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107 Waiver Services

Medicaid covers Home and Community-Based Services (HCBS) through the Elderly and Disabled (E&D) Waiver, the State of Alabama Independent Living (SAIL) Waiver (formerly Homebound Waiver), the Technology Assisted (TA) Waiver for Adults, the Alabama Community Transition (ACT) Waiver, and the Community Waiver Program (CWP) to categorically needy individuals who would otherwise require institutionalization in a nursing facility.

Medicaid covers the Alabama Home and Community-Based Waiver for Persons with Intellectual Disabilities (ID Waiver), formerly MR Waiver the Living at Home (LHW) Waiver and the Community Waiver Program (CWP) to Medicaid-eligible individuals who would otherwise require the level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The purpose of providing HCBS to individuals at risk of institutional care is to protect the health, safety, and dignity of those individuals while reducing Medicaid expenditures for institutional care. Services that are reimbursable through Medicaid's EPSDT Program shall not be reimbursed as a waiver service. HCBS are provided through a Medicaid waiver for an initial period of three or five years and for five-year periods thereafter upon renewal of waiver by the Centers for Medicare and Medicaid Services (CMS) .

The E&D Waiver is a cooperative effort between the Alabama Medicaid Agency, and the Alabama Department of Senior Services (ADSS). The policy provisions for E&D Waiver providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 36.

The SAIL Waiver is a cooperative effort between the Alabama Medicaid Agency and the Alabama-Department of Rehabilitation Services (ADRS). The policy provisions for SAIL Waiver providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 57.

The ID, LHW, and CWP Waivers are a cooperative effort between the Alabama Medicaid Agency and the Alabama Department of Mental Health (DMH). The policy provisions for ID, LHW, and CWP Waiver providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapters 35, 52, and 43 respectively.

The Alabama Medicaid Agency is the Operating Agency for the TA Waiver for Adults. The policy provisions for providers of the TA Waiver for Adults can be found in the *Alabama Medicaid Agency Administrative Code,* Chapter 54.

The ACT Waiver is a cooperative effort among the Alabama Medicaid Agency and Alabama Department of Senior Services (ADSS). The policy provisions for the ACT Waiver providers can be found in the Alabama Medicaid Agency Administrative Code, Chapter 44.

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NOTE:

Providers rendering private duty nursing services as a result of an EPSDT screening should refer to the Alabama Medicaid Provider Manual, Chapter 31 for policy provisions.

107.1 Enrollment

Applicants who meet the licensure and/or certification requirements of the State of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code* and the *Alabama Medicaid Provider Manual* should apply with the designated waiver Operating Agency for the E&D, SAIL, ID, LHW, CWP and ACT Waivers. Applicants for the TA Waiver are enrolled directly through Gainwell. The Operating Agency may contract directly with vendors of non-medical ACT Waiver services.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as a waiver provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive direct reimbursement for waiver-related claims.

NOTE:

The 10-digit NPI is required when filing a claim.

Providers of waiver services are assigned a provider type of 53 (Waiver Service). Valid specialties for these providers include the following:

- Elderly and Disabled Waiver (670)
- SAIL Waiver (660)
- ID Waiver (680)
- Living at Home Waiver (690)
- Technology Assisted (TA) Waiver for Adults (590)
- ACT Waiver (661)
- CWP Waiver (685)

Enrollment Policy for Waiver Service Providers

To participate in the Alabama Medicaid Program, providers must meet the following requirements:

- Must have a contractual agreement with Medicaid directly or through an Operating Agency.
- Must meet the provider qualifications as outlined in the approved Waiver Document for the appropriate HCBS waiver.

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- Electronic visit verification is required for specified services under HCBS Waivers when conducted as part of service delivery for in home services. These services are electronically verified when the following information is electronically captured and submitted to Medicaid through the use of the State contracted EVVM system:
- (i) the type of service performed;
- (ii) the individual receiving the service;
- (iii) the date of the service;
- (iv) the location of service delivery;
- (v) the individual providing the service; and
- (vi) the time the service begins and ends

Re-enrollment Policy for Waiver Service Providers

Federal requirements mandate providers re-validate periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-validate. Failure to re-validate and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-validate, providers will have to submit a new application for enrollment.

107.2 Benefits and Limitations

The following table lists the services covered by each type of waiver:

Waiver	***Services Covered***
Elderly and Disabled Waiver	Case Management Services Homemaker Services Personal Care Services Adult Day Health Services Respite Care Services (Skilled) Respite Care Services (Unskilled) Companion Services Home Delivered Meals (Frozen Shelf-Stable and Breakfast Meals) Pest Control Service Skilled Nursing Services (RN/LPN) Home Modification Services Assistive Technology and Durable Medical Equipment (DME) Personnel Emergency Response System (PERS) (Installation Personnel Emergency Response System (PERS) (Monthly Monitoring Fee) Medical Supplies Supervisory Visits
SAIL Waiver	Case Management Services Personal Care Services Environmental Accessibility Adaptations Personal Emergency Response System (PERS) Initial Setup Personal Emergency Response System (PERS) Monthly Medical Supplies Minor Assistive Technology Assistive Technology Evaluation for Assisted Technology Assistive Technology Repairs

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Waiver	*Services Covered*
	Personal Assistance Services Unskilled Respite Care Pest Control Service
Home and community-based services for ID waiver	Residential Habilitation Training Services In-Home Residential Habilitation Training Services - Day Habilitation Services-(Levels 1-4) Day Habilitation Services w/transportation-(Levels 1-4) Prevocational Services Supported Employment Services Individual Job Coach Services Individual Job Developer Services Occupational Therapy Services Speech and Language Therapy Services Physical Therapy Services Positive Behavior Support Services-(Levels 1-3) Adult Companion Services In-Home Respite Care Services Out-of-Home Respite Care Services Personal Care Services Personal Care on Worksite Services Personal Care Transportation Services Environmental Accessibility Adaptations Services Assistive Technology Services Specialized Medical Supplies Services Skilled Nursing Services (RN/LPN) Crisis Intervention Services Community Specialist Services Individual Directed Goods and Services Benefits and Career Counseling Services Community Experience Services Housing Stabilization Services Personal Emergency Response System Services Supported Employment Transportation Services Remote Supports Services

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Waiver	*Services Covered*
Home and community-based services for CWP waiver	Breaks and Opportunities (Respite) Services Community- Based Residential Services Integrated Employment Path Services Personal Assistance- Home Services Support Coordination Services Adult Family Home Services Assistive Technology and Adaptive Aids Services Co- Worker Supports Services Community Integration Connections and Skills Training Services Community Transportation Services Family Empowerment and Systems Navigation Counseling Services Financial Literacy Services Housing Counseling Services Housing Start-Up Assistance Services Independent Living Skills Training Services Individual Directed Goods and Services Minor Home Modifications Services Natural Support or Caregiver Education and Training Services Occupational Therapy Services Peer Specialist Services Personal Assistance- Community Services Physical Therapy Services Positive Behavioral Supports Services Remote Supports Services Skilled Nursing Services Speech and Language Therapy Services Supported Employment Individual Services Supported Employment Small Group Services Supported Living Services

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Waiver	*Services Covered*
Home and community-based services for Living at Home Waiver	In-Home Residential Habilitation Training Services Day Habilitation Services-(Levels 1-4) Day Habilitation Services w/transportation-(Levels 1-4) Supported Employment Services Supported Employment Transportation Individual Job Coach Services Individual Job Developer Services Prevocational Services In-Home Respite Services Out-of-Home Respite Services Personal Care Services Personal Care on Worksite Services Personal Care Transportation Services Physical Therapy Services Occupational Therapy Services Speech and Language Therapy Services Positive Behavior Support Services-(Levels 1-3) Skilled Nursing Services-(RN/LPN) Environmental Accessibility Adaptations Services Assistive Technology Services Specialized Medical Supplies Services Community Specialist Services Crisis Intervention Services Individual Directed Goods and Services Assistance in Community Integration Services Benefits and Career Counseling Services Community Experience Services Personal Emergency Response System Services Adult Companion Services Housing Stabilization Services Remote Support Services
Home and community-based services for Technology Assisted (TA) Waiver for Adults	Private Duty Nursing (RN/LPN) Personal Care/Attendant Service Medical Supplies and Appliances Assistive Technology Pest Control Service
Home and community-based services for ACT Waiver	Community Case Management Transitional Assistance Services Personal Care Services Homemaker Services Adult Day Health Home Delivered Meals (Frozen, Shelf-Stable, and Breakfast) Respite Care Services (Skilled and Unskilled) Skilled Nursing Services (RN/LPN) Adult Companion Services Home Modification Services Assistive Technology Assistive Technology Repairs Assistive Technology Evaluations Personnel Emergency Response System (PERS) (Installation Personnel Emergency Response System (PERS) (Monthly Monitoring Fee) Medical Equipment, Supplies, and Appliances Personal Assistance Services Pest Control Services

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107.2.1 Financial Eligibility

Financial eligibility for the E&D waiver is limited to the following individuals:

- Individuals receiving SSI
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Individuals receiving State Supplementation
- Individuals receiving State or Federal Adoption Subsidy
- Optional categorically needy individuals at a special income level of 300 percent of the Federal Benefit Rate (FBR) who are receiving HCBS waiver services.

Financial eligibility for the ID waiver is limited to the following individuals:

- Individuals receiving SSI
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300 percent of the SSI Federal Benefit Rate
- Parents and Other Caretaker Relatives
- Federal or State Adoption Subsidy Individuals

Financial eligibility for the CWP waiver is limited to the following individuals:

- Individuals receiving SSI
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300 percent of the SSI Federal Benefit Rate
- Parents and Other Caretaker Relatives
- Federal or State Adoption Subsidy Individuals

Financial eligibility for the SAIL waiver is limited to the following individuals:

- Individuals receiving SSI
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Individuals receiving State Supplementation
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300 percent of the SSI Federal Benefit Rate

Financial eligibility for the Living at Home Waiver is limited to the following individuals:

- Individuals receiving SSI
- Parents and Other Caretaker Relatives
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Individuals receiving State or Federal Adoption Subsidy
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300 percent of the SSI Federal Benefit Rate

Financial eligibility for Technology Assisted Waiver for Adults is limited to the following individuals:

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- Individuals receiving SSI
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300 percent of the SSI Federal Benefit Rate
- State Supplementation
- Individuals eligible for the Pickle Program (continued Medicaid)
- Deemed disabled widow and widowers from age 50 but not yet age 60
- Early widow and widowers age 60-64
- Disabled adult children who lose Supplemental Security Income benefits upon entitlement to or an increase in the child's insurance benefits based on disability
- Individuals who would be eligible for SSI if not for deeming of income of parent(s) or a spouse
- Medicaid for Low Income Families (MLIF)

Financial eligibility for the ACT waiver is limited to the following individuals:

- Individuals receiving SSI
- SSI related protected groups deemed to be eligible for SSI/Medicaid
- Individuals receiving State Supplementation
- Special Home and Community-Based waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate

Financial determinations are made by the Alabama Medicaid Agency, or the Social Security Administration (SSA), as appropriate. In addition to the financial and medical eligibility criteria, Medicaid is limited by the number of recipients who can be served by the waiver.

107.2.2 Medical Eligibility

Medical eligibility criteria for the E&D, TA Waiver for Adults, and ACT Waivers are based on current admission criteria for nursing facility care. Admission criteria are described in Chapter 26 of the non-state Provider Manual, Nursing Facility.

The target groups for SAIL Waiver Services must meet the admission criteria for a nursing facility. The HCBS provider must specifically provide services to individuals with physical disabilities not associated with the process of aging and with onset prior to age 63.

SAIL waiver services are provided, but not limited, to persons with the following diagnoses:

- Quadriplegia
- Traumatic brain injury
- Amyotrophic lateral sclerosis
- Multiple sclerosis
- Muscular dystrophy
- Spinal muscular atrophy
- Severe cerebral palsy
- Stroke

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- Other substantial neurological impairments, severely debilitating diseases, or rare genetic diseases (such as Lesch-Nyhan Syndrome)

The target group, for ACT Waiver Services, is individuals currently residing in a nursing facility with a desire to transition to the community.

Eligibility criteria for HCBS for ID, CWP, and LHW recipients are the same as eligibility criteria for an ICF/IID facility. ID, CWP, and LHW persons who meet categorical medical and/or social requirements for Title XIX coverage will be eligible for HCBS under the waivers. Applicants found eligible are not required to apply income above the personal needs allowance reserved to institutional recipients toward payment of care. In addition to the financial and medical eligibility criteria, Medicaid is limited by the number of recipients who can be served by the waivers.

107.2.3 Limitations

Medicaid does not provide waiver services to recipients in a hospital or nursing facility. However, case management activities are available through the Gateway to Community Living (GCL) initiative and the Hospital to Home (H2H) program to assist recipients interested in transitioning from an institution into a community setting under the waivers. Case management activities are limited to a maximum of 180 days prior to discharge into the community.

Medicaid or its operating agencies may deny home and community-based services if it determines that an individual's health and safety is at risk in the community; if the individual does not cooperate with a provider in the provision of services; or if an individual does not meet the goals and objectives of being on the waiver program.

NOTE:

SAIL waiver recipients must be age 18 years or older. LHW, CWP, & ID waiver recipients must be age 3 years or older. TA waiver recipients must be age 21 or with complex medical conditions who are ventilator dependent or who have tracheostomies.

107.2.4 Explanation of Covered Services

This section describes the covered services available through the HCBS Waiver Program. Please note that descriptions for services may differ from program to program.

Adult Day Health Services (S5102/Modifier UA - E&D) (S5102/Modifier TF UB-ACT)

Adult Day Health Service provides social and health care for a minimum of 4 hours per day in a community facility approved to provide such care. Adult Day Health Service includes health education, self-care training, therapeutic activities, and health screening.

Adult Day Health is provided by facilities that meet the minimum standards for Adult Day Health Centers as described in the HCBS Waiver for the E&D and ACT Waivers. The state agencies contracting for Adult Day Health Services must determine that each facility providing Adult Day Health meets the prescribed standards.

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A unit is defined as a per diem rate.

Homemaker Services (S5130/Modifier UA - E&D) (S5130/Modifier TF UB-ACT)

Homemaker services are general household activities that include meal preparation, food shopping, bill paying, routine cleaning and personal services. Homemaker Services are provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or when a person is limited in managing the home and providing self-care.

A person providing homemaker services must meet the qualifications of a Homemaker Attendant as specified in the approved waiver document.

A unit is defined as 15 minutes.

Case Management Services (T1016/Modifier UA - E&D) (T1016/Modifier UB - SAIL) (T1016/Modifier TF UB-ACT)

Case management is a system under which a designated person or organization is responsible for locating, coordinating, and monitoring a group of services. A case manager is responsible for outreach, intake and referral, diagnosis and evaluation, assessment, care plan development, and implementing and tracking services to an individual. The case manager is also responsible for authorization of waiver and non-waiver services included in the recipient's care plan, terminations, and transfers and maintenance of recipient records.

Case management is provided by a case manager employed by or under contract with the state agencies as specified in the approved waiver document. The case manager must meet the qualifications as specified in the approved waiver document.

Case management activities may also be used to assist individuals residing in institutional settings, such as hospital and nursing facilities, to transition into community settings. Transitional case management services may be provided up to 180 days prior to discharge from an institution.

Transitional case management should not be billed until the first day a client is active on the waiver. If the individual fails to transition to the waiver, reimbursement will be at the administrative rate.

A unit is defined as 15 minutes.

Support Coordination Services CWP

(G9005 Support Coordination - Children/Transition-Age Youth Ages 3-21)

(G9005/Modifier HE Support Coordination - Children/Transition-Age Youth Ages 3-21)

(G9005/Modifier HI Support Coordination - Children/Transition-Age Youth Ages 3-21)

(G9005/Modifier HO Support Coordination - Children/Transition-Age Youth Ages 3-21)

(G9005/Modifier TF Support Coordination - Children/Transition-Age Youth Ages 3-21)

(G9005/Modifier TG Support Coordination - Children/Transition-Age Youth Ages 3-21)

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(G9008 Support Coordination - Adults Ages 22+)

(G9008/Modifier HI Support Coordination - Adults Ages 22+)

(G9008/Modifier HO Support Coordination - Adults Ages 22+)

(G9008/Modifier TF Support Coordination - Adults Ages 22+)

(G9008/Modifier HE Support Coordination - Adults Ages 22+)

(G9008/Modifier TG Support Coordination - Adults Ages 22+)

A case management and comprehensive supports/services coordination role involving direct assistance with gaining access to waiver program services that are desired by and selected by the individual, from among available services that are effective options for meeting one or more assessed needs. Support Coordination also involves the effective coordination of waiver program services with other Medicaid-funded services, other publicly funded services and programs (e.g. ADRS, school, workforce and generic community services), and other generic community services and resources (e.g. social, educational, religious, etc.) available to the individual, and family as applicable, regardless of the funding source.

