cross-over (transfer) period of up to 5 hours.

The supported employment provider agency should also have a QMRP, and among the functions of the Q is "benefit coordination and management" to make sure the person doesn't earn himself out of waiver eligibility unless everybody understands and expects that to happen. This function is an expectation of the provider and is not funded separately. Training in benefits management can be arranged with specialists who work for the Independent Living Centers. Interested providers can get more information from the DMH Employment Coordinator.

Reimbursement:

The Individualized Job Coach: $20 per hour ($5.00 per 15 minute unit) for one client. If more than one client is present on the job site, $10.00 per hour for each of two clients, etc….

The Individualized Job Developer: $40 per hour ($10.00 per 15 minute unit), with a maximum of 20 hours per person per year.

There is no separate payment for the program's QMRP.

Overlap with current service programs

The Individualized Job Coach cannot overlap traditional services; this service cannot be provided on the same day as Day Habilitation or Supported Employment.

The Individualized Job Developer can overlap traditional services, up to the max hours per year.

Expectations and Outcomes:

Within two weeks of receiving the referral for employment assessment, the job developer shall have completed the vocational assessment. Within 3 months of receiving the referral, the individual shall have a placement.

Providers must expect to submit reports requested and designed by the DMH (and the Alabama Medicaid Agency and CMS, should the requests be made). Reports will support the measurement of outcomes: for instance, 66% of participants attain a placement with a minimum of 8 hours per week paid employment; of these, 50% hold their positions for at least 60 days.

The procedure code and modifier for Individual Job Coach is T2018 UD HN.
The procedure code and modifier for Individual Job Developer is T2018 UD HO.

Provider Qualifications

The provider agency will be a certified Supported Employment or Day Habilitation Provider (580-5-32-.06).

The Job Coach will meet the same requirements as basic direct care staff
HS diploma or GED
Minimum 1 year experience working with persons with ID
Background check; drug testing.
Training in career development planning and vocational assessment, in addition to what the DID standards require. The specified training is available on a periodic basis: contact the DMH Employment Coordinator for more details.

The Job Developer shall be a QMRP who also has the career development planning and vocational assessment training. As above, the specified training is available on a periodic basis: contact the DMH Employment Coordinator for more details.

Benefits and Limitations

Job Coach hours must be flexible in order to meet needs as they arise.

Higher functioning clients may need less support over the long term, while lower functioning clients may need more support, but work fewer hours, so a round estimate of 25 hours per week will serve as a maximum starting authorization.

Furthermore, it is expected that the job coach will fade his or her support as the client becomes more integrated into the employer's workforce. Also, personal care on worksite can be used to supplant some of the job coach's faded hours. Therefore it is anticipated the 25 hours per week will be reduced to 15 hours per week after 4 months, and to 8 hours per week after 8 months.

Thus, the maximum hours for an individual will be presumed to be 836 per year (109/month for 4 months; 65/month for 4 months; 35/month for 4 months).

An employment plan is required initially, and subsequent updates can request modifications to the above limitations. Detailed explanation and rationale will be required.

**Environmental Accessibility Adaptations**

Those physical adaptations to the home, required by the recipient's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization. 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 recipient, but shall exclude those adaptations or improvements to the home which are of general utility and not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, 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 State or local building codes.

The individual's home may be a house or an apartment that is owned, rented or leased. Adaptations to the work environment covered by the Americans with Disabilities Act, or those that are the responsibility of other agencies, are not covered. Covered adaptations of rented or leased homes should be those extraordinary alterations that are uniquely needed by the individual and for which the property owner would not ordinarily be responsible.

Payment is for the cost of material and labor. The unit of service would be the job. Total costs of environmental accessibility adaptations shall not exceed $5,000 per year, per individual.

The procedure code and modifier for environmental accessibility adaptations is S5165 UD.

**Skilled Nursing**

Services listed in the plan of care which are within the scope of the State'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 State. Services consist of nursing procedures that meet the person's health needs as ordered by a physician. There is no restriction on the place of service.

The unit of service is one hour.

