

KATIE BECKETT SERVICES AND UNITS

ALL SERVICES REQUIRE PRIOR APPROVAL. CANNOT PAY FOR SERVICES RENDERED PRIOR TO APPROVAL.

Service	Service Description
<p>Assistive Technology, Adaptive Equipment and Supplies</p> <p>Contracted Provider: Any DIDD provider with this service on their contract OR check to see if it can be covered under HRA</p> <p>Supporting Documentation Required for Request:</p> <ul style="list-style-type: none"> • MD Order/LOMN • Therapy Assessment • Details of Technology/Equipment/Supplies 	<p>Provides assistive device or adaptive aid or control (or supplies if applicable) based on a child's functional needs which:</p> <ul style="list-style-type: none"> • Increases, improves or maintains a child's functional capabilities to perform activities of daily living, including bathing, grooming, eating, dressing, and mobility OR • Assists a child with their hearing and/or vision loss OR • Increases the child's ability to communicate with others OR • Increases the child's ability to perceive or control the environment (e.g., smoke alarm with a vibrating pad or flashing light). <p>Other items included under this service are computer equipment, adaptive peripherals or adaptive workstations to accommodate a child's active participation in the community or workplace, software when required to operate accessories included for environmental control, and a pre-paid pre-programmed cellular phone that allows a child who is participating in employment or community integration activities without paid or natural supports and who may need assistance due to an accident, injury or inability to find the way home.</p> <ul style="list-style-type: none"> • Limited to \$5,000 per calendar year. Can be used in combination with Assistive Technology Training (In the Home) and Assistive Technology Assessment.
<p>Assistive Technology Training (In the Home)</p> <p>**This service is in conjunction with "Assistive Technology, Adaptive Equipment and Supplies" (4X301) with a \$5,000 per year combination.</p>	<p>Training, programming, demonstration, or technical assistance for the individual and for his/her providers of support (whether paid or unpaid) to facilitate the person's use of the assistive technology and adaptive equipment</p> <ul style="list-style-type: none"> • Billing is per UNIT. There are no maximum limits on each separate service just the combined limit of \$5,000 per year. Some providers may not bill for the assessment and training separately.

	<ul style="list-style-type: none"> • Can be billed on the same day as Assistive Technology Assessment • Limited to \$5,000 per calendar year in combination with Assistive Technology, Adaptive Equipment and Supplies and Assistive Technology Assessment.
<p>Assistive Technology Assessment</p> <p>**This service is in conjunction with “Assistive Technology, Adaptive Equipment and Supplies” (4X301) with a \$5,000 per year combination.</p>	<p>Evaluation and assessment of the assistive technology and adaptive equipment needs of the individual by an appropriate professional, including a functional evaluation of the impact of the provision of appropriate assistive technology and adaptive equipment through equipment trials and appropriate services to him/her in all environments with which the person interacts over the course of any 24-hour day, including the home, integrated employment setting(s) and community integration locations.</p> <ul style="list-style-type: none"> • Billing is per UNIT. There are no maximum limits on each separate service just the combined limit of \$5,000 per year. Some providers may not bill for the assessment and training separately. • Can be billed on the same day as Assistive Technology in the Home. • Limited to \$5,000 per calendar year in combination with Assistive Technology, Adaptive Equipment and Supplies and Assistive Technology Training (In the Home).
<p>Community Integration Support Services</p> <p>Contracted Provider: Any DIDD provider who has chosen to provide KB services.</p> <p>Supporting Documentation Required for Request: NA</p> <p>Specific goals and objectives in ISP with at least 1 outcome</p>	<p>A service which coordinates and/or provides supports for a child to have valued and active participation in integrated daytime and nighttime community activities that build on their interests, preferences, gifts, and strengths while reflecting their goals with regard to community involvement and membership.</p> <p>This service involves participation in one or more integrated community settings, in activities involving persons without disabilities who are not paid or unpaid caregivers. This service is designed to promote maximum participation in integrated community life while facilitating meaningful relationships, friendships and social networks with persons without disabilities who share similar interests and goals for community involvement and participation.</p>

	<p>Transportation to and from the service is not included in the rate paid for the service; but transportation during the service (when no-cost forms of transportation are not available or not being accessed) is included in the rate paid for the service.</p>
<p>Community Transportation</p> <p>Contracted Provider: Any DIDD provider who has chosen to provide KB services.</p> <p>PPL for Self-Directed(complete PPL referral form).</p> <p>Supporting Documentation Required for Request: NA</p>	<p>Provides non-medical transportation services to enable a person to gain access to community life, activities and resources that are identified in the person-centered support plan. This service allows the person to get to and from typical day-to-day, non-medical activities such as trips to the grocery store, bank, social events, clubs and associations and other civic activities or to attend a worship service.</p> <p>This service is available when public or other no-cost community-based transportation services are not available, and the person does not have access to transportation through any other means (including natural supports).</p>
<p>Decision Making Supports Information Education Session</p> <p>Contracted Provider: Morning Sun Financial Services, LLC</p> <p>Supporting Documentation Required for Request: email KB ISP and Section C to MS-TNISP@morningsunfs.com</p> <p>Email receipts/invoices for processing reimbursement and copy your Coordinator: Complete Form Link: https://morningsunfs.com/katie-beckett-program/services/?servicename=DIDD+Katie+Becket+Forms&ind=1</p> <p>**See Morning Sun Instructions for more details.</p>	<p>Provides up to \$250.00 per lifetime to aid family caregivers in understanding legal, financial, and other decision-making supports and options for a child who cannot make some or all their own decisions. This service is provided in a manner that seeks to provide support in the least-restrictive manner, preserving the rights and freedoms of the child to the maximum extent possible and appropriate.</p> <p>This service begins with education and consultation from a qualified professional to help ensure understanding of the array of options available, including less restrictive options that can be used to preserve the person's rights and freedoms to the maximum extent possible and appropriate, while addressing decision making needs.</p> <p>Reimbursable services may include: (1) assistance with completing necessary paperwork and processes to establish an alternative to conservatorship, such as supported decision making, limited (and revocable) power of attorney, health care proxy, or trust; or limited or full conservatorship that is specifically tailored to the person's capabilities and needs, if it determined to</p>