A unit is defined as monthly.

Personal Care Services

Personal Care Services (T1019/Modifier UB - SAIL) (T1019/Modifier TF UB- ACT) (T1019/Modifier UA - E&D)

Personal Care Option (T1019/Modifier UB HX - SAIL) (T1019/Modifier TF HX - ACT) (T1019/Modifier UA HX- E&D)

Personal care services are those services prescribed by a physician in accordance with a plan of treatment to assist a patient with basic hygiene and health support activities. These services include assistance with bathing, dressing, ambulation, eating, supervision of the self-administering of medications, and securing health care from appropriate sources.

A person providing personal care services must be employed by a certified Home Health Agency or other agency approved by the Alabama Medicaid Agency and is supervised by a registered nurse, and meets the qualifications of a Personal Care Attendant as specified in the approved waiver document.

Personal care services may be provided by a relative or a friend when documentation shows that a relative or friend is qualified and there is proof of a lack of other qualified providers in a remote area.

For the SAIL Waiver, the number of units and services provided to each client is dependent upon individual need as set forth in the client's Plan of Care established by the case manager. Personal care services may be provided for a period not to exceed 100 units (25 hours) per week and not to exceed a total of 5,200 units (1300 hours) per waiver year (October 1 – September 30) in accordance with the provider contracting period. Services may be reduced based on need.

Personal Care under the ACT Waiver - There is no unit limit for Personal Care under the ACT Waiver. Services are authorized based on the specific medical needs of the ACT Waiver participant.

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The Personal Choices program develops a new service delivery system for participants receiving personal care services on the State of Alabama Independent Living (SAIL) and ACT waivers that will allow for more participant involvement in the direction and choice of the person employed as a personal care worker.

Medicaid will not reimburse for activities performed which are not within the Scope of Services. State Plan EPSDT services must be exhausted prior to any use of Waiver services for individuals under the age of 21.

A unit is defined as 15 minutes.

Respite Care (T1005/Modifier UA - E&D) (T1005/Modifier TF UB-ACT) Respite Care Unskilled (S5150/Modifier UA - E&D), (S5150/Modifier TF UB-ACT)

Respite care is given to individuals unable to care for themselves on a short-term basis due to the absence or the need for relief of those persons normally providing the care. Respite care is provided in the individual's home and includes supervision, companionship and personal care of the individual.

Respite care may be provided by a companion/sitter, personal care attendant, home health aide, homemaker, LPN or RN, depending upon the care needs of the individual;

A unit is defined as 15 minutes.

Unskilled Respite Care (S5150/Modifier UB - SAIL)

Respite Care is provided to individuals unable to care for themselves and is furnished on a short-term basis because of the absence of or need for relief of those persons normally providing the care.

Unskilled Respite is provided for the benefit of the client and to meet client needs in the absence of the primary caregiver(s) rather than to meet the needs of the client’s household.

It is based on the needs of the individual client as reflected in the PCCP.

Breaks and Opportunities (Respite) Services CWP

(S5150 Breaks and Opportunities (Planned Respite) HOURLY - CWP); (S5150/Modifier HI/HW Breaks and Opportunities (Respite) Emergency Self-Directed DAILY); (S5150/Modifier HI Breaks and Opportunities (Respite) –Emergency DAILY); (S5150/Modifier HW/SE Breaks and Opportunities (Planned Respite) - Self-Directed DAILY – CWP); (S5150/Modifier HW Breaks and Opportunities (Planned Respite) - Self-Directed HOURLY – CWP); (S5150/Modifier SE Breaks and Opportunities (Planned Respite) DAILY – CWP)

A service provided to a waiver participant that lives with family or other natural supports who are providing support, care and supervision to the waiver participant. This service is provided for time-limited periods when the family or other natural supports are temporarily unable to continue to provide support, care and supervision to the waiver participant. This service can be provided in the waiver participant’s home or the pre-approved private home of the Breaks and Opportunities service provider. The Breaks and Opportunities service is provided with two equally important goals which include: (1) sustaining the family/natural support living arrangement and support-giving arrangement;

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and (2) providing the waiver participant with opportunities to continue his/her regular activities and relationships and/or to explore new opportunities and meet new people with the Breaks and Opportunities service provider.

This service is provided during specific periods of time in a day, week or month when the unpaid family/natural support-givers typically provide support, care and supervision to the waiver participant. This service is provided in a way that ensures the individual's typical routine and activities are not disrupted and the individual's goals and needs, as set forth in the PCP, are attended to without disruption.

A unit is defined as hourly or daily.

Companion Services (S5135/Modifier UA - E&D) (S5135/Modifier TF UB-ACT)

Companion services provide support and supervision that is focused on safety and non-medical care such as the following:

- Reminding recipient to bathe, to take care of personal grooming and hygiene, and to take medication
- Observing or supervision of snack and meal planning
- Accompanying recipient to necessary medical appointments and grocery shopping
- Assisting with laundry and light housekeeping duties that are essential to the care of the recipient.

Under no circumstances should any type of skilled medical service be performed. Companion services are provided in accordance with a therapeutic goal and are not purely recreational in nature. A person providing companion services must meet the qualifications of a companion worker as specified in the approved waiver document.

A unit is defined as 15 minutes.

Day Habilitation Services

(T2021/ Modifier UC/HW— ID-Level 1)

(T2021/Modifier UC/TF-ID-Level 2)

(T2021/Modifier UC/TG-ID-Level 3)

(T2021/Modifier UC/HK-ID-Level 4)

(T2021/Modifier UC/HW/SE-ID-Level 1-w/transportation)

(T2021/Modifier UC/TF/SE-ID-Level 2-w/transportation)

(T2021/Modifier UC/TG/SE-ID-Level 3-w/transportation)

(T2021/Modifier UC/HK/SE-ID-Level 4-w/transportation)

(T2021/Modifier UD/HW - LHW - Level 1)

(T2021/Modifier UD/TF - LHW - Level 2)

(T2021/Modifier UD/TG - LHW - Level 3)

(T2021/Modifier UD/HK – LHW – Level 4)

(T2021/Modifier UD/HW/SE – LHW – Level 1-w/transportation)

(T2021/Modifier UD/TF/SE – LHW – Level 2-w/transportation)

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(T2021/Modifier UD/TG/SE- LHW – Level 3-w/transportation)

(T2021/Modifier UD/HK/SE – LHW – Level 4-w/transportation)

Day Habilitation Service 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.

Transportation cost to transport waiver recipients 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 waiver recipient will be included in the rate paid to providers for this service. Day Habilitation Service workers may transport waiver recipients in their own vehicles as an incidental component of Day Habilitation Services.

Day Habilitation Training Services are provided by a residential staff and supervised by a Qualified Intellectual Disabilities Professional (QIDP) in coordination with the waiver recipient's Person-Centered Plan The residential staff will be required to complete the training requirements as outlined in the waiver document. The QIDP must provide and document supervision of, training for, and evaluation of Aide in the individual client record.*****The level utilized for Day Habilitation Services in the LHW is determined by the individual's ICAP score.

The provider for Day Habilitation Services can be reimbursed based on eight levels of services.

Day Habilitation Services are limited to 5 hours each day.

A unit is defined as 15 minutes.

Residential Habilitation Training Services (T2016/Modifier UC–ID)

Residential Habilitation is a type of residential service selected by the waiver recipient supported, offering individualized services and supports that enable the waiver recipient to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each waiver recipient's independence and full integration into the community, and ensures each waiver recipient's choice and rights.

Residential Habilitation Training Services provides habilitation training and intervention in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping and supports, 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.

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The rate paid to providers for Residential Habilitation Training Service includes the cost to transport waiver recipients to activities such as day programs, social events, or community activities when public transportation or transportation services covered under the Medicaid State Plan are not available. Residential Habilitation Training Service workers may transport consumers in their own vehicles as an incidental component of Residential Habilitation Training Services.

Residential Habilitation Training Services will be delivered or supervised by a Qualified Intellectual Disabilities Professional (QIDP) in accordance with the waiver recipient's Person-Centered Plan. Residential Habilitation Training services can also be delivered by a residential staff. The residential staff will work under supervision and direction of a QIDP.

The residential staff is required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH. Retraining will be conducted as needed, at least annually.

A unit is defined as a per diem rate.

Respite Care Services - In Home (S5150/Modifier UC - ID) (S5150/Modifier UD - LHW) (S5150/Modifier UC/HW- ID) (S5150/Modifier UD/HW – LHW)

Respite Care Services - Out-of-Home (T1005/Modifier UC –ID) (T1005/Modifier UD LHW) (T1005/Modifier UC/HW – ID) (T1005/Modifier UD/HW – LHW)

Respite Care Services are provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite Care Services provide 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 Care Services are typically scheduled in advance, but it can also serve as a relief in a crisis situation. As a crisis relief, Out of Home Respite Care Services can allow time and opportunity for assessment, planning and intervention to try to re-establish the waiver recipient in his home, or if necessary, to locate another home for him.

Respite Care Out of the Home Services are typically provided in a certified group home.

Respite Care Services cannot be provided by a family member.

A unit is defined as 15 minutes.

In-Home Residential Habilitation Training Services (T2017/Modifier UC – ID) (T2017/Modifier UD - LHW)

In-Home Residential Habilitation Training Services provide care, supervision, and skills training in activities of daily living, home management and community integration to a waiver recipient in their own homes, but not in group homes or other facilities.

Residential Habilitation Training Services include 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.

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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, meaning, changing factors that impede progress (e.g. 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.

Residential Habilitation Training Services for waiver recipients may be delivered or supervised by a QIDP in accordance with the waiver recipient's Person-Centered Plan. Residential Habilitation Training Services can also be delivered by a residential staff. The residential staff will work under supervision and direction of a QIDP.

The residential staff will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH/ID. Retraining will be conducted as needed, at least annually.

The rate paid to providers for Residential Habilitation Training Service includes the cost to transport waiver recipients to activities such as day programs, social events, or community activities when public transportation or transportation services covered under the Medicaid State Plan are not available.

In-Home Residential Habilitation Training Services is limited to 8 hours per day and cannot overlap other services.

Supported Employment (T2019/Modifier UC – ID) (T2019/Modifier UC/HN – ID) (T2019/Modifier UD/HN – LHW) (T2019/Modifier UC/HO – ID) (T2019/Modifier UD/HO – LHW) (T2019/Modifier UD – LHW) (T2019/Modifier UC/HW – ID) (T2019/Modifier UD/HW – LHW) (S0215/Modifier UC – ID) (S0215/Modifier UD – LHW)

There are three variations of Supported Employment Services: (1) Individual Assessment/Discovery (2) Small Group and (3) Individual.

1. Individual Assessment/Discovery is a one-time, time limited target service designed to help a waiver recipient who wishes to pursue individualized, integrated employment or self-employment. Discovery may involve a comprehensive analysis of the waiver recipient's history; interviews with family, friends and support staff/ observing the waiver recipient performing work skills; and career research in order to determine the waiver recipient's career interests, talents, skills, support needs and choice; and the writing of a Personal Profile Frames which will begin with the development of an employment plan.

2. Employment Small Group often consists of groups of waiver recipients being supported in enclave or mobile work crew activities. Employment Small Group are services and training activities provided in regular business, industry, and community settings for groups of two to eight workers with disabilities.

3. Employment Individual Services are the ongoing support to waiver recipients to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which a waiver recipient is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by

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individuals without disabilities. Employment Individual includes two distinct services: Job Developer and Job Coach.

(a) The Job Developer duties include, but are not limited to, marketing the Supported Employment Service and the waiver recipient's skills; negotiating hours or location to meet the abilities of the waiver recipient; and job placement.

(b) The Job Coach enters once placement has been arranged. The Job Coach duties include, but are not limited to, assisting with training of waiver recipients in supported work to perform specific jobs consistent with their abilities; teaching waiver recipients associated work skills, responsibilities and behaviors not related to the specific job being performed; and providing continued ongoing support to waiver recipients in supported work.

Supported Employment Services are conducted in a variety of settings, particularly work sites in which persons without disabilities are employed.

When Supported Employment Services are provided at a work site in which persons with disabilities are employed, payment will be made only for the adaptations, supervision, and training required by waiver recipients as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business settings.

Supported Employment (both group and individual) Services do not include facility based, or other similar types of vocational services furnished in specialized facilities that are not part of the general workplace.

Supported Employment Services are not available to recipients eligible for benefits under a program funded by either Section 110 of the Rehabilitation Act of 1973, or P.L. 94-142.

Transportation accommodations to the worksite or supported employment provider's home-base should be a component of the planning process and integrated into the Person-Centered Plan. While developing the plan which will reflect employment goals; transportation issues, concerns, and access should be addressed. All avenues of possible sources of transportation should be considered including public transportation and natural supports such as family. If training is needed in order for a person to access transportation, then that training should be outlined in the plan.

Supported Employment Transportation Service can be authorized, under special circumstances, intended to be limited in scope, duration, and not to exceed the annual cap.

A unit is defined as 15 minutes.

Supported Employment Services (CWP)

(T2019/Modifier HE/HK Supported Employment-Small Group: 2-3)

(T2019/Modifier HI/HK Supported Employment-Small Group: 4)

(T2019/Modifier HE/HW/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: <80% SELF-DIRECTED)

(T2019/Modifier HE/HW/TG Supported Employment-Individual-Job Coaching: 25+ Months: 40% - 64% SELF-DIRECTED)

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(T2019/Modifier HE/TF Supported Employment-Individual-Job Coaching: Months 13-24: 60% - 74%)

(T2019/Modifier HE/TG Supported Employment-Individual-Job Coaching: 25+ Months: 40% - 64%)

(T2019/Modifier HI/HW/TF Supported Employment-Individual-Job Coaching: Months 13-24: <60% SELF-DIRECTED)

(T2019/Modifier HI/HW/TG Supported Employment-Individual-Job Coaching: 25+ Months: <40% SELF-DIRECTED)

(T2019/Modifier HI/TF Supported Employment-Individual-Job Coaching: Months 13-24: <60%)

(T2019/Modifier HI/TG Supported Employment-Individual-Job Coaching: 25+ Months: <40%)

(T2019/Modifier HK/HW/SE Supported Employment-Individual-Job Development-SELF-DIRECTED)

(T2019/Modifier HK/HW Supported Employment-Individual-Job Development Plan-SELF-DIRECTED)

(T2019/Modifier HK/SE Supported Employment-Individual-Job Development Plan)

(T2019/Modifier HK Supported Employment-Individual-Job Development)

(T2019/Modifier HN/HW/TF Supported Employment-Individual-Job Coaching: Months 13-24: 60% - 74% SELF-DIRECTED)

(T2019/Modifier HN/HW Supported Employment-Individual-Discovery-SELF-DIRECTED)

(T2019/Modifier HN/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: 90% - 100%)

(T2019/Modifier HN Supported Employment-Individual-Discovery)

(T2019/Modifier HO/HW/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: 80% - 89% SELF-DIRECTED)

(T2019/Modifier HO/HW Supported Employment-Individual-Career Advancement: Job-SELF-DIRECTED)

(T2019/Modifier HO/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: 80% - 89%)

(T2019/Modifier HO Supported Employment-Individual-Career Advancement: Job)

(T2019/Modifier HP/HW/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: 90% - 100% SELF-DIRECTED)

(T2019/Modifier HP/HW Supported Employment-Individual-Career Advancement: Plan-SELF-DIRECTED)

(T2019/ Modifier HP/TF Supported Employment-Individual-Job Coaching: Months 7 - 12: <80%)

(T2019/Modifier HP Supported Employment-Individual-Career Advancement: Plan)

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(T2019/Modifier HW/SE/TF Supported Employment-Individual Exploration - SELF-DIRECTED)

(T2019/Modifier HW/SE/TG Supported Employment-Individual-Job Coaching: Months 13-24: 75% - 100% SELF-DIRECTED)

(T2019/Modifier HW/TF Supported Employment-Individual-Job Coaching: Months 1-6 SELF-DIRECTED)

(T2019/Modifier HW/TG Supported Employment-Individual-Job Coaching: 25+ Months: 65% - 100% SELF-DIRECTED)

(T2019/Modifier SE/TF Supported Employment-Individual Exploration)

(T2019/Modifier SE/TG Supported Employment-Individual-Job Coaching: Months 13-24: 75% - 100%)

(T2019/Modifier SE Co-Worker Supports-SE Agency Coordination and Oversight)

(T2019/Modifier TF Supported Employment-Individual-Job Coaching: Months 1-6)

(T2019/Modifier TG Supported Employment-Individual-Job Coaching: 25+ Months: 65% - 100%)

(T2019 Co-Worker Supports-Employer)

(H2023 Supported Employment Individual Job Coaching Stabilization & Monitoring)

(H2023/Modifier HW Supported Employment Individual Job Coaching & Monitoring Self-directed)

There are three variations of Supported Employment Services: (1) Individual Discovery, (2) Small Group and (3) Individual.