There are two codes for skilled nursing:
The procedure code and modifier for Registered Nurse skilled nursing is S9123 UD.
The procedure code and modifier for Licensed Practical Nurse skilled nursing is S9124 UD. ** Note: TPL rule

**Documentation**

The service(s) of the nurse must be documented by a nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition the nursing note should include, as appropriate, the nurse's assessment, changes in consumer's condition, follow-up measures, communications with family, care-givers or physicians, training or other pertinent information. The nurse must sign and date the note

**Third Party Liability**

Note, this procedure code is subject to a Third Party Liability Edit. This means that if the service recipient has other health insurance in addition to Medicaid, HP (formerly EDS) will deny the claim when submitted electronically and require that the claim be submitted on a CMS 1500, with an attached Remittance Advice from the other insurance, showing a denial of coverage, or showing a partial payment. The hardcopy claim must be mailed to DMHID, which will add a cover letter and send to Medicaid for override. Other insurance includes Blue Cross and Blue Shield and Medicare, among others.

Effective in March, 2010, an electronic solution is available within the ADIDIS system. Single claim entry has an option for this procedure code to include a "Delay Code". This Delay Code will exempt the claim from the Third Party Liability Edit and the claim, if otherwise complete and acceptable, will pay. However, the provider must keep documentation to show either that the claim was sent to the Third Party and denied, or that the claim could not be submitted to the Third Party (such as Medicare) because the rendering waiver provider does not qualify as a Medicare provider, or that the service, as provided, does not qualify for reimbursement from the Third Party. The Alabama Medicaid office may at any time request to review such documentation, and if it is not presented timely, payments will be recouped.

**Specialized Supplies**

Specialized supplies include non-durable durable supplies, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, as well as non-durable medical supplies not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any supplies furnished under the State plan and shall exclude those items that are not of direct medical or remedial benefit to the recipient. Specifically included in this service are incontinence supplies for adults. All items shall meet applicable standards of manufacture and design. Costs for medical supplies are limited to $1800 per year, per individual.

The unit of service is the item of supply, or a monthly cost for routine supplies. No more than one unit of this procedure will be authorized per month.

Payment is for the documented cost of the item or items.

The procedure code and modifier for specialized medical equipment and supplies is T2028 UD.

**Specialized Medical Equipment**

This definition is modified effective July 1, 2009.

This new service name and definition replaces what used to be called Assistive Technology. The definition of Specialized Medical Equipment is as follows.

Specialized medical equipment includes devices, controls, or appliances specified in the plan of care, which enable recipients to increase their ability to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. Included items are those necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. All items shall meet applicable standards of manufacture, design and installation.

Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the recipient. Payment is for the cost of the item provided. There is a $5,000 per year, per individual maximum cost.

Providers of this service must maintain documentation of items purchased for each individual.

The procedure code and modifier for assistive technology is T2029 UD.

**Third Party Liability**

Note, this procedure code is subject to a Third Party Liability Edit. This means that if the service recipient has other health insurance in addition to Medicaid, HP (formerly EDS) will deny the claim when submitted electronically and require that the claim be submitted on a CMS 1500, with an attached Remittance Advice from the other insurance, showing a denial of coverage, or showing a partial payment. The hardcopy claim must be mailed to DMHID, which will add a cover letter and send to Medicaid for override. Other insurance includes Blue Cross and Blue Shield and Medicare, among others.

Effective in March, 2010, an electronic solution is available within the ADIDIS system. Single claim entry has an option for this procedure code to include a “Delay Code”. This Delay Code will exempt the claim from the Third Party Liability Edit and the claim, if otherwise complete and acceptable, will pay. However, the provider must keep documentation to show either that the claim was sent to the Third Party and denied, or that the claim could not be submitted to the Third Party (such as Medicare) because the rendering waiver provider does not qualify as a Medicare provider, or that the service, as provided, does not qualify for reimbursement from the Third Party. The Alabama Medicaid office may at any time request to review such documentation, and if it is not presented timely, payments will be recouped.

## Speech and Language Therapy

Speech and language therapy are diagnostic, screening, preventive, corrective services provided on an individual basis, when referred by a physician (M.D., D.O.). These services may include:

Screening and evaluation of individuals' speech and hearing functions and comprehensive speech and language evaluations when so indicated;

Participation in the continuing interdisciplinary evaluation of individuals for purposes of implementing, monitoring and following up on individuals' habilitation programs; and

Treatment services as an extension of the evaluation process that include:

- consulting with others working with the individual for speech education and improvement,
- designing specialized programs for developing an individual's communication skills comprehension and expression.

