



**RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL
DISABILITIES AND HOSPITALS**

Notice of Public Hearing

The Director of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals has under consideration proposed amendments to the ***Rules and Regulations for Licensing Agencies Providing Services to Adults with Developmental Disabilities, Parts I-Appendix***. These regulations shall repeal and supersede any prior rules, regulations, and standards relating to the licensure of facilities and programs for adults with developmental disabilities promulgated by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, however named. The purpose of the proposed amendments to the Regulations is to establish prevailing standards for the licensure and certification of agencies and programs that provide services to adults with disabilities in Rhode Island. These regulations are promulgated to ensure that agencies comply with prevailing standards in providing support and assistance to adults with developmental disabilities. They are promulgated in the best interest of the health, safety, and welfare of the public.

In the development of these proposed amendments to the Regulations, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Director will hold a public hearing on the above mentioned matter in the **Arnold Conference Center (in the Eleanor Slater Hospital)** at the John O. Pastore Complex in Cranston, Rhode Island **ON TUESDAY, JANUARY 8, 2013 AT 10:00 A.M.**

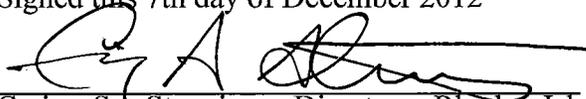
Persons wishing to testify may do so by signing up at the meeting or by submitting written testimony by, **Tuesday, January 8, 2013**, to Heather Daglieri, Esq., Office of Licensure, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Barry Hall, 14 Harrington Road, Cranston RI 02920 or via email Hdaglieri@bhddh.ri.gov. The public hearing will begin at 10:00 AM and will conclude when the last speaker finishes testimony or at 12:00 PM, whichever occurs first.

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Heather Daglieri, Esq., Administrator of Licensing, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, Barry Hall, 14 Harrington Road, Cranston, Rhode Island 02920 or via email: HDaglieri@bhddh.ri.gov.

Interested persons may inspect said proposed amendments to the regulations and other related materials on the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' website at www.bhddh.ri.gov; at the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, 14 Harrington Road, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-2324 {via RI Relay 711}; or by emailing HDaglieri@bhddh.ri.gov Proposed regulations are also posted on the Rhode Island Secretary of State's website: www.sos.ri.gov

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Department at (401) 462-2324 or RI Relay 711 at least three (3) business days prior to the public hearing so arrangements can be made to provide such assistance at no cost to the person requesting.

Signed this 7th day of December 2012

A handwritten signature in black ink, appearing to read 'Craig S. Stenning', written over a horizontal line.

Craig S. Stenning, Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

**State of Rhode Island and Providence Plantations
Department of Behavioral Healthcare, Developmental Disabilities and Hospitals**

**Concise Summary of Proposed Technical and Non-technical Amendments
to
Rules and Regulations
For Licensing Agencies Providing Services to Adults with Developmental Disabilities,
Parts I-Appendix**

In accordance with the Administrative Procedures Act, Section 42-35-3(a)(1) of the General Laws of Rhode Island, the following is a concise summary of the proposed technical and non-technical amendments which are all being proposed by BHDDH to further promote choice, transparency, quality, fairness, and safety in the delivery of services to adults with developmental disabilities:

- (1) Amendments to “Part I Definitions” to further define and refine terms that are used throughout the regulations;
- (2) Amendments to “Part II Developmental Disability Organizations” to further clarify provisions for the management of a DDO, including, but not limited to, allowing for the flexibility in the governance of an organization by allowing for an advisory board to fulfill a Board of Director’s requirements for those entities that are for profit or not for profit chapters of a national organization providing services in Rhode Island, and to further clarify the Department’s health and safety guidelines for the safe delivery of services to adults with developmental disabilities;
- (3) Amendments to “Part III Provision of Core Services and Participants’ Eligibility/Access to Services” to further describe the development of protocols and procedures for eligibility, access, levels of care determinations for Participants, and the development of individualized service plans for Participants;
- (4) Amendments to “Part IV Services for Adults with Developmental Disabilities” to further describe the prevailing standards for the provision of supports and services to adults with developmental disabilities;
- (5) Amendments to “Part V Health Care Services” are technical in nature;
- (6) Amendments to “Appendix One: Billing Criteria” describes a new service and further refines some existing services; and
- (7) Technical amendments throughout all of the regulations related to numbering, spelling, and grammar.