Supported Employment Individual is a progression of services provided, as needed, on an individual basis for a person who, because of their disability(s), needs support to obtain and/or maintain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. These services are designed to support the achievement of individualized integrated employment outcomes consistent with the person's employment/career goals and conditions for success, as determined through Exploration and/or Discovery if such services are needed to accurately identify these goals and conditions.

The expected outcome of this service is sustained paid employment in a competitive or customized job, with an employer who is not the person’s service provider, and for which a person is compensated at or above the minimum wage, but not less than the customary wage paid by the employer for the same or similar work performed by persons without disabilities. The job also offers the level of benefits offered to persons without disabilities performing the same/similar work.

Supported Employment—Individual Employment Support Services are individualized and may include the following components:

- Exploration: A time-limited & targeted service designed to help a person make an informed choice about whether to pursue an individualized, competitive or customized job in an integrated

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community setting for which compensation is at or above the minimum wage.

- Discovery: A time-limited & targeted service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, designed to help a person, who wishes to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage, to identify through person-centered assessment, planning and exploration.
- Job Development Plan: A time-limited & targeted service, if otherwise not available to the individual from ADRS, designed to create a clear plan for Job Development to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage.
- Job Development: A service, if otherwise not available to the individual from ARDS, that supports a person to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is designed to implement the Job Development Plan, if applicable, & should result in the achievement of an individualized, integrated employment outcome consistent with the person's employment and career goals, as determined through Exploration (if necessary), Discovery (if necessary) &/or the employment planning process and reflected in the PCP.
- Job Coaching: A service for individualized, integrated employment, if not otherwise available to the individual from ADRS, includes identifying and providing services and supports that assist the person in maintaining and advancing in individualized employment in an integrated setting. Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face. Job Coaching supports must be guided by a Job Coaching fading plan and must include systematic instruction utilizing task analysis to teach the person to independently complete as much of their job duties as possible.
- Career Advancement: A time-limited career planning and advancement support service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, for persons currently engaged in individualized, integrated employment who wish to obtain a promotion and/or a second individualized, integrated employment opportunity. The service focuses on developing and successfully implementing a plan for achieving increased income and economic self-sufficiency through promotion to a higher paying position or through a second individualized, integrated employment or self-employment opportunity.

Supported Employment Small Group is a service providing employment services and training activities to support successful transition to individualized integrated employment or self-employment, or to supplement such employment and/or self-employment when it is only part-time.

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The expected outcome of this service is the acquisition of knowledge, skills and experiences that facilitate career development and transition to individualized integrated employment or self-employment, or that supplement such employment and/or self-employment when it is only part-time. The individualized integrated employment or self-employment shall be consistent with the individual's personal and career goals, as documented in their PCP. Supported Employment—Small Group shall be provided in a way that presumes all participants are capable of working in individualized integrated employment and/or self-employment.

Participants in this service shall be encouraged, on an ongoing basis, to explore and develop their interests, strengths, and abilities relating to individualized integrated employment and/or self-employment. In order to reauthorize this service, the PCP must document that such opportunities are being provided through this service, to the person, on an on-going basis. The PCP shall also document and address any barriers to the person transitioning to individualized integrated employment or self-employment if the person is not already participating in individualized integrated employment or self-employment.

A unit is defined as 15 minutes and monthly.

Prevocational Services (T2015/Modifier UC–ID)
(T2015/Modifier UD – LHW)

Prevocational Services are not available to waiver recipients who are eligible for benefits under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Education of the Handicapped Act.

Prevocational Services prepare a waiver recipient for paid or unpaid employment, but are not job task oriented. Prevocational Services include teaching such concepts as compliance, task completion, attention, problem solving, and safety.

Prevocational Services are provided to waiver recipients 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).

Waiver recipients are compensated at a rate of less than 50 percent of the minimum wage.

A unit is defined as 1 hour.

Physical Therapy Services (97110/Modifier UC-ID) (97110/Modifier UD-LHW) (97110 – CWP)

Physical Therapy Services include services that assist in determining a waiver recipient's level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs.

Physical Therapy Services preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living.

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Physical Therapy Services also helps with progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations, and sensory stimulation.

Physical Therapists may also provide consultation and training to staff or caregivers (such as waiver recipient's family or foster family). The Physical Therapist must meet all state licensure requirements and be designated as a regulated Physical Therapist by the national accreditation body.

A unit is defined as 15 minutes.

Occupational Therapy Services (97535/Modifier UC –ID) (97535/Modifier UD – LHW) (97535 – CWP)

Occupational Therapy Services include the evaluation of a waiver recipient to determine level of functioning by applying diagnostic and prognostic tasks and guiding and treating waiver recipients in the prescribed therapy to secure or obtain necessary function.

Therapists may also provide consultation and training to staff or caregivers (such as waiver recipient's family or foster family). The Occupational Therapist must meet all state licensure requirements and be designated as a regulated Occupational Therapist by the national accreditation body.

A unit is defined as 15 minutes.

Speech and Language Therapy Services (92507/Modifier UC –ID) (92507/Modifier UD – LHW) (92507 – CWP)

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

- Screening and evaluation of waiver recipient’s speech and hearing functions and comprehensive speech and language evaluations when so indicated;
- Participation in the continuing interdisciplinary evaluation of waiver recipients for purposes of implementing, monitoring and following up on the person’s habilitation programs;
- Treatment services as an extension of the evaluation process that include:
    1. Consulting with others working with the waiver recipient for speech education and improvement
    2. Designing specialized programs for developing a waiver recipient’s communication skills comprehension and expression.

Therapists may also provide training to staff and caregivers (such as a waiver recipient'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 waiver recipient and is necessary to enable the waiver recipient to be cared for outside of an institution. The Speech/Language Therapist must meet all state licensure requirements.

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A unit is defined as an encounter.

Personal Emergency Response System (PERS) (S5160/Modifier UB - Installation - SAIL) (S5160/Modifier TF UB – Installation-ACT) (S5160/Modifier UA – Installation – E&D) (S5161/Modifier UB – Monthly - SAIL) (S5161/Modifier TF UB – Monthly-ACT) (S5161/Modifier UA – Monthly – E&D)

PERS is an electronic device that enables certain high-risk patients to secure help in the event of an emergency. The recipient may also wear a portable "help" button to allow for mobility. The system is connected to a patient's phone and programmed to signal a response center once a "help" button is activated. PERS must be provided by trained professionals. Initial setup and installation of PERS must be on the individual's plan of care, prior authorized and approved by the Alabama Medicaid Agency or its designee. The price quotation from the vendor shall specify the description of the PERS. Only one PERS installation per recipient can be approved. Exceptions to this limitation shall be considered on an individual basis for circumstances such as relocations.

A unit is defined as a monthly rate.

Personal Care (T1019/Modifier UC –ID) (T1019/Modifier UC/HW – ID) (T1019/Modifier UC/ HN) (T1019/Modifier UD – LHW) (T1019/Modifier UD/HW-LHW) (T1019/Modifier UD/HN – LHW)

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 assistance with shopping, 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.

While in general Personal Care Services will not be approved for a person living in a group home or other residential setting, under the ID Waiver and LHW, Personal Care Services may be approved by the Division of Development Disabilities for specific purposes that are not duplicative.

Personal Care Services can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. There will be a separate procedure code for this service, provided at the worksite, to distinguish it from other personal care activities.

The personal care attendant will work under the supervision of a QIDP and will be observed every 90 days. The personal care attendant is also required to complete the training requirements prior to providing services.

No payment will be paid for Personal Care Services furnished by a member of the immediate family (e.g., parents spouses, children) living in the home or who have a legal obligation to provide Personal Care Services. Siblings who do not reside in the home with the waiver recipient can be paid to provide Personal Care Services to the waiver recipient.

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Personal Care Services may be self-directed to allow waiver recipients and their families to recruit, hire, train, supervise, and if necessary to discharge, their own personal care workers.

A unit is defined as 15 minutes.

Personal Care Transportation Services (T2001/Modifier UD – LHW) (T2001/Modifier UC – ID)

Personal care attendants may transport waiver recipients in their own (the attendant's) vehicles as an incidental component of the Personal Care Service. In order for this component to be reimbursed, the personal care attendant must be needed to support the waiver recipient in accessing the community, and not merely to provide transportation. The Personal Care Transportation 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. Additional payment will be made for mileage and the provider's cost of an insurance waiver to cover any harm that might befall the waiver recipient 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 waiver recipient.

Personal Care Transportation Services 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 nor to be used merely for convenience.

A unit is defined as a mileage rate.

Adult Companion Services (S5135/Modifier UC –ID) (S5135/Modifier UD –LHW) (S5135/Modifier UC/HW – ID) (S5135/Modifier UD/HW –LHW)

Adult Companion Services are non-medical supervision and socialization provided to a functionally impaired adult. Companions may assist the waiver recipient with such tasks as meal preparation and shopping, but may not perform these activities as discrete services.

The provision of Adult Companion Services does not entail hands-on medical care.

Companions may perform light housekeeping tasks that are incidental to the care and supervision of the waiver recipient.

Adult Companion Service is provided in accordance with a therapeutic goal in the waiver recipient's approved plan of care and is not merely recreational in nature. Companion Service must be necessary to prevent institutionalization of the waiver recipient.

The person providing Adult Companion Service must meet the qualifications of a companion worker as specified in the waiver document. They also must have completed all training requirements.

Adult Companion Services can be directed by waiver recipients or family but must adhere to all the traditional service rules.

A unit is defined as 15 minutes.

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Positive Behavior Support Services
(H2019/Modifier UC/HP - ID - Level 1)
(H2019/Modifier UC/HN – ID- Level 2)
(H2019/Modifier UC/HM – ID-Level 3)
(H2019/Modifier UC/HP/SE – ID-Level 1)
(H2019/Modifier UC/HN/HM – ID – Level 2)
(H2019/Modifier UC/HM/SE – ID – Level 3)
(H2019/Modifier UD/HP – LHW – Level 1)
(H2019/Modifier UD/HN – LHW – Level 2)
(H2019/Modifier UD/HM – LHW – Level 3)
(H2019/Modifier UD/HP/SE – LHW – Level 1)
(H2019/Modifier UD/HN/SE – LHW – Level 2)
(H2019/Modifier UD/HM/SE – LHW – Level 3)
(H2019/Modifier/ HN – CWP – NON CRISIS CONSULTATION)
(H2019/CWP – CRISIS INTERVENTION AND STABILIZATION)

Positive Behavior Support (PBS) Services are a set of researched-based strategies that combine behavioral and biomedical science with person-centered, valued outcomes and systems change to increase quality of life and decrease problem behaviors by teaching new skills and making changes in a waiver recipient's environment. The strategies take into consideration all aspects of the waiver recipient's life and are intended to enhance positive social interactions across work, academic, recreational, and community settings while reducing actions that are not safe or that lead to social isolation, loneliness or fearfulness. PBS provides framework for approaches that emphasize understanding the waiver recipient, strengthening environment that build on individual strengths and interests, and decreasing interventions that focus on controlling problematic behavior in order to fit the waiver recipient's environment. Some of the billable tasks include, but are not limited to: conducting functional behavior support plan (BSP) development, training to implement the BSP, data entry/analysis/graphing, monitoring effectiveness of BSP, writing progress notes/reports, etc. BSP may include consultation provided to families, other caretakers and habilitation service providers. BSP 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 with reports due quarterly.

Positive Behavior Support (PBS) Service is comprised of two general categories of service tasks. These are (1) development of a 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 the supervision requirements that are described under provider qualifications.

The two professional service provider levels are distinguished by the qualifications of the person providing the service. Both require advanced

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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 PBS tasks. There is a different code and rate for each of the three service provider levels.

The maximum units of service per year of both professional and technician level units combined cannot exceed 1200 and the maximum units of service of professional level one (1) or two (2) cannot exceed 800. Maximum units of Technician level service are the balance between billed professional level one (1) and two (2) units and the combined maximum per year. Providers who bill more than the 800 units of professional level will receive a denial notice. Once the denial notice is received, the provider should submit another claim for 800 units at the professional level and the remaining units at the technical level in order to receive payment for services rendered. Providers of service must document which tasks are provided by date performed in addition to their clinical notes. There will be no accommodation for exceeding the overall cap of 1200 units for all three levels.

Providers of service must maintain a service log that documents specific days on which services are delivered. The following do not qualify for billing under this waiver service: 1) individual or group therapy, 2) group counseling, 3) behavioral procedures not listed in a formal BSP or that do not comply with the current Behavioral Services Procedural Guidelines and Community Certification Standards, 4) non-traditional therapies, such as music therapy, massage therapy, etc., 5) supervision.

Providers at Level 1 must have either a Ph.D. or M.A. and be certified as a Behavior Analyst by the Behavior Analysis Certification Board.

Providers at level 2 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 of experience working with persons with developmental disabilities. Level 2 providers with a Doctorate do not require supervision.

Providers at Level 3 providers must be either a (QIDP) (per the standard at 43 CFR 483.430) or be a Board Certified Associate Behavior Analyst. Level 3 providers require supervision averaging at a minimum of one hour per week by either a Level 1 provider or a Level 2 Doctoral provider.

Positive Behavior Supports (PBS) for CWP involve expertise, training and technical assistance in evidence-based positive behavior support strategies to assist natural, co-worker and/or paid staff in supporting individuals who have behavioral support needs. Positive Behavior Supports are designed to improve the ability of unpaid natural supports and paid direct support staff to carry out therapeutic interventions. As needed, providers of Positive Behavior Supports conduct assessments, develop a person’s behavior support plan and train/consult with unpaid caregivers and/or paid support staff who are implementing the person’s behavior support plan, which is necessary to facilitate the person’s successful participation in the community, in employment and to ensure the person can remain in his/her current community living situation or transition to a less restrictive living situation.

This service may also include time-limited consultation with the person and his/her Person-Centered Planning team to consider available service providers and potential providers and assist the person to identify and select providers that can meet the unique needs of the member and to identify

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additional supports necessary to implement behavior plans and perform therapeutic interventions. As needed, this service is also used to allow the behavioral specialist to be an integral part of the person-centered planning team, as needed, to participate in team meetings.

All PBS service providers must complete an orientation training provided by DMH.

Positive Behavior Support can be directed by waiver recipients or family but must adhere to all the traditional service rules.

A unit is defined as 15 minutes.

Environmental Accessibility Adaptations Services (S5165/Modifier UB – SAIL) (S5165/Modifier UC –ID) (S5165/Modifier UC/HW – ID) (S5165/Modifier UD – LHW) (S5165/Modifier UD/HW – LHW)

Environmental modifications are those physical adaptations to the home, required by the waiver recipient's approved plan of care, that are necessary to ensure the health, welfare and safety of the individual or enable the individual to function with greater independence in the home. Environmental Accessibility Adaptations must be necessary to prevent institutionalization of the waiver recipient.

Such adaptations may include the installation of ramps and grab-bars and/or the widening of doorways in order to accommodate the medical equipment and supplies necessary for the welfare of the waiver recipient.

Environmental Modifications exclude adaptations or improvements to the home which are not of direct medical or remedial benefit to the waiver recipient, such as floor covering, roof repair, central air conditioning, etc. Adaptations that add to the square footage of the home, any type of construction affecting the structural integrity of the home, changes to the existing electrical components of the home, or permanent adaptations to rental property are traditionally excluded from this Medicaid-reimbursed benefit. All services provided must comply with applicable state or local building codes. Environmental accessibility adaptations must be prior authorized and approved by the Alabama Medicaid Agency or its designee and must be listed on the waiver recipient's approved plan of care.

Total costs of environmental accessibility adaptations under the ID and LHW shall not exceed $5,000 per year, per waiver recipient.

Environmental Accessibility Adaptations for ID and LHW recipients can be directed by waiver recipients or family but must adhere to all the traditional service rules.

The SAIL Waiver maximum amount for this service is $8,500 per recipient for the entire stay on the waivers. Any expenditures in excess of $8,500 must be approved by the State Coordinator and the Medicaid designated personnel. This service may also be provided under the SAIL Waivers to assist an individual to transition from an institutional level of care to the SAIL Waivers. The modifications should not be billed until the first day the client is transitioned and has begun to receive waiver services in order to qualify as billable waiver expenditures. If the individual fails to transition to the SAIL Waivers, reimbursement will be at the administrative rate.

A unit is defined as an item.

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Assistive Technology Services
(T2029/Modifier UD - LHW) (T2029/Modifier UD/HW – LHW)
(T2029/Modifier UC-ID) (T2029/Modifier UC/HW –ID)

Assistive Technology includes devices, controls, or appliances specified in the waiver recipient's approved plan of care, which enable waiver 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. 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 benefits to the waiver recipient. Providers of Assistive Technology must maintain documentation of items purchased for each waiver recipient. All items shall meet applicable standards of manufacture, design and installation. Costs are limited to $5,000 per year, per waiver recipient.

