Department of Developmental Services
DDS Waiver Rates and Cost Guidelines

Type of Support	Description	Unit	Fee/ Range
Adult Companion Individual Provider	Non-medical care, supervision and socialization provided to an adult. Services may include assistance with meals and basic activities of daily living incidental to the care and supervision of the individual. This service is provided to carry out personal outcomes identified in the individual plan. This service does not entail hands-on nursing care, except as permitted under the *Nurse Practice Act (CGS 20-101).* This service may be self directed or provided by a qualified agency. This service is designed primarily for individuals who require paid supports for extensive numbers of hours per day, and can be used for live-in caregiver models. Examples include: • Providing companionship and social interactions • Assistance to or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping, though these activities are not performed as discrete services or for more than 20% of time worked.	Hourly	$7.80 – 12.31
Adult Companion Vendor	DDS Established Rate	Hourly	$16.94
Personal Support Individual Provider	Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home Health Care services. Provision of services is limited to the person's own or family home and/or in their community. Examples include: • Assistance with daily living such as personal hygiene, dressing, eating. • Assistance maintaining a safe and sanitary home or managing a household such as housekeeping, laundry, and shopping. • Assistance to access and attend community activities such as accompanying the individual while traveling to activities or helping the individual to access leisure activities.	Hourly	10.00 – 17.00
Personal Support Vendor	DDS Established Rate	Hourly	$26.82

Type of Support	Description	Unit	Fee/ Range
IS Habilitation Individual Provider (IFS Waiver only)	Assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service is not available for use in licensed settings. Payments for IS habilitation are not made for room and board. This service is intended for specific instruction and training in a personal outcome or implementation of a clinical plan of support. Provision of services is limited to the person's own or family home and/or in their community. IS habilitation may **not** be used in combination with residential habilitation. This service may be self-directed or provided through a qualified agency. Examples include: • Instruction and training in one or more need areas • Implementation of strategies to address behavioral, medical or other needs identified in the Individual Plan • Implementation of therapeutic recommendations including speech, O.T., P.T. and assistance in following special diets and other therapeutic routines. • Mobility training • Adaptive communication training • Provide training or practice in basic consumer skills such as banking, budgeting and shopping.	Hourly	17.00 -22.35 *
IS Habilitation Vendor (IFS Waiver only)	DDS Established Rate	Hourly	$32.20
Supported Living Individual Provider (Comprehensive Waiver only)	• Assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the plan of care. This service is specifically designed to results in learned outcomes, but can also include elements of personal support that occurs naturally during the course of the day. **Examples** • Provide Instruction and training in one or more need areas to enhance the person's ability to live independently in their own home, a family home, and enhance the individual's ability to access and use the community; • Implement strategies to address behavioral, medical or other needs identified in the Individual Plan; • Implement all therapeutic recommendations including speech, O.T., P.T. and assist in following special diets and other therapeutic routines; • Provide assistance with personal care or activities of daily living; • Provide training or practice in basic consumer skills such as banking, budgeting, and shopping. **Service Settings** This service is not available for use in licensed settings. Provision of services is limited to the person's own or family home and/or in their community.	Hourly	17.00 -22.35
Supported Living Vendor (Comprehensive Waiver only)	DDS Established Rate	Hourly	$32.20

Type of Support	Description	Unit	Fee/ Range
Respite: Individual Provider 1:1	Hourly Respite up to 12 hours	**Hourly In Home** **Hourly out of Home** **Daily In Home** **Daily Out of Home**	7.80 – 17.00 10:00 –19:00 $208.54 $244.95
Respite: Per Hour Vendor 1:1 (In home)	DDS Established Rate	Hourly	$24.92
Respite: Per Hour Vendor 1:1 (out of home)	DDS Established Rate	Hourly	$26.05
Respite: 24 hour Vendor 1:1 (In home)	DDS Established Rate	24 hour	$299.07
Respite: 24 hour Vendor 1:1 (out of home)	DDS Established Rate	24 hour	$326.18
Respite: Per Hour Vendor Group Rate	DDS Established Rate	Hourly	$9.44
Respite: 24 hour Vendor Group Rate	DDS Established Rate	24 hour	$126.80

Type of Support	Description	Unit	Fee/ Range
Family and Individual Consultation and Support (FICS) Individual Provider	Support and Consultation provided to individuals and/or their families to assist them in directing their own plan of individual support. This service is limited to those who direct their own supports and hire their own staff. The services included are : • Assistance with developing a circle of support • Assistance with managing the Individual Budget • Support with and training on how to hire, manage and train staff • Accessing community activities and services, including helping the individual and family with day to day coordination of needed services. • Developing an emergency back up plan • Self advocacy training and support	Hourly	$40.42
FICS Vendor	DDS Established Rate	Hourly	$51.50
Transportation Individual Provider	Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. Examples include travel to and from day program, travel for shopping or for recreation.	Per Mile Per Trip(Cap)	$0.43 $25.00
Transportation Vendor	DDS Established Rate	Per Mile Per Trip	$0.43
Personal Emergency Response System	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.	Installation Monthly Fee	$33.98 $56.63
Consultative Services	Services that assist natural support persons and/or paid support staff in carrying out individual treatment/support plans, which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. Consultation activities are provided by professionals in nutrition, counseling and behavior management. The service may include the development of a home treatment/ support plan, training to carry out the plan and monitoring of the individual and the provider in the implementation of the plan. This service may only be delivered in the individual's home or in the community as described in the treatment/support plan. This service is limited to $1,200 per year. Requests to exceed this amount are subject to prior approval by the department.		$71.02
Counseling	Provided by a therapist who is licensed in the state of CT.	Hourly	$71.02