Appendix One: Billing Criteria

The following criteria apply to the services delivered by licensed providers:

Any service billed to BHDDH shall:

- (1) be requested by a Participant in support of their Individualized Service Plan;
- (2) be delivered by provider staff that meets the requirements within the service definition as specified herein;
- (3) be delivered by provider staff that meets all training requirements specified herein;
- (4) be documented within provider records of the amount, duration and scope of the service delivered to each Participant.

The Department reserves the right to review any documentation of the amount, duration and scope maintained by the provider to support billing for the services rendered to a Participant. This may include either an on-site or desk review conducted by Department personnel or its designee. Failure to provide adequate supporting documentation for services rendered to Participants may result in remittance of payments back to the Department recovered by means of a withhold against a future payment.

Access to Overnight Shared Supports: The unit to bill for this service is per diem.

The rate paid for this service covers: (1) the wages and fringe benefits of the personal care attendants that provide the supports; (2) the wages and fringe benefits of Supervisor staff when Access to Overnight Shared Supports are delivered by personal care attendants; (3) the wages and fringe benefits of all staff that provide supports for the time worked where they are not face-to-face with Participants, such as training time and attendance at Support Coordination meetings; and (4) provider administrative costs.

Assistive Technology: Assistive Technology services are paid as billed services. This service cannot be delivered nor billed without prior approval from the BHDDH Director. The provider must maintain receipts for the assistive technology purchased as backup to substantiate the purchase and may only bill through the actual amount paid for the assistive technology.

Community-Based Supports: The unit to bill for this service is per 15 minutes.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants or Professional Services Staff that provide the supports; (2) the wages and fringe benefits of Supervisor staff when the Community-Based Supports are delivered by personal care attendants; (3) the wages and fringe benefits of all staff that provide supports for the time worked where they are not face-to-face with Participants, such as travel time to and from appointments, missed appointments, training time and attendance at Support Coordination meetings; (4) the mileage reimbursement to staff to travel to the Participant's location where the service will be delivered; (5) provider program costs; and (6) provider administrative costs.

Examples of the services that may be provided under Community-Based Supports include:

- A. Assistance and prompting with personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs, and any medical task which can be delegated.
- B. Assistance and/or training in the performance of tasks related to maintaining a safe, healthy and stable home, such as housekeeping, bed making, dusting, vacuuming, laundry, cooking, evacuating the home in emergency situations, shopping, and money management. This does not include the cost of the supplies needed or the cost of the meals themselves.
- C. Personal support and assistance in participating in community, health, and leisure activities. This may include accompanying the Participant to these activities.
- D. Support and assistance in developing relationships with neighbors and others in the community and in strengthening existing informal social networks and natural supports. This may include encouraging and fostering the development of meaningful relationships in the community reflecting the Participant's choices and values, i.e., doing preliminary work toward membership in civic, neighborhood, church, leisure, etc. groups.
- E. Enabling and promoting individualized community supports targeted toward inclusion into meaningful integrated experiences, such as volunteer work, community awareness activities and/or teaching.
- F. Providing orientation and information to acute hospital nursing staff concerning the Participant's specific Activities of Daily Living (ADLs), communication, positioning, and behavioral needs. The provider can perform support functions, such as facilitating communication needs, assistance with eating, assistance with positioning and assistance with behavioral supports. The specific functions must be outlined and cannot be duplicative of personal care services provided by the hospital.

Participants are authorized for Community-Based Supports ~~no more than sixteen (16) hours per day up to forty (40) hours per week unless specifically authorized~~ approved by the BHDDH Director ~~in extenuating or emergency circumstances~~. The Participant and the staff delivering the service shall be present, awake, alert, and available to respond to the Participant's immediate needs. ~~The staff delivering the service may not work more than sixteen (16) hours in a 24-hour period of combined day and night support services unless there is a documented emergency or a time limited, non-routine need documented.~~ Community-Based Supports can be provided outside the Participant's home, but they cannot be provided in the staff member's residence, regardless of relationship. A Participant may not receive Community-Based Supports simultaneously with ~~community residence support~~ Community Residence Support, Community Non-Congregant Residential Support, or Shared Living Arrangement services.