Assistive Technology can be directed by individual participants or family members but must adhere to all the traditional service rules.

A unit is defined as an item.

Assistive Technology Services – CWP

(Assistive Technology and Adaptive Aids Assessment and/or Training (CWP T2029); (Assistive Technology and Adaptive Aids – DEVICES CWP ITEM (CWP T2029/Modifier/SE)

An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities and to support the individual's increased independence in their home, in community participation, and in competitive integrated employment. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform activities of daily living or instrumental activities of daily living independently or more cost effectively than would be possible otherwise. This service must include strategies for training the individual, natural/unpaid and paid supporters of the individual in the setting(s) where the technology and/or aids will be used, as identified in the Person-Centered Plan (PCP).

A unit is defined as hour or item.

Assistive Technology Services/Durable Medical Equipment

(T2029/Modifier UA - E&D)

An item, piece of equipment or product system, whether acquired commercially, modified, or customized, used to increase, maintain, or improve functional capabilities and support the individual's independence in the home, community, and integrated employment. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform activities of daily living or instrumental activities of daily living independently or more cost effective. This service must include strategies for training the individual, natural/unpaid and paid supporters of the individual in the setting(s) where the technology and/or aids will be used, as identified in the person-centered plan (PCP).

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The maximum allowed for Assistive Technology Services/Durable Medical Equipment is $2,000 per year per waiver participant up to a total of $10,000 per waiver participant's lifetime. State Plan EPSDT services must be exhausted prior to any use of Waiver services for individuals under the age of 21.

A unit is defined as an item.

Specialized Medical Supplies Services
(T2028/Modifier UC-ID) (2028/Modifier UC/HW – ID) (T2028/Modifier UD-LHW) (T2028/Modifier UD/HW – LHW)

Specialized Medical Supplies are those which are specified in the waiver recipient's approved plan of care and are necessary to maintain the waiver recipient's health, safety and welfare, prevent further deterioration of a condition, or increase a waiver recipient's ability to perform activities of daily living. Supplies reimbursed under Specialized Medical Supplies shall not include common over-the-counter personal care items, supplies otherwise furnished under the Medicaid State plan, and items which are not of direct medical or remedial benefit to the waiver recipient. All items shall meet applicable standards of manufacture and design.

Providers of Specialized Medical Supplies must maintain documentation of items purchased for each waiver recipient. Costs for medical supplies are limited to $2400 per year, per waiver recipient.

Specialized Medical Supplies can be directed by waiver recipients or family but must adhere to all the traditional service rules.

A unit is defined as an item.

Assistive Technology (T2029/Modifier UB – SAIL)
(T2029/Modifier U5 - TA Waiver for Adults) (T2029/Modifier TF UB –ACT)

Assistive technology includes devices, pieces of equipment, or products that are modified or customized and are used to increase, maintain or improve functional capabilities of individuals with disabilities.

Assistive technology services also include any service that directly assists a disabled individual in the selection, acquisition, or use of an assistive technology device, including evaluation of need, acquisition, selection, design, fitting, customization, adaptation, and application. Items reimbursed with waiver funds are in addition to any medical equipment furnished under the State Plan and exclude those items which are not of direct medical or remedial benefit to the recipient. This service must be necessary to prevent institutionalization or to assist an individual to transition from an institutional level of care to the SAIL or ACT Waivers. All items shall meet applicable standards of manufacture, design and installation and must be listed on the client's plan of care. This service along with transitional assistive technology requires prior authorization and approval by the Alabama Medicaid Agency or its designee. Upon completion of the service, the client must sign and date a form acknowledging receipt of the service.

Vehicle modifications can only be authorized if it can be demonstrated that all Non-Emergency Transportation (NET) Services have been exhausted.

For the ACT Waiver, the combined amount for Assistive Technology, Assistive Technology Repair, and Evaluation for Assistive Technology, cannot exceed $15,000.

For the SAIL Waiver, Assistive Technology, cannot exceed $25,000.

A unit is defined as a per diem rate.

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Skilled Nursing (S9123/Modifier UC–RN; S9124/Modifier UC–LPN – ID) (S9123/Modifier UD – RN; S9124/Modifier UD–LPN – LHW) (S9123/Modifier UC/HW – ID); (S9124/Modifier UC/HW – ID) (S9123/Modifier UD/HW – LHW); (S9124/Modifier UD/HW – LHW) (S9123/Modifier TF UB-RN-ACT; S9124/Modifier TF UB-LPN-ACT) (S9123 - RN – CWP; S9123/Modifier/HW – CWP); (S9124 – LPN – CWP; S9124 LPN/Modifier/HW – CWP) (S9123/Modifier UA – RN; S9124/Modifier UA – LPN – E&D)

Skilled nursing services are services listed in the plan of care that are within the scope of the Alabama 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. This service must be necessary to prevent institutionalization of the recipient.

Services available for Participant Direction services under Personal Choices Program State Plan Option, 1915(j) are: Personal Care, Homemaker, Unskilled Respite, and Companion. Skilled Nursing is not an allowable service under the 1915(j) because the provisions do not fall within the guidelines of the Alabama Nurse Practice Act.

State Plan EPSDT services must be exhausted prior to any use of Waiver services for individuals under the age of 21. Skilled Nursing Service is not intended to be provided seven (7) days a week/24 hours a day and is not intended to be a private duty arrangement. The provision of Skilled Nursing Services must be ordered by a physician and documented in the person-centered plan of care. Services provided without an order by the physician will not be reimbursed by the Alabama Medicaid Agency.

A unit is defined as 1 hour.

Medical Supplies (T2028/Modifier UB – SAIL) (T2028/Modifier TF UB-ACT) (T2028/Modifier UA – E&D)

Medical supplies are necessary to maintain the recipient’s health, safety, and welfare and to prevent further deterioration of a condition such as decubitus ulcers. These supplies do not include common over-the-counter personal care items such as toothpaste, mouthwash, soap, shampoo, Q-tips, deodorant, etc.

These medical supplies will only be provided when authorized by the recipient’s physician and shall meet applicable standards of manufacture, design and installation. Providers of this service will be those who have a signed provider agreement with Medicaid and the Department of Rehabilitation Services. Medical supplies are limited to $2,100.00 per recipient per year. The OA must maintain documentation of items purchased for the recipient.

For the E&D Waiver, Medical Supplies shall be billed monthly, quarterly or annually. The yearly allotment cap shall not exceed $1,200.00 If billed monthly, the monthly cap amount shall not exceed $100.00. If billed quarterly, the quarterly cap amount shall not exceed $300.00. Total cap amounts shall not rollover to another month, quarter or year. State plan EPSDT services must be exhausted prior to any use of waiver services for individuals under the age of 21.

A unit is defined as a per diem rate.

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Evaluation for Assistive Technology (T2025/Modifier UB - SAIL) (T2025/Modifier TF UB –ACT)

This service will provide for an evaluation and determination of the client's need for assistive technology. The evaluation must be physician-prescribed and be provided by a physical therapist licensed to do business in the state of Alabama who is enrolled as a provider with the Alabama Department of Rehabilitation Services (ADRS).

When applicable, a written copy of the physical therapist's evaluation must accompany the prior authorization request, and a copy must be kept in the recipient's file. This service must be listed on the recipient's plan of care before being provided. Reimbursement for this service will be the standard cost per evaluation, as determined by Alabama Medicaid or its designee. This service must be necessary to prevent institutionalization of the recipient.

This service may also be provided to assist an individual to transition from an institutional level of care to the home and community-based waiver. The service should not be billed until the first day the client is transitioned and has begun to receive waiver services in order to qualify as billable waiver funds. If the individual fails to transition to the SAIL Waiver, reimbursement will be at the administrative rate.

For the ACT Waiver, the combined total of Assistive Technology, Assistive Technology Repair, and Assistive Technology Evaluation cannot exceed $15,000.

A unit is defined as a per diem rate.

Assistive Technology Repairs (T2035/Modifier UB - SAIL) (T2035/Modifier TF UB –ACT)

This service will provide for the repair of devices, equipment or products that were previously purchased for the recipient. The repair may include fixing the equipment or devices, or replacement of parts or batteries to allow the equipment to operate. This service is necessary to ensure health and safety and prevent institutionalization. All items must meet applicable standards of manufacture, design and installation. Repairs must be arranged by the case manager and documented in the plan of care and case narrative. Prior authorization is not required for this service.

For the ACT Waiver, the combined total of Assistive Technology, Assistive Technology Repair, and Assistive Technology Evaluation cannot exceed $15,000.

A unit is defined as a per diem rate.

Minor Assistive Technology (T2028 UB SC- SAIL)

Minor Assistive Technology (MAT) includes supplies, devices, controls, or appliances, specified in the Plan of Care, which enable individuals to increase their ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. All MAT supplies must be prescribed by a physician, be medically necessary and be specified in the Plan of Care. MAT is necessary to maintain the recipient's health, safety, and welfare and to prevent further deterioration of a condition and does not include common over the counter personal care items.

The OA must maintain documentation of items purchased for the recipient. Providers of this service will be those who have a signed provider agreement

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with the Alabama Medicaid Agency and the Department of Rehabilitation Services.

Vendors providing MAT devices should be capable of supplying and training in the use of the minor assistive technology/device.

A unit is defined as a daily rate.

Waiver Frozen Meals (S5170/Modifier UA - E & D) (S5170/Modifier TF UB- ACT)
Waiver Shelf-Stable Meals (S5170/Modifier SC - E & D) (S5170/Modifier TF SC- ACT)
Breakfast Meals (S5170 - E & D) (S5170/Modifier TF UA- ACT)

Home Delivered meals are provided to an individual who is unable to meet his/her nutritional needs. It must be determined that the nutritional needs of the individual can be addressed by the provision of home delivered meals. (The individual must be age 21 or older to receive this service on the E&D waiver.)

This service will provide at least one (1) nutritionally sound meal per day to adults unable to care for their nutritional needs because of a functional disability dependency, who require nutritional assistance to remain in the community and do not have a caregiver available to prepare a meal for them. Meals provided by this service will not constitute a full daily nutritional regimen.

This service will be provided as specified in the plan of care.

A unit is defined as:

Seven-(7) pack of frozen meals equal to 1 unit.

Two (2) shelf-stable meals equal to 1 unit.

Seven-(7) pack of breakfast meals equal to 1 unit.

Personal Assistance Services (S5125/Modifier UB – SAIL)
(S5125/Modifier TF UB- ACT)

Personal Assistant Services (PAS) are a range of services provided by one or more persons designed to assist an individual with a disability to perform daily activities on and off the job. These activities would be performed by the individual, if that individual did not have a disability. Such services shall be designed to increase the individual's independence and ability to perform every day activities on and off the job.

This service will support that population with physical disabilities who are seeking competitive employment either in their home or in an integrated work setting. An integrated work setting is defined as a setting typically found in the community, which employs an individual with disabilities and there is interaction with non-disabled individuals who are in the same employment setting.

This service must be sufficient in amount, duration, and scope such that an individual with a moderate to severe level of disability would be able to obtain the support needed to both live and get to and from work.

A unit is defined as 15 minutes.

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Personal Assistance Services– CWP

(S5125 – Personal Assistance Community); (S5125/Modifier HW – Personal Assistance Community Self-directed); (S5125/Modifier HE Personal Assistance Home); (S5125/Modifier HE/HW Personal Assistance Home Self-directed); (S5125/Modifier HE/HO/HW - Personal Assistance Home: Family Self-directed)

A range of services and supports designed to assist an individual with a disability to perform, participate fully in his/her community and supports for activities of daily living and instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability and that occur outside the home.
Personal Assistance-Community services may be provided outside the person's home, at an integrated workplace where the person is paid a competitive wage, or other places in the broader community to support community participation, involvement and contribution by the person.

Personal Assistance-Community services must be provided consistent with the goals/outcomes defined in the Person-Centered Plan and with the over-arching goal of ensuring the individual's full community participation and inclusion. Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Community provider in a manner that supports and enables the individual to achieve the highest level of independence possible.

Personal Assistance-Community may be used to address assistance needs in the workplace and community, if personal care and assistance are the only type of supports an individual needs in these locations. Otherwise, personal care and assistance is included in Supported Employment or Community Integration Connections and Skills Training services and the provider of those services shall be responsible for these needs during the hours that Supported Employment on-the-job supports (i.e. Individual Job Coaching or Small Group supports) or Community Integration Connections and Skills Training services are provided. As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance, support, supervision and partial participation with eating, toileting, personal hygiene and grooming, and other activities of daily living as appropriate and needed to sustain competitive integrated employment, integrated community participation, involvement and contribution.

Personal Assistance- Home is a range of services and supports designed to complement but not supplant natural supports and assist an individual with a disability to perform, in his/her home, activities of daily living, including instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability. Personal Assistance-Home services are provided in the person's home and outside the home on the property where the home is located. Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Home provider in a manner that supports and enables the individual to acquire, retain and maximize skills and abilities to achieve the highest level of independence possible. Services, if needed, to support goals and needs related to instrumental activities of daily living that occur outside the home (e.g. shopping; banking), competitive integrated

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employment and community participation, involvement and contribution must also be addressed in the Person-Centered Plan using Personal Assistance-Community, other appropriate services, or available natural supports. Natural supports must be documented in the Person-Centered Plan and confirmed by the Support Coordinator.

A unit is defined as 15 minutes.

Personal Care/Attendant Service (T1019/Modifier U5 – TA Waiver for Adults)

Personal Care/Attendant Service (PC/AS) provides in-home and out-of-home (job site) assistance with eating, bathing, dressing, caring for personal hygiene, toileting, transferring from bed to chair and vice versa, ambulation, maintaining continence, medication management and other activities of daily living (ADLs). It may include assistance with independent activities of daily living (ADLs) such as meal preparation, using the telephone, and household chores such as laundry, bed-making, dusting and vacuuming, which are incidental to the assistance provided with ADLs or essential to the health and welfare of the client rather than the client's family.

PC/AS is designed to increase an individual's independence and ability to perform daily activities and to support individuals with physical disabilities in need of these services as well as those seeking or maintaining competitive employment either in the home or an integrated work setting.

A unit is defined as 15 minutes.

Medical Supplies and Appliances (T2028/Modifier U5 – TA Waiver for Adults)

This service includes medical equipment and supplies that are not covered in the Medicaid State Plan. The medical equipment or supplies must be included in the recipient's plan of care, and they must be necessary to maintain the recipient's ability to remain in the home. This service must be necessary to avoid institutionalization of the recipient. Invoices for medical equipment and supplies must be maintained in the case record

A unit is defined as a per diem rate.

Private Duty Nursing (S9123/Modifier U5 – RN; S9124/Modifier U5 – LPN - TA Waiver for Adults)

The Private Duty Nursing Service is a service which provides skilled medical observation and nursing services performed by a Registered Nurse or Licensed Practical Nurse who will perform their duties in compliance with the Nurse Practice Act and Alabama State Board of Nursing. Private Duty Nursing under the waiver will not duplicate Skilled Nursing under the mandatory home health benefit in the State Plan. If a waiver client meets the criteria to receive the home health benefits, home health should be utilized first and exhausted before Private Duty Nursing under the waiver is utilized. The objective of the Private Duty Nursing Service is to provide skilled medical monitoring, direct care, and intervention for individuals 21 and over to maintain him/her through home support. This service is necessary to avoid institutionalization and the individual must meet criteria outlined in the approved waiver document prior to receipt of services.

A unit is defined as 1 hour.

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Community Specialist Services (H2015-UD – LHW) (H2015-UC – ID) (H2015/Modifier UC/HW – ID); (H2015/Modifier UD/HW – LHW)

Community Specialist Services is a time limited, task specific service that may include professional observation and assessment, facilitation of Person-Centered Plan development and continuance, individualized program design and implementation, training of waiver recipients 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. Community Specialist Services, at the choice of the waiver recipient 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 waiver recipient's or family's request, a broker.

The functions outlined for Community Specialist Services differs 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 Community Specialist Services 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) and designed not to duplicate case management services. If the waiver recipient or family chooses to have the Community Specialist remain involved for a longer period of time, it must be agreed upon by the team and extended on the waiver recipient's approved plan of care. The need to extend Community Specialist Services must be fully justified in writing by the case manager. Community Specialist Services are limited to a 90-day period per waiver recipient per waiver year. Community Specialist Services may be self-directed for waiver recipients who self-direct Personal Care Services. The Community Specialist will inform and consult, intervene, and trouble shoot any problems the waiver recipient may have with self-directing their services.

A unit of service is defined as 15 minutes.