Type of Support	Description	Unit	Fee/ Range
Behavioral Management Supports	Development of behavior programs, behavior program monitoring, and training in behavior program implementation for family and circle members.	Hourly	$71.02
Nutrition	Consultation on diet, menu planning, health related diets etc..		$71.02
Interpreter Services	Service of an interpreter to provide accurate, effective and impartial communication where the waiver recipient or representative is deaf or hard of hearing or where the individual does not understand spoken English. This service may be self-directed or provided by a qualified agency. This service is limited to $1,200 per year. Requests to exceed this amount are subject to prior approval by the department. Examples include: • interpreter services at an Individual Plan or periodic review meeting.	Hourly	$54.63
Vehicle Modification	Alterations made to a vehicle which is the individual's primary means of transportation, when such modifications are necessary to improve the individual's independence and inclusion in the community, and to avoid institutionalization. The vehicle may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of such services. The benefit package is limited to a maximum of $10,000 within the three year period per recipient for vehicle modifications. Once this cap is reached, $300 per individual per year may be allowable for repair, replacement or additional modification with prior approval. Examples include: • wheelchair lifts or tie downs.		10,000 within the three year period
Environmental Adaptations	Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes. The benefit package is limited to a maximum of $10,000 within the three year period per recipient for environmental modifications. Once this cap is reached, $300 per individual per year may be allowable for repair, replacement or additional modification with prior approval.		$10,000 within the three year period per.

Type of Support	Description	Unit	Fee/ Range
Specialized Medical Equipment	Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items 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 benefit to the individual. Current DDS Cost Standard Procedures apply. Must provide notice of denial from DSS. All items shall meet applicable standards of manufacture, design and installation. Documentation by a licensed therapy professional and notice of denial from DSS required. The benefit package is limited to $750 per year, or with prior approval $3,000 over a three year period per recipient. Prior approval will be required for single items costing more than $750.		$3,000 over a three year period
Individual Day Supports Individual Provider	Services and supports provided to individuals tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, or for an individual who has their own business, and could not do so without this direct support. This service is not provided in or from a facility-based program. This service may be self directed or provided by a qualified vendor agency. Examples include: • Development and implementation an individualized support plan • Support to develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting etc. • Assistance to develop and maintain friendships of choice and skills to use in daily interactions. • Support to explore job interests, retirement options • Opportunities to participate in community activities • Support to complete work or business activities • Training and supervision to increase or maintain self-help, socialization and adaptive skills to participate in own community.	Hourly	$9.00 -22.35
Individual Day Supports Vendor		Hourly Negotiated	$32.20 CAP
Staff Modifier (Group Services - Day and Respite Only)	This modifier is used when an individual has specific needs that require an intensive service, and is only applied for the time that this intensive service is needed. DDS Established Rate	Hourly	$11.41

Type of Support	Description	Unit	Fee/ Range
Day Support Options Vendor	Includes Sheltered Workshops and Group Day Support Options provided outside of the home. Services and supports lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities. These services are delivered in or from a facility-based program. This service is provided by a qualified vendor agency. Examples include: • Development and implementation of an individualized support plan • Support to develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting, etc. • Assistance to develop and maintain friendships of choice and skills to use in daily interactions. • Support to develop work skills • Opportunities to earn money • Opportunities to participate in community activities. DDS Established Rate	Hourly	$15.88
Sheltered Employment Vendor ***B Includes Paid Leave for Participant***	Includes Sheltered Workshops and Group Day Support Options provided outside of the home. Services and supports lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities. These services are delivered in or from a facility-based program. This service is provided by a qualified vendor agency. Examples include: • Development and implementation of an individualized support plan • Support to develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting, etc. • Assistance to develop and maintain friendships of choice and skills to use in daily interactions. • Support to develop work skills • Opportunities to earn money • Opportunities to participate in community activities. DDS Established Rate	Hourly	$7.72 *B $8.07
Group Supported Employment Vendor ***B Includes Paid Leave for Participant***	Services and supports lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation. These services are delivered in or from a facility-based program. This service is provided by a qualified vendor agency. DDS Established Rate	Hourly	$10.90 *B $11.41

Type of Support	Description	Unit	Fee/ Range
Individual Supported Employment Vendor	Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to identify employment options, provide initial job skills training, and provide limited on-going assistance with maintaining employment skills and relationships. Supported Employment service is not for use to provide on-going, long-term 1:1 support to enable an individual to complete work activities. (See Individualized Day Support) Examples include: • Activities needed to sustain paid work, including supervision and training. • Evaluation of the individual's appropriateness, desire, strengths and abilities for supported employment. • Support to develop a plan for job development • Assistance to find employment • Provision of job coaching/teaching • Monitoring job performance. DDS Established Rate	Hourly	$58.11