Community Residence Support: The unit to bill for this service is per day.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide supports in the community setting; (2) the wages and fringe benefits of Supervisor staff that provide supports in the community setting; (3) the wages and fringe benefits of staff that provide Professional Services, Behavioral Supports and Medical Supports in the community setting; (4) the wages and fringe benefits of all staff that provide supports in the community setting for the time worked where they are not face-to-face with Participants, such as training and attendance at Support Coordination meetings; (5) the vehicle costs and/or mileage reimbursement to staff to transport Participants other than for Day Activity Transportation; (6) provider program costs; and (7) provider administrative costs.

The expected ~~resources~~ service package per Participant ~~are~~ is based on the Residential ~~Resource Levels~~ Tiers. Participants are funded for community residence supports no more than eighteen (18) hours per day Monday through Friday and twenty-four (24) hours per day Saturday and Sunday and participate in meaningful day activities or employment programs during hours they do not receive community residence supports. The meaningful day activities are paid under a separate service. For Participants authorized to receive any residential supports by the Department, a Participant can only be authorized to receive either ~~community residence support~~ Community Residence Support, Non-Congregant Residential Support, or Shared Living Arrangement in a given service coverage month.

Community Non-Congregant Residential Support: The unit to bill for this service is per day.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide supports in the ~~community non-congregant~~ residential setting; (2) the wages and fringe benefits of Supervisor staff that provide supports in the ~~community non-congregant~~ residential setting; (3) the wages and fringe benefits of staff that provide Professional Services, Behavioral Supports, and Medical Supports in the ~~community non-congregant~~ residential setting; (4) the wages and fringe benefits of all staff that provide supports in the ~~community non-congregant~~ residential setting for the time worked where they are not face-to-face with Participants, such as training and attendance at Support Coordination meetings; (5) the vehicle costs and/or mileage reimbursement to staff to transport Participants other than for Day Activity Transportation; (6) provider program costs; and (7) provider administrative costs.

The expected ~~resources~~ service package per Participant ~~are~~ is based on the Residential ~~Resource Levels~~ Tiers. Participants are funded for ~~Community Non-Congregant Residential Supports~~ no more than eighteen (18) hours per day Monday through Friday and twenty-four (24) hours per day Saturday and Sunday and participate in meaningful day activities or employment programs during hours they do not receive Community Residential Supports. The meaningful day activities are paid under a separate service. For Participants authorized to receive any residential supports by the Department, a Participant can only be authorized to receive either ~~Community Residential Residence Support~~, Community Non-Congregant Residential Support, or Shared Living Arrangement in a given service coverage month.

Day Activity Transportation: The unit to bill for this service is per one-way trip.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide the service, including their time not face-to-face with the Participant; (2) the vehicle costs and/or mileage reimbursement to staff to transport Participants; and (3) provider administrative costs. Participants are authorized for Day Activity Transportation no more than two trips per day.

The authorization to provide Day Activity Transportation is decided by the Participant by means of their decision on who they decide will provide them residential services. Unless specified otherwise, the assignment of the Day Activity Transportation authorization is assigned to the provider that is authorized to provide Community Residential Services, Non-congregant residential support services, Shared Living Arrangement Services, or Community-Based Support Services.

If the Participant is not authorized for any residential services, then the Day Activity Transportation authorization is assigned to their Day Program Service, Prevocational Training or Supported

Employment provider. If the Participant chooses to self-direct services, then no separate Day Activity Transportation authorization is created. The amount that would have been authorized for Day Activity Transportation is subsumed into the Participant's total authorization.

Day Program Services (Center-Based Day Program Service, Community-Based Day Program Service, and Home-Based Day Program Service): The unit to bill for Center-Based Day Program Service or Community-Based Day Program Service is per 15 minutes.