Crisis Intervention Services (H2011–UD - LHW) (H2011-UC - ID)

Crisis Invention Services provide immediate therapeutic intervention, available to a waiver recipient 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 waiver recipient's removal from his current living arrangement.

When need for Crisis Invention Service arises, the service will be added to the waiver recipient's approved plan of care. 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 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 waiver recipient per waiver year cap in the waivers, since the need for the service cannot accurately be predicted and planned for ahead of time.

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A unit of service is defined as 15 minutes.

Transitional Assistance Service (T2038/Modifier TF UB- ACT)

Transitional Assistance Services consists of the following items, when appropriate and necessary for the participant's discharge from a nursing facility and safe transition to the community:

1. Security deposits that are required to obtain a lease on an apartment or home;
2. 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;
3. Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water;
4. Household services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.

Transitional Assistance Service cannot exceed $3,500.

Pest Control Service (S5121/Modifier UA– E&D) (S5121/Modifier UB - SAIL) (S5121/Modifier TF UB- ACT) (S5121/Modifier U5- TA)

Pest Control Service is the chemical eradication of pests by a professional in a waiver participant's primary residence, the presence of which may limit or prevent the service providers from entering the setting to deliver other critical waiver services.

Pest control services may be provided in a waiver participant's primary residence, which is limited to

a) A participant living in his/her own private house or apartment and who is responsible for his/her own rent or mortgage; or
b) A participant living with a primary caregiver.

Pest Control Services include the following activities:

a) Assessment or inspection
b) Application of chemical-based pesticide
c) Follow up visit

Pest control services is limited to one series of treatments per lifetime by a licensed and certified pest control company and excludes lodging during the chemical eradication process, all associated preparatory housework, and the replacement of household items. Additional treatments may be approved if the lack of such treatments would jeopardize the participant's ability to live in the community. If additional treatments are needed, the State will evaluate that participant's living situation to determine if the community arrangement is appropriate and supports their health and safety. Limits on Pest Control Services are $3,500 per waiver participant.

Individual Directed Goods and Services (T1999/Modifier UD – LHW) (T1999/Modifier UC – ID) (CWP T1999)

Individual Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the service plan (including improving and maintaining the waiver recipient's opportunities for full membership in the

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community and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the waiver recipient's safety in the home environment; the item or service is not illegal or otherwise prohibited by Federal and State statutes and regulations, and the waiver recipient does not have the funds to purchase the item or service or the item or service is not available through another source.

The limit on the amount is determined individually based on the balance of the waiver recipient's saving account at the time of the request which is maintained by the Financial Management Service Agency, but not to exceed $10,000 annually.

A unit of service is an item.

Benefits and Career Counseling Services (H2014/Modifier UD – LHW) (H2014/Modifier UC – ID)

Benefits and Career Counseling Services comprise two distinct services: Benefits Reporting Assistance (BRA) and Benefits Counseling.

The BRA is designed to assist waiver recipients and their families to understand general information on how SSI/SSDI benefits are affected by employment. Once the waiver recipient enters employment, the BRA will be available to answer questions, assist in the execution of the work incentive plan, and assist with the submission of income statement and/or Impairment Related Work Expenses to SSA as required to the extent needed as indicated by the waiver recipient.

The Benefits Counseling Services are a more intensive service provided by a Community Work Incentives Coordinator (CWIC) who will provide intensive individualized benefits counseling, benefits analysis, develop a work incentive plan and ongoing benefits planning for a waiver recipient changing jobs or for career advancement. The CWIC will work in conjunction with the BRA to develop trainings and education as needed.

The Benefits Counselor must be a Certified Work Incentives Counselor (CWIC) through a recognized training by the Social Security Administration for delivery of Career Counseling Services. This may include a level 5 security clearance from the Social Security Administration/Department of Homeland Security due to Personally Identifiable Information.

Community Experience Services (H2021/Modifier UD – LHW) (H2021/Modifier UC – ID) (H2021/ Modifier UD/SE – LHW) (H2021/Modifier UC/SE – ID)

Community Experience Services has two distinct categories: Individual and Group Community Experience Services. Community Experience Services are non-work-related activities that are customized to the waiver recipient (s) desires to access and experience community participation. Community Experience Services are provided outside of the waiver recipient's residence and can be provided during the day, evening, or weekends. The intent of Community Experience Services is to engage in activities that will allow the waiver recipient to either acquire new adaptive skills or support the waiver recipient in utilizing adaptive skills in order to become actively involved in their community.

Community Experience Individual Services are provided to a waiver recipient, with a one-to-one staff to participant ratio which is determined necessary

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through functional and health risk assessments prior to approval. Additionally, a behavioral assessment will need to support this specialized staffing if related to behavioral challenges prior to approval.

Community Experience Group Services are provided to groups of waiver recipients, with a staff to waiver recipient ratio of one to two or more, but no greater than four (4) waiver recipients.

A unit of service is defined as 15 minutes.

Housing Stabilization Services (T2025/Modifier UC – ID) (T2025/Modifier UD – LHW)

The Housing Stabilization Service enables waiver recipients to maintain their own housing as set forth in the waiver recipient's approved plan of care (POC). Housing Stabilization Services must be provided in the home or a community setting. Housing Stabilization Service includes the following components:

1. Conducting a Housing Coordination and Stabilization Assessment identifying the waiver recipient's preferences related to housing and needs for support to maintain housing, budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assisting waiver recipient with finding and securing housing as needed. This may include arranging or providing transportation.
3. Assisting waiver recipient in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
4. Developing an individual housing stabilization plan based upon the Housing Coordination and Stabilization Assessment as part of the overall Person-Centered Plan.
5. Participating in Person-Centered plan meetings at redetermination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized housing stabilization portion).
7. Communication with the landlord and/or property manager regarding the waiver recipient's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. If at any time the waiver recipient's housing is placed at risk (i.e., eviction, loss of roommate or loss of income), Housing Stabilization Services will provide supports to retain housing or locate and secure new housing or sources of income to continue community based supports which includes locating new housing, sources of income. etc.

A unit of service is defined as 15 minutes.

Assistance in Community Integration Services (T2025/Modifier UD – LHW)

The Assistance in Community Integration Service enables waiver recipients to maintain their own housing as set forth in the waiver recipient's approved plan

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of care (POC). Assistance in Community Integration Services must be provided in the home or a community setting. The Assistance in Community Integration Service includes the following components:

1. Conducting a community integration assessment identifying the waiver recipient's preferences related to housing and needs for support to maintain community integration.
2. Assisting waiver recipient's with finding and securing housing as needed. This may include arranging for or providing transportation.
3. Assisting waiver recipient in securing supporting documents/records, completing/submitting applicants, securing deposits, and locating furnishings.
4. Developing an individualized community integration plan based upon the assessment as part of the overall Person-Centered Plan. Identify and establish short and long-term measurable goal(s) and establish how goals will be achieved and how concerns will be addressed.
5. Participating in Person-Centered plan meetings at re-determination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized community integration portion). Identify any additional supports or services needed outside the scope of Community Integration services and address among the team.
7. Supports to assist the waiver recipient in communicating with the landlord and/or property manager regarding the waiver recipient's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. Assistance in Community Integration will provide supports to preserve the most independent living arrangement and/or assist the waiver recipient in locating the most integrated option appropriate to the waiver recipient.

A unit of service is defined as 15 minutes.

Personal Emergency Response System Services (PERS) (S5160Modifier UD – LAH) (S5160Modifier UC – ID) (S5160Modifier UD/HW – LAH) (S5160Modifier UC/HW – ID) (S5161Modifier UD – LAH) (S5161Modifier UC – ID) (S5161Modifier UD/HW – LAH) (S5161Modifier UC/HW – ID)

Personal Emergency Response System (PERS) Services provides a direct telephonic or other electronic communications link between waiver recipients and health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency. PERS may also include cellular telephone service used when a conventional PERS is less cost-effective or is not feasible. PERS may include installation, monthly fee (if applicable), upkeep and maintenance of devices or systems as appropriate.

The use of PERS requires assurance that safeguards are in place to protect privacy, provide informed consent, and that documented needs are addressed in the least restrictive manner. The waiver recipient's Person-Centered Plan should identify options available to meet the need of the waiver recipient in terms of preference while also ensuring health, safety, and welfare.

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PERS can be directed by waiver recipients or family but must adhere to all the traditional service rules.

PERS will not be authorized for waiver recipients receiving Residential Habilitation Training Services. PERS will not replace supervision and monitoring of activities of daily living which are provided to meet requirements of another service (e.g., Personal Care Services; Day Habilitation Services).

Emergency Response System installation and testing is approximated to cost $500.00; Emergency Response Monthly Service Fee (excludes installation and testing) is approximated to cost no more than $83.00/month; Emergency Response system purchase is approximated to cost $1,500.00. The maximum cost for all PERS per year is $3,000.00.

Supported Employment Transportation Services (S0215Modifier UD – LAH) (S0215Modifier UC – ID)

Supported Employment Transportation Services permit waiver recipients access to and from their place of employment in the event that the support team is unable to facilitate transportation through other means. Supported Employment Transportation Services must be necessary to support the waiver recipient in work related travel and cannot be reimbursed for merely transportation.

Transportation must be provided by public carriers (e.g., charter bus or metro transit bus) or private carriers (e.g., Taxicab). The waiver recipient may use a commercial transportation agency.

Remote Supports Services (T1028/Modifier UC – ID) (T1028/Modifier UD – LHW) (T2033/Modifier UC – ID) (T2033/Modifier UD – LHW) (T2025/Modifier HO- CWP) (T2025/Modifier HE-CWP)

Remote Supports Services are intended to address a person's assessed needs in his/her residence and are to be provided in a manner that promotes autonomy, minimizes dependence on paid support staff, and reduces the need for in-person services that may be more intrusive.

Remote Supports Services are services provided to recipients who are 18 years of age or older, at their place of residence, by Remote Support staff housed at a remote location and who are engaged with the recipient through equipment with the capability for live, two-way communication.

Remote Supports Services shall be provided in real time, not via a recording, by awake staff at a remote monitoring base using an appropriate, stable, and reliable electronic connection.

Equipment used to meet this requirement may include but is not limited to one or more of the following components:

- Sensor Based System (e.g. motion sensors, doors, windows, personal pagers, smoke detectors, bed sensors etc.)
- Radio frequency identification;
- Live video feed;
- Live audio feed;
- Web-based monitoring system;
- Another device that facilitates live two-way communication;
- Contact ID

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Financial Literacy and Work Incentive Benefits Counseling Services CWP

(Work Incentive Benefits Counseling (CWP/H2014/Modifier/SE); (Financial Literacy Counseling (CWP/H2014)

For a waiver participant living at home with the family who is providing a home and/or natural care or support for the waiver participant, the Financial Literacy component of this service is designed to:

- Support continuity of stable housing, community tenure, and natural supports for the waiver participant by supporting the person in sustaining and improving his/her economic self-sufficiency.
- Enable improvement of waiver participant's economic self-sufficiency necessary to sustain his/her living situation including availability of natural supports for that living situation.
- Assist with evaluating a waiver participant's financial health and current level of financial literacy and making a plan with specific strategies to improve financial health and increase the waiver participant's level of financial literacy.
- Teach financial literacy skills.
- Assist with access to community resources available to address improvement of economic self-sufficiency and financial health, including ability to sustain current living arrangement.

For a waiver participant living at home with the family who is providing a home and/or natural care or support for the waiver participant, the Work Incentive Benefits Counseling is designed to:

- Provide general introductory education that identifies and explains the multiple pathways to ensuring individualized integrated competitive employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This general introductory education should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated competitive employment. Provide a thorough Work Incentive Benefits Analysis addressing the benefits, entitlements, subsidies and services the individual receives to assess the impact that income from employment may have on continued eligibility and benefit amounts, including health coverage. Individuals are informed of work incentives, provisions that are designed to help protect benefits while working (i.e. Impairment Related Work Expense, Earned Income Exclusion, Plan for Achieving Self Support (PASS), Continued Medicaid and Extended Medicare, as well as other benefit programs for which the individual may be eligible. The information is intended to assist the person in making informed decisions about how much they can work and earn through individualized integrated competitive employment.
- Introductory general education as part of Work Incentive Benefits Counseling shall be limited to individuals ages 16-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of four (4) hours of face-to-face service. This component of service can be reauthorized once per waiver year.
- Work Incentive Benefits Analysis, as part of Work Incentive Benefits Counseling, shall be limited to individuals ages 16-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of twenty-three (23) hours of service

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covering all necessary steps for production of a Work Incentive Benefits Analysis report.

- The service must be provided in a manner that supports the person's communication style and needs, including, but not limited to, age-appropriate communications, translation and/or interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.
- This service may not be provided if the person receives any form of work benefits counseling from any other source or waiver service (i.e., Supported Employment).

A unit is defined as item or 15 minutes.

Minor Home Modifications Services CWP (Minor Home Modifications (CWP S5165) (S5165/Modifier UA – E&D) (S5165/Modifier TF UB –ACT)

Home Modifications are alterations to the home, required by the individual PCP, 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. Modifications include:

Provision and installation of certain home mobility aids, including:

- A wheelchair ramp and modifications directly related to and specifically required for the construction or installation of the ramp
- Handrails for interior or exterior stairs or steps
- Grab bars and other devices

Minor physical adaptations to the interior of the individual's place of residence which are necessary to ensure the health, welfare and safety of the individual, or which increase the member's mobility and accessibility within the residence, including:

- Widening of doorways
- Modifications of bathroom facilities
- Installation of electric and plumbing systems necessary to accommodate any medical equipment/supplies needed for the welfare of the individual

All services shall be provided in accordance with applicable state or local building codes.

A unit is defined as job.

For the E&D Waiver, limits on Home Modifications are $5,000 per recipient per lifetime. Any expenditure in excess of $5,000 must be approved by the Operating Agency. This item requires prior authorization by the Operating Agency. Home Modifications are excluded from rental properties unless a temporary modification such as a modular ramp is needed and there is documentation that the modification is approved by the landlord. A unit is defined as an item.

For the ACT Waiver, this service may be necessary to assist an individual to transition from an institution to a home and community-based Waiver. Additionally, this service is used to maintain a participant in the community once transitioned. For the ACT Waiver, the limits on Home Modifications are $5,000 per recipient per lifetime. Any expenditure in excess of $5,000 must be approved by the ACT Waiver Coordinator and the Medicaid Agency designated personnel. The service should not be billed until the first day the

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participant is transitioned and has begun to receive waiver services in order to qualify as Waiver funds. If the individual fails to transition to the ACT Waiver, reimbursement will be at the administrative rate.

For the ACT and E&D Waivers, any construction/installation must be completed in accordance with state and local building code requirements, American with Disabilities Act Accessibility Guidelines (ADAAG) and by a licensed contractor.

Community Integrations Connections and Skills Training Services

(Community Integration Connections and Skills Training CWP 1:2 (CWP H2021/Modifier HO); (Self-directed Community Integration Connections and Skills Training – CWP 1:2 (CWP H2021/Modifier HN/HW); (Community Integration Connections and skills training – CWP1:1 (CWP H2021/Modifier HN); (Self-directed Community Integration Connections and Skills CWP 1:1 (CWP H2021/Modifier HO/HW); (Community Integration Connections and Skills Training CWP 1:3 (CWP H2021/Modifier HP); (Self-Directed Community Connections and Skills Training CWP 1:3 (CWP H2021/Modifier HP/HW)

Time-limited services which identify and arrange integrated opportunities for the person to achieve his/her unique goals for community participation, involvement, membership, contribution and connections, including targeted education and training for specific skill development to enable the waiver participant to develop ability to independently (or with natural supports only) engage in these integrated opportunities as specified in the person's Person-Centered Plan.

This service focuses specifically on successful participation in community opportunities that offer the opportunity for meaningful, ongoing interactions with members of the broader community. This service also focuses on ensuring the ongoing interactions with members of the broader community are meaningful and positive, leading to the development of a broader network of natural supports for the individual. The community connections component of this service is focused on assisting the person to find and become engaged in specific opportunities for community participation, involvement, membership, contribution and connections.

This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve their personally identified goals for community participation, involvement, membership, contribution and connections, including developing and sustaining a network of positive natural supports.

The skills training component of this service is instructional and training-oriented, and not intended to provide substitute task performance by staff. Skill training is focused on the development of skills identified in the Person-Centered Plan that will enable the person to continue participation in integrated community opportunities without waiver-funded supports.

A unit is defined as 15 minutes.