Provision of this service in the community is an alternative to an institutional level of care.

Therapist may also provide training to staff and caregivers (such as a client's family and/or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Services must be listed on the care plan and prescribed by a physician. The need for service must be documented in the case record. Services shall be provided and billed in **15-minute units of service**. Speech/language therapy is covered under the State Plan for eligible recipients as a result of an EPSDT screening. Therefore, service is limited to recipients age 21 and over. Group therapy will not be reimbursed.

The procedure code and modifier for speech and language therapy is 92507 UD.

### Documentation

Providers of service must maintain a service log that documents specific days on which speech and language therapy services were delivered.

## Physical Therapy

Physical therapy is physician prescribed treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs that are designed to:

- preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and facility performing activities of daily living; and
- prevent irreducible progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Provision of this service will prevent institutional placement.

Therapist may also provide consultation and training to staff or caregivers (such as client's family and/or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Documentation in the case record must justify the need for service. Services must be listed on the care plan and be provided and billed in **15-minute units of service**. Physical therapy is covered under the State Plan for eligible recipients as a result of an EPSDT screening. Therefore, this service is limited to recipients age 21 and over. Group therapy is not allowed.

The procedure code and modifier for physical therapy is 97110 UD.

### Documentation

Providers of service must maintain a service log that documents specific days on which physical therapy services were delivered.

## Occupational Therapy

Occupational therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term "occupation" as used in occupational therapy refers to any activity engaged in for evaluation, specifying, and treating problems interfering with functional performances. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and guiding and treating individuals in the prescribed therapy to secure and/or obtain necessary functioning. Provision of this service will prevent institutional placement.

Therapist may also provide consultation and training to staff or caregivers (such as client's family and /or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Services must be prescribed by a physician and be provided on an individual basis. The need for service must be documented in the case record. Services must be listed on the care plan and be provided and billed in **15-minute units of service**. Occupational therapy is covered under the State Plan for eligible recipients as a result of an EPSDT screening. Therefore, this service is limited to recipients age 21 and over. Group therapy is not allowed.

The procedure code and modifier for occupational therapy is 97535 UD.

### Documentation

Providers of service must maintain a service log that documents specific days on which occupational therapy services were delivered.

**Behavior Therapy**

Behavior Therapy Services provide systematic functional behavior analysis, behavior support plan (BSP) development, consultation, environmental manipulation and training to implement the BSP, for individuals whose maladaptive behaviors are significantly disrupting their progress in habilitation, self direction or community integration, whose health is at risk, and/or who may otherwise require movement to a more restrictive environment. Behavior therapy may include consultation provided to families, other caretakers, and habilitation services providers. Behavior therapy shall place primary emphasis on the development of desirable adaptive behavior rather than merely the elimination or suppression of undesirable behavior. A behavior support plan may only be implemented after positive behavioral approaches have been tried, and its continued use must be reviewed every thirty days. The unit of service is **15-minutes**.

The Behavior Therapy waiver service is comprised of two general categories of service tasks. These are (1) development of a Behavior Support Plan (BSP) and (2) implementation of a BSP. In addition, this waiver service has three service levels: two professional and one technical, each with its own procedure code and rate of payment. The service levels are distinguished by the qualifications of the service provider and by supervision requirements. Both professional and technical level service providers may perform tasks within both service categories, adhering to supervision requirements that are described under provider qualifications.

The two professional service provider levels are distinguished by the qualifications of the therapist. Both require advanced degrees and specialization, but the top level also requires board certification in behavior analysis. The third service provider level is technical and requires that the person providing the service be under supervision to perform behavior therapy tasks. There is a different code and rate for each of the three service provider levels.