The unit to bill for Home-Based Day Program Service is per day and it assumes services provided up to eight hours per day. The rate paid for all three services covers (1) the wages and fringe benefits of the Personal care attendants that provide supports; (2) the wages and fringe benefits of Supervisor staff that provide supports; (3) the wages and fringe benefits of staff that provide Professional Services, Behavioral Supports and Medical Supports; (4) the wages and fringe benefits of all staff that provide supports where they are not face-to-face with Participants, such as set up and shut down time, training and attendance at Support Coordination meetings; (5) the vehicle costs and/or mileage reimbursement to staff to transport Participants other than for Day Activity Transportation; (6) provider capital costs; (7) provider program costs; (8) provider administrative costs; and (9) a Participant absence rate. The expected resources per Participant are based on the Day Program Resource Levels. Participants are authorized for Center-Based Day Program and Community-Based Day Program Services no more than eight hours per day. Day Program Services cannot be provided or billed for at the same hours on the same day as any other waiver service.

Home Modifications: Home Modifications are paid as billed services. This service cannot be delivered nor billed without prior approval from the BHDDH Director. The provider must maintain receipts for the home modifications purchased as backup to substantiate the purchase and may only bill through the actual amount paid for the modification.

Individualized Extraordinary Services: The unit to bill for this service is per hour.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants and Professional Staff that provide the supports; (2) the wages and fringe benefits of Supervisor staff that provide supports to the personal care attendants; (3) the mileage reimbursement to staff to travel to the Participant's location or to transport the Participant in the community; and (4) provider administrative costs. This service cannot be delivered nor billed without prior approval from the BHDDH Director.

Job Development or Assessment: The unit to bill for this service is per hour.

The rate paid for this service covers (1) the wages and fringe benefits of the staff that provide the supports; (2) transportation costs incurred by the Job Developer to fulfill job duties; and (3) provider administrative costs. The Job Development or Assessment assumes an average of five (5) hours per day for face-to-face time with Participants and three (3) hours per day for non face-to-face time performing other job functions such as outreach to employers, development, education, research, and travel time in the community.

Examples of the services that may be provided under Job Development and Assessment include:

- A. Discussing with the Participant to consider personal interests and motivations;
- B. Consideration of the Participant's education, work history, skill level, and strengths;

- C. Consideration of potential barriers to the Participant's meeting their employment goal (e.g., absence of transportation);
- D. Consideration of what the Participant must do to improve the probability for success (e.g., receive needed training), or what significant others, such as family members, might do to promote success;
- E. Developing an individualized vocational plan to establish sequenced activities for the Participant to achieve their vocational goal;
- F. Establishing and maintaining a job resource bank;
- G. Initiating and maintaining ongoing personal contacts with a variety of business and industry representatives and job placement/training agencies to promote programs for Participant placement;
- H. Explaining the benefits and employment support services provided by programs to employers, including addressing employer's special needs;
- I. Providing program information to various businesses, schools, chambers of commerce and committees and setting up business orientations;
- J. Researching newspapers, agencies, and other resources for job leads;
- K. Locating jobs for Participants who have successfully completed training programs;
- L. Matching job skills with applicant qualifications;
- M. Referring qualified applicants to employers;
- N. Participating in outreach and recruitment activities by coordinating and attending job fairs;
- O. Coordinating with high schools to help develop and implement effective transition from school to work for students; and
- P. Assisting a Participant in business planning.

Participants are authorized for Job Development or Assessment no more than eight (8) hours per day and no more than eighty (80) hours per year. The Job Developer staff member at provider entities may deliver and bill for this service without being certified in State Fiscal Year 2012 but must be certified by BHDDH to provide this service no later than June 30, 2012. If the Job Developer is not certified by June 30, 2012, the provider will not be authorized to bill for services rendered by the Job Developer.

Natural Supports Training: The unit to bill for this service is per hour.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants or professional services staff that provide the supports; (2) the wages and fringe benefits of all staff that provide supports for the time worked where they are not face-to-face with Participants, such as travel time to and from appointments, missed appointments, training time and attendance at Support Coordination meetings; (3) the mileage reimbursement to staff to travel to the Participant's location where the service will be delivered; (4) provider program costs; and (5) provider administrative costs.

Participants are authorized for Natural Supports Training no more than eight (8) hours per day. When applicable, a Natural Supports Trainer must meet all BHDDH licensing requirements and, if

training on professional services, must complete training, certification or licensing requirements as defined by the state to provide the specific service.