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Community Transportation Services – CWP

(Community Transportation – Agency Paid Driver WITH RESIDENTIAL SERVICE (CWP T2001/Modifier HE); (Community Transportation – Agency Paid Driver NO RESIDENTIAL SERVICE (CWP T2001/Modifier SE); (Community Transportation – Agency Volunteer Driver WITH RESIDENTIAL SERVICE (CWP T2001/Modifier HI); (Self-Directed Community Transportation – With CIE (CWP T2001/Modifier HW/SE); (Self-Directed Community Transportation (CWP T2001/Modifier HW)

Transportation services offered in order to enable an individual to access the broader community, including competitive integrated workplaces, opportunities for integrated community participation, involvement and contribution, and community services, resources and businesses, for purposes specified in the Person-Centered Plan. These services allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities such as going to and from paid, competitive, integrated employment, stores, bank, social opportunities with other members of the broader community, social events, clubs and associations, other community activities, and attending a worship service when public or other community-based transportation services or transportation provided by natural supports are not available. As part of the service, a natural or paid support-giver may accompany the person using Community Transportation, if the need for such supports are necessary and documented in the Person-Centered Plan.

A unit is defined as mile and/or month.

Natural Support or Caregiver Education and Training Services

(Natural Support or Caregiver Education and Training (CWP T2012); (Natural Support or Caregiver Education and Training Self-Directed (CWP T2012/Modifier HW)

This service provides a natural, unpaid support or natural, unpaid caregiver of a waiver participant with education, training and technical assistance, as needed, to enable the natural support or natural caregiver to effectively provide supports to the waiver participant as documented in the person-centered plan.

A unit is defined as cost.

PEER Specialist Services – CWP (PEER Specialist (CWP T2013)

A service that assists a person to develop and utilize skills and knowledge for self-determination in one or more of the following areas: Directing the person-centered planning (PCP) process; Understanding and considering self-direction; Understanding and considering individualized integrated employment/self-employment; Understanding and considering independent and supported living community living options. The service is provided on a time-limited basis, determined by the person's individual need, by a peer with intellectual or developmental disabilities who has experience matched to the focus areas, needs and goals of the person receiving this service: has successfully directed their own Person-Centered Planning process; has self-directed their own services; has successfully obtained individualized integrated employment at a competitive wage; and/or utilizes independent/supported living options.

A unit is defined as 15 minutes.

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Integrated Employment Path Services– CWP

(Integrated Employment Path Services – 1:1 (CWP T2015); (Integrated Employment Path Services – 1:2 (CWP T2015/Modifier HW); (Integrated Employment Path Services – 1:8 (CWP T2015/Modifier HO)

The provision of time-limited learning and work experiences, including volunteering opportunities, where a person can develop general, non-job-task-specific strengths and skills that contribute to employability in individualized integrated employment or self-employment. Services are expected to specifically involve strategies that facilitate a participant's successful transition to individualized integrated employment or self-employment. Persons receiving Integrated Employment Path Services must have a desire to obtain some type of individualized integrated employment or self-employment and this goal must be documented in the PCP as the goal that Integrated Employment Path Services are specifically authorized to address.

Services should be customized to provide opportunities for increased knowledge, skills and experiences specifically relevant to the person's specific individualized integrated employment and/or self-employment goals and career goals. If such specific goals are not known, this service can also be used to assist a person to identifying his/her specific individualized integrated employment and/or self-employment goals and career goals.

This service is limited to no more than one year. One extension of up to one year can be allowed only if the person is actively pursuing individualized integrated employment or self-employment in an integrated setting and has documentation that a service(s) (i.e. ADRS Individualized Plan for Employment in place or Job Development or Self-Employment Start-Up funded by the Waiver) is concurrently authorized for this purpose. The one-year extension may be repeated only if a person loses individualized integrated employment or self-employment and is seeking replacement opportunities.

A unit is defined as 15 minutes.

Community Based Residential Services – (Community based Residential Service (CWP T2016/Modifier SE)

Community-Based Residential Services enable an individual to avoid institutionalization and live in a community setting that provides services to support the person's maximum independence, autonomy and full integration in their community, ensure each person's rights and abilities to make choices and support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes. Community-Based Residential Services are provided for up to four individuals in a dwelling which may be rented, leased, or owned by the provider. The person has the right to a legally enforceable lease or rental agreement with the provider that offers the same appeal rights and eviction protections as is required under state landlord-tenant law.

This service offers individualized services and supports that enable the person supported to acquire, retain, and improve skills necessary to reside in the least restrictive residential setting possible. The setting in which the service is provided must be an ADMH-certified, community-based residential setting which supports each person's independence and full integration into

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the community and ensures each person's basic needs (e.g., food, clothing, etc.), choice, rights, safety and security. Community-Based Residential Services provide care, supervision, and skills training in activities of daily living, home management and community integration.

A unit is defined as day.

Adult Family Home Services CWP – (Adult Family Home (CWP T2016)

A community-based alternative to residential habilitation service that enables up to three persons receiving this service to live in the home of trained host family caregivers (other than the person's own family) in an adult foster care arrangement. In this type of shared living arrangement, the person(s) moves into the host family's home, enabling the person(s) to become part of the family, sharing in the experiences of a family, while the trained family members provide the individualized services that: support each person's independence and full integration in their community, ensure each person's choice and rights and support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.

A unit is defined as day.

Independent Living Skills Training Services CWP

(Independent Living Skills Training (CWP T2021); (Independent Living skills Training Self-directed (CWP T2021/Modifier/HW);

Time-limited, focused service that provides targeted education and training for specific skill development to enable the waiver participant to develop ability to independently perform routine daily activities at home as specified in the person's Person-Centered Plan. Services are not intended to provide substitute task performance by staff. Services are instructional and training-oriented, focused on development of skills identified in the Person-Centered Plan. Independent Living Skills Training is intended as a short-term service designed to allow a person to acquire specific skills for independence in defined tasks and activities for community living. Goals for skill development and independence at home must be age-appropriate for the waiver participant while recognizing that learning skills for maximizing individual initiative, autonomy and independence at home should start at a very young age.

A unit is defined as 15 minutes.

Housing Start-Up Assistance Services – CWP

(Housing Start-Up Assistance – cost other than Direct Service by Waiver Provider (CWP T2025/Modifier/HE); (Housing Start-Up Assistance – Direct Service by Waiver Provider (CWP T2038)

A service intended to provide essential services and items needed to establish an integrated community living arrangement for persons relocating from an institution or a provider owned or controlled residential setting to one where the individual is directly responsible for his/her own living expenses. Housing Start-Up Assistance is intended to enable the person to establish an independent or supported living arrangement. Housing Start-Up Assistance may also include person-specific services and supports that may be arranged, scheduled, contracted or purchased, which support the person's

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successful transition to a safe, accessible independent or supported living situation. No institutional length of stay requirement exists to access this service.

A unit is defined as item or 15 minutes.

Housing Counseling – CWP (Housing Counseling (CWP T2025)

Services that provide assistance to a person when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of Housing Counseling Services is to promote consumer choice and control of housing and access to housing that is affordable, accessible to the extent needed by the individual, and promotes community inclusion. Housing Counseling Services include counseling and assistance to the individual, based on individual needs and a plan reflecting the needs.

A unit is defined as 15 minutes.

Family Empowerment and Systems Navigation Counseling Services – CWP (Family Empowerment and Systems Navigation Counseling (CWP T2025/Modifier HO)

Family Empowerment and Systems Navigation Counseling matches the involved family members (e.g. support/care givers; legal guardians) of an individual with intellectual disabilities with a local professional or similar reputable adult with broad knowledge of the variety of programs and local community resources that are available to an individual with intellectual disabilities and his/her family. The Family Empowerment Counseling and Systems Navigation Service is intended to be a time-limited service that involves assessment of the individual's situation (including needs, goals), assessment of the family's specific goals and needs for information, assistance, and referral to address the individual and family's situation.

The service further includes, researching as needed, and sharing of the identified information, connecting the family with assistance, and making referrals as appropriate. The goal of the service is to empower the family with the information, connections and referrals they need, and to work with the family to increase their skills in problem-solving and leveraging available programs and community resources, including Support Coordination. This service is also intended, through temporary peer supervision, to facilitate an opportunity for interested family members, who have received this service, to become providers of this service themselves to grow the network of providers of this service over time.

A unit is defined as 15 minutes.

Supported Living Service – CWP

(Supported Living Service: Non-intensive (CWP T2016/Modifier/HE); (Supported Living Service: Intensive (CWP T2016/Modifier/HI)

Services that include training and assistance in maintaining a home of one's own: a residence not owned or controlled by a waiver service provider or a residence that is not the home of a family caregiver. The home may be shared with other freely chosen housemates who may or may not also receive waiver services and/or have a disability. Supported Living Services

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are provided with the goal of maximizing the person's independence and interdependence with housemates and natural supports, using a combination of teaching, training, technology and facilitation of natural supports. Supported Living Services are delivered according to the person's Supported Living Service Plan. This service is intended for persons who, with technology, natural supports and good advanced planning, need intermittent and/or on-call staff support to remain in their own home and who do not need and will not benefit from around-the-clock staffing. Supported Living Services are differentiated from Personal Assistance by virtue of the 24-hour on-call access to supports on an as-needed/emergency basis that are part of Supported Living Services.

A unit is defined as day.

Supervisory Visit Services – E&D

(Supervisory Visit Services: (E&D T1001/Modifier/UA- E&D)

Supervisory Visit Services are provided by a Waiver Direct Service Provider (DSP) in the supervision or Personal Care, Homemaker, Unskilled Respite and Companion workers. Supervisory Visit Services shall be conducted by Alabama Licensed Registered Nurses (RN) or Alabama Licensed Practical Nurses (LPN) to monitor DSP staff performance to ensure adherence of Waiver guidelines, quality of service provision to Waiver recipients, and recipient satisfaction with service provision. The RN and LPN must meet all federal and state requirements to provide services to eligible Medicaid recipients under Waiver authority. State Plan EPSDT services must be exhausted prior to any use of Waiver services for individuals under the age of 21.

Supervisory Visits shall be billed in 15 minutes increments (not to exceed 60 minutes) every 60 days or 4 increments (not to exceed 60 minutes) every 60 days. No reimbursement will be made for attempted or missed visits.

One increment is defined as 15 minutes.

107.2.5 Characteristics of Persons Requiring ICF-IID Level of Care Through the ID Waiver (formerly MR Waiver) and Living at Home Waiver

Services provided in an intermediate care facility for individuals with intellectual disabilities in Alabama are those services that provide a setting appropriate for a functionally individual with intellectual disabilities in the least restrictive productive environment currently available.

Generally, persons eligible for the ICF-IID level of care provided through the ID, CWP, and LHW Waiver need such a level of care because the severe, chronic nature of their mental impairment results in substantial functional limitations in three (3) or more of the following areas of life activity:

- Self-Care
- Receptive and expressive language
- Learning
- Self-direction
- Capacity for independent living
- Mobility

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ICF-IID-care requires the skills of a QIDP to provide directly or supervise others in the provision of services. ICF-IID services address the functional deficiencies of the beneficiary to allow the beneficiary to experience personal hygiene, participate in daily living activities appropriate to his functioning level, take medication under appropriate supervision (if needed), receive therapy, receive training toward more independent functioning, and experience stabilization as a result of being in the least restrictive, productive environment that promotes the individual's developmental process.

Determining Eligibility for ID, CWP, and LHW Waiver

Determination regarding eligibility for care under the ID, CWP, & LHW Waiver is made by a Qualified Intellectual Disabilities Professional (QIDP). An interdisciplinary team (described below) recommends continued stay. The recommendation is certified by a (QIDP) and a physician.

Qualifications of Interdisciplinary Review Team

An interdisciplinary team consisting of a nurse, social worker, and a member of appropriate related discipline, usually a psychologist, recommends continued stay.

The nurse will be a graduate of a licensed school of nursing with a current state certification as a Licensed Practical Nurse (LPN) or Registered Nurse (RN). This person will have knowledge and training in the area of intellectual disabilities with a minimum of two years' experience.

The social worker will be a graduate of a four-year college with an emphasis in social work. This person will have knowledge and training in the area of intellectual disabilities with a minimum of two years' experience.

The psychologist will possess a Ph.D. in Psychology. This person will be a licensed psychologist with general knowledge of test instruments used with intellectual disabilities with a minimum of two years' experience.

Other professional disciplines may be represented on the assessment team as necessary depending on the age, functional level, and physical disability of the recipients:

- Special Education
- Speech Pathologist
- Audiologist
- Physical Therapist
- Optometrist
- Occupational Therapist
- Vocational Therapist
- Recreational Specialist
- Pharmacist
- Doctor of Medicine
- Psychiatrist
- Other skilled health professionals

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Individual Assessments

Medicaid requires an individual plan of care for each ID, CWP & LHW waiver service recipient. The Individual Habilitation Plan (IHP) is subject to review by Medicaid and CMS.

The DMH (or its contract service providers) uses assessment procedures to screen recipients for eligibility for the Waiver services as an alternative to institutionalization. Assessment procedures are based on eligibility criteria for ICF-IID developed jointly by DMH and Medicaid.

Review for "medical assistance" eligibility may be performed by a qualified practitioner in the DMH, by its contract service providers, or by qualified (Diagnostic and Evaluation Team) personnel of the individual or agency arranging the service.

Recipients are re-evaluated on an annual basis. Written documentation of all assessments is maintained in the recipient's case file and is subject to review by Medicaid and CMS.

A written assessment is a method for determining a recipient's current long-term care needs. This comprehensive instrument is used to access each individual recipient's functional, medical, social, environmental, and behavioral status. Information obtained should be adequate enough to make a level of care decision and for case managers to develop an initial plan of care.

Re-evaluations are done on an annual basis or when needed. Written documentation of all assessments is maintained in the recipient's case file and is subject to review by Medicaid and CMS.

107.2.6 Informing Beneficiaries of Choice

Medicaid is responsible for ensuring that beneficiaries of the waiver service program are advised of feasible service alternatives and receive a choice regarding which type of service they wish to receive (institutional or home- and/or community-based services).

Medicaid advises applicants for NF, ICF, ICF-IID services, or their designated responsible party, of feasible alternatives to institutionalization at the time of their entry into the waiver system. All applicants found eligible will be offered the alternative unless there is reasonable expectation that the services required would cost more than institutional care.

When residents of long-term care facilities become eligible for home and community-based services under this waiver, the resident will be advised of the available services and given a choice of service providers.

107.2.7 Cost for Services

The costs for services to individuals who qualify for home and community-based care under the waiver program will not exceed, on an average per capita basis, the total expenditures that would be incurred for such individuals if home and community-based services were not available.

The cost for services to individuals who qualify for home and community-based care under the LHW waiver program will not exceed a cap of $58,000 per client per year with the exception that crisis intervention services are not included in the cap.

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107.2.8 Records Used for Medicaid Audits

Providers must maintain financial accountability for funds expended on HCBS and provide a clearly defined audit trail.

Providers must retain records that fully disclose the extent and cost of services provided to eligible recipients for a three-year period. These records must be accessible to the Alabama Medicaid Agency and appropriate state and federal officials. If these records are not available within the state of Alabama, the provider will pay the travel cost of the auditors.

The state agencies as specified in the approved waiver document as operating agencies of home and community-based services will have their records audited at least annually at the discretion of the Alabama Medicaid Agency. Payments for services are adjusted to actual cost at the end of each waiver year.

The Alabama Medicaid Agency will review at least annually the recipient's care plans and services rendered by a sampling procedure. The review will include appropriateness of care and proper billing procedures.

The state agencies as specified in the approved waiver document provide documentation of actual costs of services and administration. The quarterly cost report includes all actual costs incurred by the operating agency for the previous quarter and includes costs incurred for the current year-to-date. The state agencies submit this document to Medicaid before the first day of the third month of the next quarter.

Failure to submit the actual cost documentation can result in the Alabama Medicaid Agency deferring payment until this documentation has been received and reviewed.

The providers of the HCBS waivers will have their records audited at least annually at the discretion of Medicaid. Medicaid will recover payments that exceed actual allowable cost.

Medicaid reviews recipients' habilitation and care plans and services rendered by a sampling procedure. The review includes appropriateness of care and proper billing procedures.

Providers of the E&D and SAIL HCBS waivers are required to file a complete uniform cost report of actual statistics and costs incurred during the entire preceding year. The cost reports for E&D and SAIL must be received by Medicaid on or before December 31. Extension may be granted only upon written request. Failure to submit the actual cost documentation may result in the AMA deferring payment until this documentation has been received and reviewed.

Providers of the LHW, TA Waiver for Adults, ID, CWP, and ACT Waivers are not required to submit uniform cost reports. The method of payment is on a fee-for-service basis.

Quarters for E&D and SAIL are defined as follows:

Quarter	*Reporting Period*	*Due Date*
1st	October – December	Due before March 1
2nd	January – March	Due before June 1
3rd	April – June	Due before September 1
4th	July – September	Due before December 1

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107.2.9 HCBS Payment Procedures

Each covered HCB waiver service is identified on a claim by a procedure code. Respite care will have one code for skilled and another for unskilled.