The table that follows lists types of tasks that meet criteria for billing for Behavior Therapy Services. Tasks listed are intended to be interpreted broadly to include any activities related to BSP development and implementation recognized in the field of behavior analysis.

| **Behavior Support Plan Development** |
|---|
| Functional Analysis/Assessment (can include, but is not limited to, experimental analog procedures, conducting interviews, completion of screening measures, direct observation, review of ABC data, and other activities related to gathering information regarding the function of behavior) |
| ID/define target behaviors (includes behaviors to decrease and/or those to increase) |
| ID/assess psychiatric symptoms, if applicable |
| Participate in Interdisciplinary Team (IDT) meetings for BSP planning/development |
| ID/describe preventive strategies/other interventions |
| Write the plan (includes writing of BSP/psychotropic medication plan, if appropriate, as well as writing of addendum/revisions to the plan) |
| Implement baseline and analyze baseline data (includes training staff regarding baseline data collection) |
| Conduct reinforcer/preference assessment |
| Design data sheets |
| |
| **Behavior Support Plan Implementation** |
| Present BSP/psychotropic medication plan for approval by Behavior Review Committee (BRC) and Human Rights Committee (HRC) |
| Periodic BSP follow-up and revision (includes activities such as reliability checks, attending IDT meetings related to BSP implementation and follow-up, ) |
| Progress/evaluation reports |
| Activities evaluating impact of psychotropic medications |
| Staff training relevant to the BSP (includes initial and any follow-up training related to the BSP/psychotropic medication plan/use of data sheets, etc.) |
| Data entry, graphing, summary |

Average 15-minute units of Behavior Therapy Services required per person per year range from 120 to 600 units. About one third of any significant behavior analysis effort consists of tasks that could be provided by technical level providers, with supervision. Therefore, the maximum units per year of both professional and technician level units in combination cannot exceed 600 and the maximum units of professional level cannot exceed 400. Maximum units of Technician level service are the balance between billed professional level units and the combined maximum per year. Professional level providers may provide more than the 400 unit limit, but these additional units will be paid at the Technician level. Providers of service must document which tasks are provided by date performed in addition to their clinical notes. Group therapy will not be reimbursed.

Service providers who identify individuals who require Behavior Therapy services in excess of the caps indicated above may request consideration for approval of additional service units by the Director of Psychological and Behavioral Services in the Division of Intellectual Disabilities of the DMH. Detailed explanations (accompanied by documentation supporting the explanations) regarding how additional units of service will benefit the individual, data supporting the need for additional services, the written Behavior Support Plan, and documentation indicating how all of the units of service provided up to that point have been used will be required for review. Additional service units will be approved if sufficient evidence is presented to justify the need. There will be limits set regarding the number of units approved at that time. If there is insufficient evidence to support the request for additional service units, the request will be denied.

There are three codes for Behavior Therapy:
The procedure code and modifiers for behavior therapy 3 technician is H2019 UD HM.
The procedure code and modifiers for behavior therapy 2 professional is H2019 UD HN.
The procedure code and modifiers for behavior therapy 1 professional is H2019 UD HP.

**Behavior Therapy Services Provider Qualifications**

Three levels of provider may provide Behavior Therapy. The qualifications are as follows:

**Level 1:** Providers must have either a PhD or M.A. **and** be certified as a Behavior Analyst (BCBA) by the Behavior Analysis Certification Board.

Behavior Analysis Certification Board
3323 Thomasville Rd. Suite B
Tallahassee, FL 32308
Phone (850) 386-4444; FAX (850) 386-2404; Web www.BACB.com

**Level 2**: Providers must have either a Ph.D. or M.A. in the area of Behavior Analysis, Psychology, Special Education or a related field and three years experience working with persons with Developmental Disabilities. Level 2 providers with a Doctorate do not require supervision. Master's degreed individuals require supervision averaging two hours per week by a Level 1 provider or a Level 2 PhD provider.

**Level 3:** Providers must be either a QMRP (per the standard at 43 CFR 483.430) or be a Board Certified Associate Behavior Analyst (BCABA). With two years of experience and authorization by the Administering Agency, the BCABA may qualify as a Level 2 provider with supervision.

All Behavior Therapy service providers must complete an Orientation Training. This will consist of training to ensure providers are aware of the minimum standards of practice outlined in the Behavioral Services Procedural Guidelines adopted by the Department. Areas of training are: Levels of Risk; Levels of Intervention; Behavior Program Review Committee; Data Collection, Graphing, and Reporting. The Behavior Support Plan (Content & Process) will also be trained.