Participant Directed Goods or Services: The unit to bill for Participant Directed Goods or Services is per hour (for services) or per item (for goods).

Individuals providing Participant Directed Services shall meet all training and certification as defined by the state to provide the service and must work with the Fiscal Intermediary designated by the self-directed Participant. For Participant Directed Goods, the Fiscal Intermediary shall maintain receipts for all goods purchased as backup to substantiate the purchase. The Fiscal Intermediary may only bill through the actual amount paid for the goods.

Prevocational Training: The unit to bill for this service is per hour.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide supports; (2) the wages and fringe benefits of Supervisor staff that provide supports; (3) the wages and fringe benefits of all staff that provide supports where they are not face-to-face with Participants, such as set up and shut down time, training and attendance at Support Coordination meetings; (4) the vehicle costs and/or mileage reimbursement to staff to transport Participants other than for Day Activity Transportation; (5) provider capital costs; (6) provider program costs; (7) provider administrative costs; and (8) a Participant absence rate. Participants are authorized for Prevocational Training no more than eight (8) hours per day. To bill for this service, the Participant and the Personal care attendant must be present. Prevocational Training cannot be provided or billed for at the same hours on the same day as any other waiver service.

Respite Care: The unit to bill for this service is per 15 minutes or per diem, depending upon the number of consecutive hours that the service is delivered.

The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide the supports; (2) the wages and fringe benefits of all staff that provide supports for the time worked where they are not face-to-face with Participants, such as travel time to and from appointments and training time; (3) the wages and fringe benefits of Supervisor staff that provide supports to the personal care attendants; (4) the mileage reimbursement to staff to travel to the Participant's location or to transport the Participant in the community; and (5) provider administrative costs.

When providing Respite Care, the provider must ensure that the Participant's routine is maintained in order to attend school, work, or other community activities/outings. Community outings shall be included in the supports provided and the Respite Care provider is responsible for providing transportation for community outings. Respite Care can be billed up to a 24-hour service period. However, ~~for every hour of service greater than sixteen (16) hours~~ when the consecutive number of hours of service is nine (9) or greater in a 24-hour period, the provider shall bill the Respite Care ~~Overnight~~ Daily rate on file. Respite Care cannot be provided or billed for at the same hours on the same day as Community-Based Supports or Day Program Services.

Shared Living Arrangement: The unit to bill for this service is per day.

The rate paid for this service covers (1) the reimbursement to the shared living arrangement ~~provider~~ contractor for the days that services are provided; (2) wages and fringe benefits of the provider staff that receiving training related to this service, that provide training to families, and that

monitor and conduct visits to shared living arrangement ~~providers~~ contractors; (3) the costs to recruit shared living arrangement ~~providers~~ contractors and to facilitate interviews between Participants to be served and shared living arrangement ~~providers~~ contractors; (4) the costs to perform criminal background and other checks to ensure the integrity of the shared living arrangement ~~provider~~ contractor and the safety of Participants placed with these shared living arrangement ~~providers~~ contractors; (5) payment for respite services for shared living arrangement ~~providers~~ contractors; (6) transportation costs incurred by the provider staff to fulfill job duties; (7) provider program costs; and (8) provider administrative costs.

The expected resources per Participant are based on the Shared Living Arrangement Resource Levels. During the period when Interim Funding Levels are in place, four Shared Living Arrangement Resource Levels are in place. Each Shared Living Arrangement Resource Level represents the expected number of annual visits or monitoring calls that provider staff will make to a shared living arrangement ~~provider~~ contractor and the average number of respite hours available to shared living arrangement ~~providers~~ contractors.

| | |
|----------|---------------------------------------------------------------------------------------------------------------|
| Level 1: | 42 <u>21</u> visits/monitoring calls per year, 200 hours of respite per year |
| Level 2: | 46 <u>28</u> visits/monitoring calls per year, 240 <u>200</u> hours of respite per year |
| Level 3: | 24 <u>32</u> visits/monitoring calls per year, 360 <u>300</u> hours of respite per year |
| Level 4: | 28 <u>40</u> visits/monitoring calls per year, 360 <u>300</u> hours of respite per year |

The BHDDH Director establishes the minimum amounts to be reimbursed to shared living arrangement ~~providers~~ contractors at each Level. Providers of the Shared Living Arrangement services shall retain documentation to support the minimum amounts paid to shared living arrangement ~~providers~~ contractors as established by the BHDDH Director. For Participants authorized to receive any residential supports by the BHDDH, a Participant can only be authorized to receive either Community Residential Residence Support, ~~Community—Non-Congregant~~ Residential Support, or Shared Living Arrangement in a given service coverage month.