The basis for the fees is usually based on audited past performance with consideration given to the health care index and renegotiated contracts. The interim fees may also be changed if a provider can show that an unavoidable event(s) has caused a substantial increase or decrease in the provider's cost.

For each recipient, the claim will allow span billing for a period up to one month. There may be multiple claims in a month; however, no single claim can cover services performed in different months. For example, 10/15/02 to 11/15/02 would not be allowed. If the submitted claim covers dates of service part or all of which were covered in a previously paid claim, the claim will be rejected.

Payment will be based on the number of units of service reported on the claim for each procedure code.

Accounting for actual cost and units of services provided during a waiver year must be captured on CMS Form 372. The following accounting definitions will be used to capture reporting data, and the audited figures used in establishing new interim fees:

- A waiver year consists of twelve consecutive months starting with the approval date specified in the approved waiver document.
- An expenditure occurs when cash or its equivalent is paid in a quarter by a state agency for waiver benefits. For a public/governmental provider, the expenditure is made whenever it is paid or recorded, whichever is earlier. Non-cash payments, such as depreciation, occur when transactions are recorded by the state agency.
- The services provided by an operating agency is reported and paid by dates of service. Thus, all services provided during the twelve months of the waiver year will be attributed to that year.

The provider's costs shall be divided between benefit and administrative cost. The benefit portion is included in the fee for service. The administrative portion will be divided in twelve equal amounts and will be invoiced by the provider directly to the Alabama Medicaid Agency. Since Administration is relatively fixed, it will not be a rate per claim, but a set monthly payment. As each waiver is audited, this cost, like the benefit cost, will be determined and lump sum settlement will be made to adjust that year's payments to actual cost.

The Alabama Medicaid Agency's Provider Audit/Reimbursement Division maintains the year-end cost reports submitted by the Alabama Department of Senior Services (ADSS).

Providers must retain records that fully disclose the extent and cost of services provided to the eligible recipients for a five (5) year period. These records must be accessible to the Alabama Medicaid Agency and appropriate state and federal officials.

There must be a clear differentiation between waiver services and non-waiver services. There must be a clear audit trail from the point a service is provided

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through billing and reimbursement. The OA, Alabama Medicaid Agency and Centers for Medicare and Medicaid Services (CMS) must be able to review the Plan of Care to verify the exact service and number of units provided, the date the service was rendered, and the direct service provider for each recipient. There must be a detailed explanation of how waiver services are segregated from ineligible waiver costs.

NOTE:

The rates for each service for each operating agency may differ. For the E&D and SAIL waiver, operating agencies have 120 days from the end of a waiver year to file their claims. Since the actual cost incurred by the operating agency sets a ceiling on the amount it can receive, no claims for the dates of service within that year will be processed after the adjustment is made. For the LHW, ID, CWP, and ACT Waivers, the operating agency must file all claims for services within 12 months from the date of service. For the TA Waiver for Adults, the providers must file all claims for services rendered within 12 months from the date of service provision.

107.2.10 Records for Quality Assurance Audits

The operating agencies for the E&D, ID, LHW, CWP, and ACT waivers are required to maintain all records pertaining to the waiver recipients. They should also maintain the following information for audit purposes:

- Daily activity logs
- Narratives
- Evaluations and reevaluations
- Complaints and grievances
- Billing and payment records
- Plan of Care
- Delivery of services
- Any other important tools used to determine the success of the waiver services

This information is used to ensure that the state is in accordance with the approved waiver document and services are appropriate for the individual being served.

This information shall be made available to Medicaid and any other party in the contractual agreement at no cost.

NOTE:

Records for Quality Assurance audits for the TA Waiver for Adults conducted by the in-house Medicaid reviewer will be maintained at the Alabama Medicaid Agency.

107.2.11 Appeal Procedure (Fiscal Audit)

Medicaid conducts fiscal audits of all services. At the completion of a field audit there will be an exit conference with the provider to explain the audit

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findings. The provider will have the opportunity agree or disagree with the findings.

Medicaid reviews the field audit and provider comments and prepares a letter to make the appropriate findings official. If the provider feels that some of the findings are not justified, the provider may request an informal conference with Medicaid. To request the informal conference, the provider must submit a letter within 30 days of the date of the official audit letter. This letter must specify the findings that are contested and the basis for the contention. This letter should be addressed to Provider Audit Division, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, AL 36103-5624.

Medicaid forwards decisions made as a result of the informal conference to the provider by letter. If the provider believes that the results of the informal conference are still adverse, the provider will have 15 days from the date of the letter to request a fair hearing.

Quality Assurance (QA) reviews are performed on an annual basis by Medicaid. At the end of this review there will be an exit conference with the providers to explain the findings. The provider will have an opportunity to agree or disagree.

Medicaid reviews the findings and prepares an official letter. If the provider feels that some of the findings are not justified, the provider may request an informal conference with Medicaid. To request the informal conference, the provider must submit a letter within 30 days of the date of the official review letter. This letter must specify the findings that are contested and the basis for the contention. This letter should be addressed to Quality Assurance Division, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624.

If the provider is not satisfied with the findings of the informal conference, the provider may request a fair hearing.

107.3 Prior Authorization and Referral Requirements

Certain procedure codes, for waivers, require prior authorization. Refer to Section 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Alabama Coordinated Health Network (ACHN), refer to Chapter 40 to determine whether your services require a referral from the Primary Medical Provider (PMP).

Application Process

The case manager receives referrals from hospitals, nursing homes, physicians, the community, and others for persons who may be eligible for HCBS.

The plan of care, which is developed by the case manager and applicant's physician, is part of this assessment. The plan of care includes the following:

- Objectives
- Services
- Provider of services
- Frequency of services

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The Alabama Medicaid Agency requires providers to submit an application in order to document dates of service provision to long term care recipients maintained by the long-term care file. Application approvals will be done automatically through systematic programming. Quality Improvement and Standards Division will perform random audits on a percentage of records to ensure that documentation exists to support the medical level of care criteria, physician certification, as well as other state and federal requirements.

Case managers and/or designated staff of the HCBS waiver Operating Agency (ies) will assess the client to determine the risk for institutionalization and determine if the medical level of care is met according to Medicaid criteria.

Assessment data will be entered and submitted electronically using the Alabama Medicaid Agency Interactive website. If problems are encountered such as mismatched Social Security Numbers and/or Medicaid numbers, date conflicts, invalid NPIs, or financial ineligibility, the auto-application will be denied and returned. Information will be provided to the user of the appropriate action(s) to take to correct the problem and will be allowed to resubmit the application.

The application, upon completion of processing, will systematically assign approval dates in one-year increments. For initial assessments, once the application is submitted with an indication of an initial assessment, the system will apply the begin date as the date of submission plus one year, which is extended to the last day of the month. For re-determinations, the application is submitted with an indication of a re-determination and the system will pick up the end date already on the file and extend for one year.

No charges for services rendered under the waiver program prior to the approval payment dates will be paid.

Application Process for TA Waiver for Adults

The Alabama Department of Senior Services (ADSS) targeted case manager will receive referrals from hospitals, nursing homes, physicians, the community and others for persons who may be eligible for home and community based services.

An assessment document will be completed by the targeted case manager, in conjunction with the applicant's physician. This document will reflect detailed information regarding social background, living conditions, and medical problems of the applicant. A copy of this document will be submitted to the Alabama Medicaid Agency for approval.

The targeted case manager, in conjunction with the applicant's physician will develop a plan of care. The plan of care will include objectives, services, provider of services, and frequency of service. The plan of care must be submitted to the Alabama Medicaid Agency for approval. Changes to the original plan of care are to be made as needed to adequately care for an individual. Reasons for changes must be documented on the client's care plan, which is subject to the review of the Alabama Medicaid Agency. The plan of care must be reviewed by the targeted case manager as often as necessary and administered in coordination with the recipient's physician.

The targeted case manager will coordinate completion of the medical need admissions form with the applicant's physician and the financial application form for submission to the Alabama Medicaid Agency’s Long Term Care Division.

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Agency will review to determine if the individual meets the criteria for nursing facility care, in accordance with Rule No 560-X-10-.10 of the Alabama Medicaid Administrative Code.

If approved, the applicant and the targeted case manager will be notified in writing.

If denied, the applicant and the targeted case manager will be notified and the reconsideration process will be explained in writing as described in Rule No. 560-X-10-.14 of the *Alabama Medicaid Administrative Code*.

When an application is approved by the Alabama Medicaid Agency, a payment date is also given for the level of care for which a recipient has been approved. No charges for services rendered under the Waiver Program prior to this approved payment date will be paid.

A current assessment document, along with a new plan of care, and medical need admission form must be submitted by the targeted case manager to the Alabama Medicaid Agency at each re-determination of eligibility which shall be at least every twelve (12) months.

HCBS Waiver Appeal Process

An individual receiving a Notice of Action (denial, termination, suspension, reduction in services) from the operating agency (OA), may request an appeal if he/she disagrees with the decision. The Notice of Action explains the reason for the denial, termination, suspension, or reduction in waiver services and the appeal rights made available to them.

Appeal requests for ACT, SAIL, E&D, & TA Waivers

If an individual chooses to appeal an adverse decision, a written request must be submitted to the contact person designated by the OA **within 30 days from the date of the notice of action.** However, services may continue until the final outcome of the hearing process, if the written request is received **within 10 days after the effective date of the action unless:**

(1) It is determined at the hearing that the sole issue is one of Federal or State law or policy; and

(2) The agency promptly informs the beneficiary in writing that services are to be terminated or reduced pending the hearing decision.

The individual will have an Informal Conference. After the Informal Conference, the Medicaid Waiver Program Administrator will send a certified letter notifying the individual of the decision. If the individual/guardian is dissatisfied with the decision, a Fair Hearing may be requested. A written request for a hearing must be received **no later than 30 days from the date of the notice of action.**

Requests made for ID, CWP, and LHW Waivers

If an individual chooses to appeal an adverse decision, a written request must be submitted to the Associate Commissioner for the Developmental Disabilities Division **no later than 15 calendar days after the effective date printed on the notice of action.** However, services may continue until the final outcome of the hearing, if the written request is received **within 10 days after the effective date of the action unless:**

(1) It is determined at the hearing that the sole issue is one of Federal or State law or policy; and

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(2) The agency promptly informs the beneficiary in writing that services are to be terminated or reduced pending the hearing decision.

Upon receipt of an appeal request by the Associate Commissioner for the Developmental Disabilities Division, contact is made with the Regional Community Services Offices to request the information packet that they reviewed to base the denial decision. The Associate Commissioner will contact the individual/guardian and inform them that the division is in the process of reviewing their information. A written decision from the Associate Commissioner is mailed (certified) to the individual/guardian within 21 days after the review of all information. If the individual/guardian disagrees with the Associate Commissioner's decision, he/she can request a Fair hearing to the AMA. A written hearing request must be received by the AMA **no later than 15 calendar days from the date of the Associate Commissioner's letter.**

107.4 Cost Sharing (Copayment)

Copayment does not apply to services provided by Waiver service providers.

107.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Waiver service providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted. TA Waiver for Adults providers must file claims on a UB-04 claim form when filing hard copy. Medicare-related claims must be filed using the Institutional/Medicare-related claim form for TA Waiver recipients.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

107.5.1 Time Limit for Filing Claims

The operating agencies for the E&D and SAIL waiver have 120 days at the end of the waiver year to process claims. LHW Waiver, TA Waiver for Adults, ID, CWP, and ACT Waiver claims are to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

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107.5.2 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

NOTE:

ICD-9 or ICD-10 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

107.5.3 Procedure Codes

The following procedure codes apply when filing claims for E&D Waiver services:

Code	*Description*	*PA Required?*
T1016-UA	Case Management	No
T1019-UA	Personal Care	No
S5102-UA	Adult Day Health	No
T1005-UA	Respite Care – Skilled– Billed per hour	No
S5150-UA	Respite Care – Unskilled	No
S5130-UA	Homemaker	No
S5135-UA	Companion	No
S5170-UA	Waiver Frozen Meals	No
S5170-SC	Waiver Shelf-Stable Meals	No
S5170	Waiver Breakfast Meals	No
S5160-UA	Personal Emergency Response System (PERS) Installation	No
S5161-UA	Personal Emergency Response System (PERS) Monthly	No
T2029-UA	Assistive Technology/Durable Medical Equipment	Yes
T2028-UA	Medical Supplies	No
T1001-UA	Supervisory Visits	No
S9123-UA	Skilled Nursing (RN)	No
S9124-UA	Skilled Nursing (LPN)	No
S5121-UA	Pest Control Services	No
S5165-UA	Home Modifications	Yes

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The following procedure codes apply when filing claims for SAIL Waiver services. These services are limited to recipients age 18 and over.

Code	*Description*	*PA Required?*
T1016-UB	Case Management	No
T1019-UB	Personal Care Services	No
S5165-UB	Environmental Accessibility Adaptations	Yes
T2028-UB	Medical Supplies – (exempt from TPL)	No
T2028-UB & SC	Minor Assistive Technology	No
S5160-UB	Personal Emergency Response Systems/Initial (exempt from TPL)	Yes
S5161-UB	Personal Emergency Response Systems/Monthly Service Fee	No
T2029-UB	Assistive Technology	Yes
S5125-UB	Personal Assistance Services	No
T2025-UB	Evaluation for Assistive Technology	No
T2035-UB	Assistive Technology Repairs	No
S5150-UB	Unskilled Respite Care	No
S5121-UB	Pest Control Service	No

The following procedure codes apply when filing claims for Intellectual Disabilities services:

Code	*Description*	*PA Required?*
T2021-UC & HW	Day Habilitation Services- Level 1	No
T2021-UC & TF	Day Habilitation Services-Level 2	No
T2021-UC & TG	Day Habilitation Services-Level 3	No
T2021-UC & HK	Day Habilitation Services-Level 4	No
T2021-UC & HW & SE	Day Habilitation Services w/ transportation- Level 1	No
T2021-UC & TF & SE	Day Habilitation Services w/transportation-Level 2	No
T2021-UC & TG & SE	Day Habilitation Services w/transportation-Level 3	No
T2021-UC & HK & SE	Day Habilitation Services w/transportation-Level 4	No
T2016-UC	Residential Habilitation Training Services	No
S5150-UC	In-home Respite Care	No
S5150 UC & HW	Self- Directed In- Home Respite Care	No
T1005-UC	Out-of-Home Respite	No
T1005 UC & HW	Self- Directed Out-of-Home Respite Care	No
T2017-UC	In-Home Residential Habilitation Training Services	No
T2019-UC	Supported Employment Services	No

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Code	*Description*	*PA Required?*
T2019-UC & HW	Individual Assessment/Discovery	No
T2019-UC & HN	Individual Job Coach	No
T2019-UC & HO	Individual Job Developer	No
T2015-UC	Prevocational Services	No
97110-UC	Physical Therapy Services	No
97535-UC	Occupational Therapy Services	No
92507-UC	Speech and Language Therapy Services	No
T1019-UC	Personal Care Services	No
T1019-UC & HN	Self-Directed Personal Care	No
T1019-UC & HW	Personal Care on Worksite Services	No
T2001-UC	Personal Care Transportation Services	No
S5135-UC	Companion Services	No
S5135-UC & HW	Self-Directed Companion Services	No
H2019-UC & HP	Positive Behavior Support Services-Level 1	No
H2019-UC & HP & SE	Self-Directed Positive Behavior Support Services – Level 1	No
H2019-UC & HN	Positive Behavior Support Services-Level 2	No
H2019-UC & HN & SE	Self-Directed Positive Behavior Support Services – Level 2	No
H2019-UC & HM	Positive Behavior Support Services-Level 3	No
H2019-UC & HM & SE	Self-Directed Positive Behavior Support Services– Level 3	No
S5165-UC	Environmental Accessibility Adaptations Services	No
S5165-UC & HW	Self-Directed Environmental Accessibility Adaptations Services	No
S9123-UC	Skilled Nursing Services-RN	No
S9123-UC & HW	Self-Directed-RN	No
S9124-UC	Skilled Nursing Services-LPN	No
S9124-UC & HW	Self-Directed-LPN	No
T2028-UC	Specialized Medical Supplies Services	No
T2028-UC & HW	Self-Directed Medical Supplies	No
T2029-UC	Assistive Technology Services	No
T2029-UC & HW	Assistive Technology Services	No
H2015-UC	Community Specialist Services	No
H2015-UC & HW	Self-Directed Community Specialist	No
H2011-UC	Crisis Intervention Services	No
T1999-UC	Individual Directed Goods and Services	No
H2014-UC	Benefits Counseling Services	No

