

Department of Developmental Services DDS Waiver Rates and Cost Guidelines

Type of Support	Description	Unit	Fee/ Range
Adult Companion Self Hire	<p>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 <i>Nurse Practice Act (CGS 20-101)</i>. 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:</p> <ul style="list-style-type: none"> • 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 Agency Provider	DDS Established Rate	Hourly	\$16.94
Personal Support Self Hire	<p>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 <u>may not</u> 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:</p> <ul style="list-style-type: none"> • 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 Agency Provider	DDS Established Rate	Hourly	\$26.82

Type of Support	Description	Unit	Fee/ Range
Individualized Home Support Self Hire	<p>This service provides assistance with the acquisition, improvement and/or retention of skills and provides 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 includes a combination of habilitative and personal support activities as they would naturally occur during the course of a day. This service is not available for use in licensed settings. The service may be delivered in a personal home (one's own or family home) and in the community. Payments for Individualized Home Support do not include room and board.</p> <p>Limits: May not be provided at the same time as Group Day, Individualized Day, Supported Employment, Respite, Personal Support, or Adult Companion , and/or Individualized Goods and Services.</p>	Hourly	17.00 -22.35 *
Individualized Home Support	DDS Established Rate	Hourly	\$32.20
Live In Care Giver			
Respite: Self Hire 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 Agency Provider 1:1 (In home)	DDS Established Rate	Hourly	\$24.92
Respite: Per Hour Agency Provider 1:1 (out of home)	DDS Established Rate	Hourly	\$26.05
Respite: 24 hour Agency Provider 1:1 (In home)	DDS Established Rate	24 hour	\$299.07
Respite: 24 hour Agency Provider 1:1 (out of home)	DDS Established Rate	24 hour	\$326.18
Respite: Per Hour Agency Provider Group Rate	DDS Established Rate	Hourly	\$9.44
Respite: 24 hour Agency Provider Group Rate	DDS Established Rate	24 hour Minimum Moderate Comprehensive	\$126.80 \$161.00 \$218.00

Type of Support	Description	Unit	Fee/ Range
<u>Independent Support Broker</u> Self Hire	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. The services included are: Assistance with developing a natural community support network 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. Assistance with negotiating rates and reimbursements. Developing an emergency back up plan Self advocacy training and support	Hourly	\$40.42
<u>Independent Support Broker</u> Agency Provider	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 Self Hire	DDS Established Rate	Per Mile Per Trip	\$0.43 \$25
Handicapped Assessable Transportation Agency Provider	Transportation by a Agency Provider for a person who requires wheelchair transportation	Per Mile	\$.85
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

Type of Support	Description	Unit	Fee/ Range
Health Care Coordinator	<p>Assessment, education and assistance provided by a registered nurse to those waiver participants with identified health risks, who, as a result of their intellectual disability, have limited ability to identify changes in their health status or to manage their complex medical conditions. These participants have medical needs that require more healthcare coordination than is available through their primary healthcare providers to assure their health, safety and well-being. This service will ensure that there is communication between primary care physicians, medical specialists, and behavioral health practitioners, and will provide a resource person to communicate to direct support staff and consumers and train them to follow through on medical recommendations enabling the participants to live in the least restrictive setting possible with the greatest level of independence. The RN Healthcare Coordinator will complete a comprehensive nursing assessment on each participant and develop an integrated healthcare management plan for the participant and his/her support staff to implement. This service shall provide the clinical and technical guidance necessary to support the participant in managing complex health care services and supports to improve health outcomes and prevent admission to a licensed group home or nursing facility. The level of technical coordination related to interpretation and monitoring of health issues requires a clinical expertise that cannot be provided by the case manager. Support provided includes, but is not limited to, the following: train/retrain staff on interventions, monitor the effectiveness of interventions, coordinate specialists, evaluate treatment recommendations, review lab results, monitor, coordinate tests/results, and review diets.</p> <p>Limits: This service is only available to individuals with identified health risks who receive Individualized Supports in their own home. The RN Healthcare Coordinator does not provide skilled nursing services that are available under the Medicaid State plan.</p>		
<u>Consultative Services</u>	<p>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.</p>		\$71.02
Clinical Behavior Support	<p>Development of behavior programs, behavior program monitoring, and training in behavior program implementation for family and circle members.</p>	Hourly	\$71.02
Nutrition	<p>Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and paid support staff. Limits: This service is limited to 25 hours of service per year.</p>		\$71.02
Interpreter Services	<p>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. <u>This service is limited to \$1,200 per year. Requests to exceed this amount are subject to prior approval by the department.</u> Examples include:</p> <ul style="list-style-type: none"> • interpreter services at an Individual Plan or periodic review meeting. 	Hourly	\$54.63

Type of Support	Description	Unit	Fee/ Range
Vehicle Modification	<p>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. <u>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, \$700 per individual per year may be allowable for repair, replacement or additional modification with prior approval.</u></p> <p>Examples include:</p> <ul style="list-style-type: none"> • wheelchair lifts or tie downs. 		<u>\$10,000 within the five year period</u>
Environmental Adaptations	<p>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. <u>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.</u></p>		<u>\$15,000 within the five year period per.</u>
Specialized Medical Equipment	<p>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.</p> <p>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. <u>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.</u></p>		<u>\$3,000 over a three year period</u>

Type of Support	Description	Unit	Fee/ Range
Individual Day Supports Self Hire	<p>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 Agency Provider agency.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • 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 Agency Provider		Hourly Negotiated	\$32.20 CAP
Staff Modifier (Group Services - Day and Respite Only)	<p>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.</p> <p>DDS Established Rate</p>	Hourly	\$11.41

Type of Support	Description	Unit	Fee/ Range
Adult Day Health Care			
Day Support Options Agency Provider	<p>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 Agency Provider agency.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • 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. <p>DDS Established Rate</p>	Hourly	\$15.88
Sheltered Employment Agency Provider <i>*B Includes Paid Leave for Participant</i>	<p>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 Agency Provider agency.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • 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. <p>DDS Established Rate</p>	Hourly	\$7.72 *B \$8.07
Group Supported Employment Agency Provider <i>*B Includes Paid Leave for Participant</i>	<p>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 Agency Provider agency.</p> <p>DDS Established Rate</p>	Hourly	\$10.90 *B \$11.41

Type of Support	Description	Unit	Fee/ Range
<p>Individual Supported Employment Agency Provider</p>	<p>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)</p> <p>Examples include:</p> <ul style="list-style-type: none"> • 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. <p>DDS Established Rate</p>	<p>Hourly</p>	<p>\$58.11</p>