Support Coordination: The unit to bill for this service is per month. The maximum units that may be billed per Participant are twelve (12) per year.

The rate paid for this service covers (1) the wages and fringe benefits of the support coordinator; (2) the wages and fringe benefits of other provider staff that participate in support coordination activities; (3) transportation costs incurred by the support coordinator to fulfill job duties; and (4) provider administrative costs.

The expected resources per Participant are defined in each support coordination resource level. Support coordination activities include, but are not limited to, the provisions specified in the regulations related to the Individualized Service Planning process (section 37.0 herein). Only one provider is authorized to provide support coordination services to each Participant each month. A Participant can only be authorized to receive either support coordination or support facilitation in a given service coverage month. The authorization to provide support coordination is decided by the Participant by means of their decision on who they decide will provide them residential or day program support services. The assignment of the support coordination authorization is hierarchical in nature as follows:

1. If a Participant chooses to self-direct services, then the authorization for Support Coordination is converted to a Support Facilitation authorization. The authorization for

Support Facilitation is assigned to the Fiscal Intermediary that the Participant selects to assist them in self-direction.

2. If a Participant has an authorization on file to receive Community Residence Support Services, then the provider of this service is authorized to provide Support Coordination to the Participant.
3. If a Participant has an authorization on file to receive Non-congregant residential support services, then the provider of this service is authorized to provide Support Coordination to the Participant.
4. If a Participant has an authorization on file to receive Shared Living Arrangement Services, then the provider of this service is authorized to provide Support Coordination to the Participant.
5. If a Participant has an authorization on file to receive Community-Based Support Services, then the provider of this service is authorized to provide Support Coordination to the Participant.
6. If a Participant has an authorization on file to receive a Day Program Service but no residential service, then the provider of this service is authorized to provide Support Coordination to the Participant.

Support Facilitation: The unit to bill for this service is per month.

The rate paid for this service covers (1) the wages and fringe benefits of the Support Facilitator; and (2) the wages and fringe benefits of other provider staff that participate in Support Facilitation activities or that provide Fiscal Intermediary services; (3) transportation costs incurred by the Support Facilitator to fulfill job duties; and (4) provider administrative costs.

The expected resources per Participant are defined in each Support Facilitation Resource Level. The authorization for Support Facilitation is assigned to the Fiscal Intermediary that the Participant selects to assist them in self-direction.

Supported Employment: The unit to bill for this service is per 15 minutes. The rate paid for this service covers (1) the wages and fringe benefits of the personal care attendants that provide supports; (2) the wages and fringe benefits of Supervisor staff that provide supports; (3) the wages and fringe benefits of all staff that provide supports where they are not face-to-face with Participants, such as travel time to and from appointments, missed appointments, training and attendance at Support Coordination meetings; (4) the mileage reimbursement to staff while performing job duties; (5) provider program costs; and (6) provider administrative costs. Participants are authorized for Supported Employment no more than eight (8) hours per day. To bill for this service, the Participant and the Personal care attendant must be present.

When Supported Employment services are provided at a work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision, and training required by Participants receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business. Supported Employment cannot be provided or billed for at the same hours on the same day as any other waiver service.

Supports Brokerage: The unit to bill for Supports Brokerage is per 15 minutes.

Participants are authorized for Supports Brokerage Services no more than eight hours per day. The person providing the Supports Brokerage service must meet all training and certification as defined by the state to provide the service and must work with the Fiscal Intermediary designated by the self-directed Participant. The Supports Broker counsels, facilitates and assists in development of an Individualized Service Plan which includes both paid and unpaid services and supports designed to allow the Participant to live in the home and Participant in the community. A back-up plan is also developed to assure that the needed assistance will be provided in the event that regular services identified in the Individualized Service Plan are temporarily unavailable.