The orientation of Level 1 and level 2 providers will be provided by the DMH. With approval of DMH, level 1 and level 2 providers can then provide the orientation to level 3 providers and also to other Professional Level providers. The DMH will maintain a registry of trained Behavior Therapy Providers and record of their orientation. The DMH will also maintain a record of who is providing the supervision to those level 2 non-Ph.D providers and level 3 providers who require supervision.

**Community Specialist Services**

Community Specialist Services include professional observation and assessment, facilitation of person centered plan development and continuance, individualized program design and implementation, training of consumers and family members, consultation with caregivers and other agencies, and monitoring and evaluation of planning and service outcomes as needed to facilitate and implement the person centered plan. The service may also, at the choice of the consumer or family, include advocating for the consumer and assisting him or her in locating and accessing services and supports. The community specialist will serve as both a qualified planner and, at the consumer's or family's request, a broker.

The community specialist must meet QMRP qualifications and be free of any conflict of interest with other providers serving the consumer. The services of the community specialist will assist the consumer and his caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills, and behavior management.

These functions differ from case management in the skill level and independence of the specialist, as well as the focus on self-determination and advocacy for the individual. Targeted case managers will continue to perform traditional duties of intake, completion of paperwork regarding eligibility, serving in the capacity of referral and resource locating, monitoring and assessment.

The planning team shall first ensure that provision of this service does not duplicate the provision of any other services, including Targeted Case Management provided outside the scope of the waiver. The community specialist will frequently be involved for only a short time (30 to 60 days); in such an instance, the functions will not overlap with case management. If the consumer or family chooses to have the community specialist remain involved for a longer period of time, the targeted case manager will need only visit the person every 180 days, and call the person at 90-day intervals to ensure services actually are being delivered and are satisfactory. The community specialist will share information with the case manager quarterly in an effort to remain abreast of the client's needs and condition. A community specialist who facilitates the planning meeting for a person shall not have any conflict of interest with any provider who may wish to serve the person.

This is a 15-minute unit of service.

The procedure code and modifier for community specialist if H2015 UD.

**Community Specialist Services Provider Qualifications**

The provider must meet federally defined QMRP qualifications (42 CFR 483.430) and be free of any conflict of interest. This means he or she cannot work for any provider or provider agency from which a person is receiving, or is likely to receive, services reimbursed through this waiver program.

In addition, the provider must have experience, verified by the DMH, in person centered planning. This will consist of both training and actual practice.

**Crisis Intervention**

Crisis Intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation.

Individuals with intellectual disabilities are occasionally at risk of being moved from their residences to institutional settings because the person, or his or family members or other caretakers, are unable to cope with short term, intense crisis situations. Crisis intervention can respond intensively to resolve the crisis and prevent the dislocation of the person at risk. The consultation which is provided to caregivers also helps to avoid or lessen future crises.

Crisis intervention services are expected to be of brief duration (8 weeks, maximum). When services of a greater duration are required, the individual shall be transitioned to a more appropriate service program or setting. There are two levels of staff, professional and technician. This is a **15-minute unit of service**.

When the need for this service arises, the service will be added to the plan of care for the person. A separate crisis intervention plan will be developed to define in detail the activities and supports that will be provided. All crisis intervention services shall be approved, at least by phone followed up in writing, by the regional community service office of the DMH prior to the service being initiated.

Crisis intervention services will not count against the $25,000 per person per year cap in this waiver, since the need for the service cannot accurately be predicted and planned for ahead of time.

Specific crisis intervention service components may include the following:

- Analyzing the psychological, social and ecological components of extreme dysfunctional behavior or other factors contributing to the crisis;
- Assessing which components are the most effective targets of intervention for the short term amelioration of the crisis;
- Developing and writing an intervention plan;
- Consulting and, in some cases, negotiating with those connected to the crisis in order to implement planned interventions, and following-up to ensure positive outcomes from interventions or to make adjustments to interventions;
- Providing intensive direct supervision when a consumer is physically aggressive or there is concern that the consumer may take actions that threaten the health and safety of self and others;
- Assisting the consumer with self care when the primary caregiver is unable to do so because of the nature of the consumer’s crisis situation; and
- Directly counseling or developing alternative positive experiences for consumers who experience severe anxiety and grief when changes occur with job, living arrangement, primary care giver, death of loved one, etc.