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Code	*Description*	*PA Required?*
H2014 UC & HW	Benefits Reporting Assistance Services	No
H2021-UC	Community Experience Services 1:1	No
H2021-UC & SE	Community Experience Small Group	No
T2025-UC	Housing Stabilization Service	No
S0215-UC	Supported Employment Transportation Services	
S5160-UC	Personal Emergency Response System Services (initial)	No
S5160-UC & HW	Self-Directed Personal Emergency Response System (initial)	No
S5161-UC	Personal Emergency Response System Services (Monthly service fee)	No
S5161-UC & HW	Self-Directed Personal Emergency Response System (Monthly service fee)	No
T1028- UC	Remote Supports Services- Installation of Tech	No
T1028- UC:U7	Remote Supports Services- Assessment, Plan, Protocols- Remote Supports Provider	No
T1028- UC:U8	Remote Supports Services- Assessment, Plan, Protocols- Back-up Supports Provider	No
T2033- UC	Remote Supports Services- On- Call	No
T2033- UC:U7	Remote Supports Services- Monitoring per Hour	No
T2033- UC:U8	Remote Supports Services- Monitoring per Month	No
T1028- UC	Remote Supports Services- Installation of Tech	No

The following procedure codes apply when filing claims for CWP Waiver services:

Code	*Description*	*PA Required?*
92507	Speech and Language Therapy	No
97110	Physical Therapy	No
97535	Occupational Therapy	No
G9005	Support Coordination – Children/Transition-Age Youth Ages 3-21	No
G9005- HE	Support Coordination – Children/Transition- Age Youth Ages 3-21	No
G9005- HI	Support Coordination – Children/Transition- Age Youth Ages 3-21	No
G9005- HO	Support Coordination – Children/Transition- Age Youth Ages 3-21	No
G9005- TF	Support Coordination – Children/Transition- Age Youth Ages 3-21	No
G9005- TG	Support Coordination – Children/Transition- Age Youth Ages 3-21	No
G9008	Support Coordination – Adults Ages 22+	No
G9008- HI	Support Coordination – Adults Ages 22+	No
G9008- HO	Support Coordination – Adults Ages 22+	No
G9008- TF	Support Coordination – Adults Ages 22+	No
G9008- HE	Support Coordination – Adults Ages 22+	No
G9008- TG	Support Coordination – Adults Ages 22+	No
H2014- SE	Work Incentive Benefits Counseling	No
H2014	Financial Literacy Counseling	No

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Code	*Description*	*PA Required?*
H2019- HN	Positive Behavioral Supports: Non-Crisis Consultation Services	No
H2019	Positive Behavioral Supports: Crisis Intervention and Stabilization	No
H2021- HN	Community Integration Connections and Skills Training – CWP -1:1	No
H2021- HO	Community Integration Connections and Skills Training – CWP -1:2	No
H2021- HP	Community Integration Connections and Skills Training – CWP -1:3	No
H2021- HN & HW	Community Integration Connections and Skills Training – CWP -1:2 Self- Directed	No
H2021- HO & HW	Community Integration Connections and Skills Training – CWP -1:1- Self-Directed	No
H2021- HP & HW	Community Integration Connections and Skills Training – CWP -1:3- Self-Directed	No
S5125- HE	Personal Assistance - Home	No
S5125- HE & HW	Personal Assistance – Home – Self-Directed	No
S5125- HE & HO & HW	Personal Assistance – Home Family Self Directed	No
S5125- HW	Personal Assistance – Community Self-Directed	No
S5125	Personal Assistance - Community	No
S5150- HI	Breaks and Opportunities (Respite) - Emergency	No
S5150- HI & HW	Breaks and Opportunities (Respite) – Emergency Self-Directed	No
S5150- HW & SE	Breaks and Opportunities (Planned Respite) – Self-Directed Daily -CWP	No
S5150- HW	Breaks and Opportunities (Planned Respite) – HOURLY- CWP Self-Directed	No
S5150- SE	Breaks and Opportunities (Planned Respite) – DAILY - CWP	No
S5150	Breaks and Opportunities (Planned Respite) – HOURLY CWP	No
S5160- HE	Remote Supports – Assmt., Plan, Protocols – Back-up Spts. Prov.	No
S5160- HI	Remote Supports – Installation of Tech	No
S5160- HO	Remote Supports - Assmt., Plan, Protocols – Remote Spts. Prov.	No
T2025: HE:GT:U1	Remote Supports – On-Call	No
S5161- HI	Remote Supports - Monitoring	No
T2025: HO:GT:U2	Remote Supports - Monitoring	No
S5165	Minor Home Modifications	No
S9123	Skilled Nursing – RN	No
S9123- HW	Skilled Nursing – RN Self-Directed	No
S9124	Skilled Nursing – LPN	No
S9124- HW	Skilled Nursing – LPN Self-Directed	No
T1999	Individual Goods and Services	No
T2001- HE	Community Transportation – Agency Paid Driver with Residential Service	No
T2001- HI	Community Transportation – Agency Vol. Driver with Residential Service	No
T2001- HW & SE	Self-Directed Community Transportation – With CIE	No

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Code	*Description*	*PA Required?*
T2001- HW	Self-Directed Community Transportation	No
T2001-SE	Community Transportation – Agency Paid Driver-No Residential Service	No
T2001	Community Transportation – Agency Volunteer Driver -No Residential Service	No
T2012	Natural Support or Caregiver Education and Training	No
T2012- HW	Natural Support or Caregiver Education and Training – Self-Directed	No
T2013	PEER Specialist	No
T2015	Integrated Employment Path Services 1-1	No
T2015- HO	Integrated Employment Path Services 1-8	No
T2015- HW	Integrated Employment Path Services 1-2	No
T2016	Adult Family Home - CWP	No
T2016: HE	Supported Living Services: Non- Intensive	No
T2016: HI	Supported Living Services: Intensive	No
T2016- SE	Community-Based Residential Services	No
T2019	Co-worker Supports - Employer	No
T2019- HE & HK	Supported Employment – Small Group 2-3	No
T2019- HE & HW & TF	Supported Employment – Individual Job Coaching months 7-12 <80% Self-Directed	No
T2019- HE & HW & TG	Supported Employment – Individual Job Coaching 25+ months 40%-64% Self-Directed	No
T2019- HE & TF	Supported Employment Individual Job Coaching months 13-24 60% - 74%	No
T2019- HE & TG	Supported Employment Individual Job Coaching 25+months 40%-64%	No
T2019- HI & HK	Supported Employment Small Group:4	No
T2019- HI & HW &TF	Supported Employment Individual Job Coaching months 13-24: <60% Self-Directed	No
T2019- HI & HW &TG	Supported Employment Individual Job Coaching 25+months: <40% Self-Directed	No
T2019- HI & TF	Supported Employment Individual Job Coaching: months 13-24:<60%	No
T2019- HI & TG	Supported Employment Individual Job Coaching: 25+ months: <40%	No
T2019- HK & HW & SE	Supported Employment Individual Job Development – Self-Directed	No
T2019- HK & HW	Supported Employment Individual Job Development Plan – Self-Directed	No
T2019- HK & SE	Supported Employment Individual Job Development Plan	No
T2019- HK	Supported Employment Individual Job Development	No
T2019- HN & HW & TF	Supported Employment Individual Job Coaching: months 13-24: 60%-74% Self-Directed	No
T2019- HN & HW	Supported Employment Individual Discovery self-directed	No
T2019- HN & TF	Supported Employment Individual Job Coaching: months 7-12: 90%-100%	No
T2019- HN	Supported Employment Individual Discovery	No
T2019 HO & HW & TF	Supported Employment Individual Job Coaching: months 7-12: 80% -89% Self-Directed	No
T2019- HO & HW	Supported Employment Individual Career Advancement: Job Self-Directed	No

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Code	*Description*	*PA Required?*
T2019- HO & TF	Supported Employment Individual Job Coaching: months 7-12: 80-% - 89%	No
T2019- HO	Supported Employment Individual Career Advancement: Job	No
T2019- HP & HW & TF	Supported Employment Individual Job Coaching: months 7-12: 90% - 100% Self-Directed	No
T2019- HP & HW	Supported Employment Individual Career Advancement: Plan Self-Directed	No
T2019- HP & TF	Supported Employment Individual Job Coaching: months 7-12: <80%	No
T2019- HP	Supported Employment Individual Career Advancement: Plan	No
T2019- HW & SE & TF	Supported Employment Individual Exploration Self-Directed	No
T2019- HW & SE &TG	Supported Employment Individual Job Coaching: months 13-24: 75% - 100% Self-Directed	No
H2023	Supported Employment Individual Job Coaching Stabilization and monitoring	No
H2023- HW	Supported Employment Individual Job Coaching Stabilization and monitoring Self-Directed	No
T2019- HW & TF	Supported Employment Individual Job Coaching: months 1-6 Self-Directed	No
T2019- HW & TG	Supported Employment Individual Job Coaching: months 25+ months 65% - 100% Self-Directed	No
T2019- SE & TF	Supported Employment Individual Exploration	No
T2019- SE & TG	Supported Employment Individual Job Coaching months 13-24: 75% - 100%	No
T2019- TF	Supported Employment Individual Job Coaching months 1-6	No
T2019- TG	Supported Employment Individual Job Coaching: 25+ months: 65% - 100%	No
T2019- SE	Co-worker Supports –SE Agency Coordination and oversite	No
T2021- HW	Independent Living Skills Training Self-Directed	No
T2021	Independent Living Skills Training	No
T2025- HE	Housing Start-Up Assistance – Costs Other than Directed Service by Waiver Provider	No
T2025- HO	Family Empowerment and Systems Navigation Counseling	No
T2025	Housing Counseling	No
T2029- SE	Assistive Technology and Adaptive Aids Devices - CWP	No
T2029	Assistive Technology and Adaptive Aids Assessment and/or training – CWP	No
T2038	Housing Start-up Assistance – Directed Service by Waiver Provider	No

The following procedure codes apply when filing claims for Living at Home Waiver services:

Code	**Description (All services exempt from TPL and MC)**	**PA Required?**
T2017-UD	In-Home Residential Habilitation Training Services	No
T2021-UD & HW	Day Habilitation Services (Level 1)	No

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Code	Description (All services exempt from TPL and MC)	PA Required?
T2021-UD & TF	Day Habilitation Services (Level 2)	No
T2021-UD & TG	Day Habilitation Services (Level 3)	No
T2021-UD & HK	Day Habilitation Services (Level 4)	No
T2021-UD & HW & SE	Day Habilitations Services w/transportation – Level 1	No
T2021-UD & TF & SE	Day Habilitations Services w/transportation – Level 2	No
T2021-UD & TG & SE	Day Habilitations Services w/transportation - Level 3	No
T2021-UD & HK & SE	Day Habilitations Services w/transportation – Level 4	No
T2019-UD	Supported Employment Services	No
T2019-UD & HW	Individual Assessment/Discovery	No
T2019-UD & HN	Individual Job Coach	No
T2019-UD & HO	Individual Job Developer	No
S0215-UD	Supported Employment Transportation-Mile	No
T2015-UD	Prevocational Services	No
S5150-UD	In-Home Respite Care	No
S5150- UD & HW	Self-Directed In-Home Respite Care	No
T1005-UD	Out-of-Home Respite Care	No
T1005- UD & HW	Self-Directed Out-of-Home Respite Care	No
T1019-UD	Personal Care Services	No
T1019-UD & HN	Self-Directed Personal Care	No
T1019-UD & HW	Personal Care on Worksite Services	No
T2001-UD	Personal Care Transportation Services	No
S5135- UD	Adult Companion Services	No
S5135- UD & HW	Self- Directed Adult Companion Services	No
97110-UD	Physical Therapy Services	No
97535-UD	Occupational Therapy Services	No
92507-UD	Speech and Language Therapy Services	No
H2019-UD & HP	Positive Behavior Support Services -Level 1	No
H2019-UD & HP & SE	Self-Directed Positive Behavior Support Services - Level 1	No
H2019-UD & HN	Positive Behavior Support Services -Level 2	No
H2019–UD & HN & SE	Self-Directed Positive Behavior Support Services- Level 2	No
H2019-UD	Positive Behavior Support Services -Level 3	No

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Code	Description (All services exempt from TPL and MC)	PA Required?
& HM		
H2019-UD & HM & SE	Self-Directed Positive Behavior Support Services- Level 3	No
S9123-UD	Skilled Nursing Services RN	No
S9123-UD & HW	Self-Directed Skilled Nursing –RN	No
S9124-UD	Skilled Nursing Services- LPN	No
S9124-UD & HW	Self-Directed Skilled Nursing – LPN	No
S5165-UD	Environmental Accessibility Adaptations Services	No
S5165-UD & HW	Self-Directed Environmental Accessibility Adaptations	No
T2028-UD	Specialized Medical Supplies Services	No
T2028-UD & HW	Self-Directed Medical Supplies	No
T2029-UD	Assistive Technology Services	No
T2029-UD & HW	Assistive Technology Services	No
H2015-UD	Community Specialist Services	No
H2015-UD & HW	Self-Directed Community Specialist	No
H2011-UD	Crisis Intervention Services	No
T1999-UD	Individual Directed Goods and Services	No
H2014-UD	Benefits Counseling Services	No
H2014-UD	Benefits Reporting Assistant Services	No
T2025-UD	Assistance in Community Integration Services	No
H2021 UD	Community Experience Services 1:1	No
H2021-UD & SE	Community Experience Small Group	No
T2025- UD	Housing Stabilization Services	No
S5160 –UD	Personal Emergency Response System Services (initial)	No
S5160-UD & HW	Self-Directed Personal Emergency Response System (initial)	No
S5161-UD	Personal Emergency Response System Services (monthly service fee)	No
S5161-UD & HW	Self-Directed Personal Emergency Response (monthly service fee)	No
T1028- UD	Remote Supports Services- Installation of Tech.	No
T1028-UD:U7	Remote Supports Services- Assessment, Plan, Protocols- Remote Supports Provider	No
T1028-UD:U8	Remote Supports Services- Assessment, Plan, Protocols- Back-up Supports Provider	No
T2033- UD	Remote Supports Services- On- Call	No

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Code	Description (All services exempt from TPL and MC)	PA Required?
T2033-UD:U7	Remote Supports Services- Monitoring per Hour	No
T2033-UD:U8	Remote Supports Services- Monitoring per Month	No

The following procedure codes apply when filing claims for TA Waiver for Adults services:

Code	*Description*	*PA Required?*
S9123-U5	Private Duty Nursing - RN	No
S9124-U5	Private Duty Nursing - LPN	No
T1019-U5	Personal Care/Attendant Service	No
T2028-U5	Medical Supplies and Appliances	No
T2029-U5	Assistive Technology	Yes
S5121-U5	Pest Control Service	No

The following procedure codes apply when filing claims for ACT Waiver services:

Code	*Description*	*PA Required?*
T1016-TF UB	Case Management	No
T1019-TF UB	Personal Care Services	No
S5165-TF UB	Home Modifications	Yes
T2028-TF UB	Medical Supplies – (exempt from TPL)	No
S9123-TF UB	Skilled Nursing (RN)	No
S9124-TF UB	Skilled Nursing (LPN)	No
S5160-TF UB	Personal Emergency Response Systems/Initial (exempt from TPL)	Yes
S5161-TF UB	Personal Emergency Response Systems/Monthly Service Fee	No
T2029-TF UB	Assistive Technology	Yes
S5125-TF UB	Personal Assistance Services	No
T2038-TF UB	Transitional Assistance Service	No
S5130-TF UB	Homemaker Service	No
S5102-TF UB	Adult Day Health	No
T1005-TF UB	Respite Services (Skilled)	No
S5150-TF UB	Respite Services (Unskilled)	No
S5170-TF UB	Home Delivered Meals	No

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Code	Description	PA Required?
S5170-TF SC	Home Delivered Meals (Shelf Stable)	No
S5170-TF UA	Home Delivered Meals (Breakfast)	No
S5135-TF UB	Adult Companion Service	No
S5121-TF UB	Pest Control Service	No

107.5.4 Place of Service Codes

The following place of service codes apply when filing claims for Waiver service:

POS Code	Description
12	Home (Residential) —ID Waiver, SAIL Waiver, LHW, CWP, TA Waiver for Adults and the ACT Waiver.
21	Inpatient Hospital-SAIL Waiver, ACT Waiver
31	Skilled Nursing Facility or Nursing Home-SAIL Waiver, and ACT Waiver
32	Nursing Facility-SAIL Waiver and ACT Waiver
51	Inpatient Psychiatric Facility-SAIL Waiver, and ACT Waiver
54	Intermediate Care Facility/Individuals with Intellectual Disabilities - SAIL Waiver, and ACT Waiver
99	Other Unlisted Facility —ID Waiver, CWP, Elderly & Disabled Waiver, LHW, TA Waiver for Adults, SAIL, and ACT Waiver

107.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to Claims with Third Party Denials.

Refer to Section 5.8, Required Attachments, for more information on attachments.

107.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Chapter 5
Alabama Coordinated Health Network (ACHN)	Chapter 40
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N
UB92 Claim Filing Instructions	Chapter 5

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