The procedure code and modifier for crisis intervention is H2011 UD.

**Crisis Intervention Provider Qualifications**

Providers of crisis intervention shall consist of a team under the direction and supervision of a psychologist, counselor or social worker licensed by the State of Alabama and meeting the requirements of a QMRP (as defined at 42 CFR 483.430). All team members shall have at least one year of work experience in serving persons with developmental disabilities, and shall, either within their previous work experience or separately, have a minimum of 40 hours training in crisis intervention techniques prior to providing services. The team shall be mobile and prepared to provide direct staffing if that is necessary to implement the plan.

Crisis teams may be agency based (certified waiver residential and day habilitation providers, or DMH Developmental Centers), or they may stand alone.

**LAH Waiver Rates Effective 10/1/2011**

| Service | Code | Mod 1 (for waiver) | Mod 2 (for level) | Mod 3 (for add-on) | Unit of Service | Rate | |
|---|---|---|---|---|---|---|---|
| Res Hab. OLA | T2017 | UD | | | 15 min | ***$4.56*** | |
| Day Habilitation 1 | T2020 | UD | HW | | day | ***$38.27*** | |
| Day Habilitation 2 | T2020 | UD | TF | | day | ***$53.87*** | |
| Day Habilitation 3 | T2020 | UD | TG | | day | ***$69.47*** | |
| Day Habilitation 4 | T2020 | UD | HK | | day | ***$89.23*** | |
| Day Habilitation 1 w transportation | T2020 | UD | HW | SE | day | ***$44.51*** | |
| Day Habilitation 2 w transportation | T2020 | UD | TF | SE | day | ***$60.11*** | |
| Day Habilitation 3 w transportation | T2020 | UD | TG | SE | day | ***$75.71*** | |
| Day Habilitation 4 w transportation | T2020 | UD | HK | SE | day | ***$95.47*** | |
| Supported Employment | T2018 | UD | | | day | ***$55.95*** | |
| Individual Job Coach | T2018 | UD | HN | | 15 min | ***$5.00*** | |
| Individual Job Developer | T2018 | UD | HO | | 15 min | ***$10.00*** | |
| Prevocational Services | T2014 | UD | | | day | ***$39.56*** | |
| Respite In Home | S5150 | UD | | | 15 min | ***$2.84*** | |
| Respite Out of Home | T1005 | UD | | | 15 min | ***$2.84*** | |
| Personal Care | T1019 | UD | | | 15 min | ***$3.55*** | |
| Personal Care on Worksite | T1019 | UD | HW | | 15 min | ***$3.96*** | |
| Pers.CareTransportation | T2001 | UD | | | mile | ***$0.47*** | |
| Physical Therapy | 97110 | UD | | | 15 min | ***$13.01*** | |
| Occup. Therapy | 97535 | UD | | | 15 min | ***$13.01*** | |
| Speech Therapy | 92507 | UD | | | 15 min | ***$13.01*** | |
| Behavior Therapy 3 Tech | H2019 | UD | HM | | 15 min | ***$8.28*** | |
| Behavior Therapy 2 Prof | H2019 | UD | HN | | 15 min | ***$13.01*** | |
| Behavior Therapy 1 Prof | H2019 | UD | HP | | 15 min | ***$17.75*** | |
| RN Nursing | S9123 | UD | | | hour | ***$33.12*** | |
| LPN Nursing | S9124 | UD | | | hour | ***$18.93*** | |
| Envir. Access. Adaps. | S5165 | UD | | | ***job*** | ***at cost*** | Can be billed by the day, per item, or by the month, if routine |
| Specialized Medical Supplies | T2028 | UD | | | ***item*** | ***at cost*** | |
| Specialized Medical Equipment | T2029 | UD | | | ***item*** | ***at cost*** | |
| Community Specialist | H2015 | UD | | | 15 min | ***$10.88*** | |
| Crisis Intervention | H2011 | UD | | | 15 min | ***$8.52*** | |