	<p>be the least restrictive alternative; (2) evaluating the appropriateness of a decision-making instrument currently in place and assistance with costs associated with terminating or revoking a conservatorship when less restrictive options would be appropriate; and (3) training associated with decision-making support.</p>
<p>Decision Making Supports Lawyer Fees</p> <p>Contracted Provider: Morning Sun Financial Services, LLC</p> <p>Supporting Documentation Required for Request: email KB ISP and Section C to MS-TNISP@morningsunfs.com</p> <p>Email receipts/invoices to and copy your Coordinator: Complete Form Link: https://morningsunfs.com/katie-beckett-program/services/?servicename=DIDD+Katie+Becket+Forms&ind=1</p>	<p>Provides up to \$250 per lifetime of reimbursement for legal fees for legal counsel which has been hired by the child’s family to include, but is not limited to:</p> <ul style="list-style-type: none"> • Assistance with completing necessary paperwork to establish an alternative to conservatorship such as supported decision-making, limited (and revocable) power of attorney, health care proxy, or trust. • Limited or full conservatorship that is specifically tailored to the person’ needs, if it is determined to be the least restrictive alternative; evaluating the appropriateness of a decision-making instrument currently in place and assistance with costs associated with terminating or revoking a conservatorship when less restrictive options would be appropriate. • Training associated with decision-making support.
<p>Family Caregiver Education and Training</p> <p>Contracted Provider: Morning Sun Financial Services, LLC</p> <p>Supporting Documentation Required for Request: email KB ISP and Section C to MS-TNISP@morningsunfs.com</p> <p>Email receipts/invoices to and copy your Coordinator: Complete Form Link: https://morningsunfs.com/katie-beckett-program/services/?servicename=DIDD+Katie+Becket+Forms&ind=1</p>	<p>Provides reimbursement up to \$500.00 per year to offset the costs of educational materials, training programs, workshops and conferences that help the family caregiver to:</p> <ul style="list-style-type: none"> • Understand the disability of the child. • Achieve greater competence and confidence in providing supports. • Develop and access community and other resources and supports. • Develop Advocacy skills. • Support the child in developing advocacy skills. <p>Family Caregiver Education and Training is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a child participating under the KB Program who is living in the family home.</p>

	<p>Education and training activities are based on the family caregiver’s unique needs, such as preserving the family unit, increasing confidence, stamina or empowerment. The unique needs of the family caregiver must be specifically identified in the person-centered support plan prior to authorization.</p>
<p>Health Insurance Counseling/Forms Assistance</p> <p>Contracted Provider: Morning Sun Financial Services, LLC</p> <p>Supporting Documentation Required for Request: email KB ISP and Section C to MS-TNISP@morningsunfs.com</p> <p>Email receipts/invoices to and copy your Coordinator: Complete Form Link: https://morningsunfs.com/katie-beckett-program/services/?servicename=DIDD+Katie+Becket+Forms&ind=1</p>	<p>Provides training and assistance to a person and/or their family caregiver and policy holder in understanding the benefits offered through their private or public insurance program, completing necessary forms, accessing covered benefits, and navigating member appeal processes regarding covered benefits.</p> <p>This is a time-limited service intended to develop the person and/or family caregiver’s understanding and capacity to self-manage insurance benefits and is limited to 15 hours/\$375.00 per person per year.</p> <p>A person choosing to receive this service must agree to complete an online assessment of its efficacy following the conclusion of counseling and/or forms assistance.</p>
<p>Health Insurance Premium Assistance</p> <p>Contracted Provider: PPL (complete PPL referral form)</p> <p>Supporting Documentation Required for Request:</p> <ul style="list-style-type: none"> • Paystubs or documentation showing the monthly premium amount. • Number of people covered under the monthly premium • HIPA Budget Worksheet 	<p>A service designed to assist families offset the cost of private insurance for the child enrolled in Part B of the KB Waiver Program when other family members are also covered by the same premium. The cost of the service must be verified by receipt of purchase or other documentation which details the expenditure for the person’s portion of the private insurance and included within the child’s ISP. The amount of reimbursement provided by this service shall not exceed the family contribution of the cost of private insurance for the person enrolled under Part B.</p> <p>It is paid only upon proof of payment of the child’s premium for the applicable period.</p>
<p>Health Reimbursement Account Service (HRA)</p> <p>Contracted Provider: Inspira</p>	<p>Provides a Flexible Spending approach whereby payment (or reimbursement) is provided for qualified medical and related expenses, including private insurance deductibles and co-payments for physician and</p>

<p>Supporting Documentation Required for Request: NA</p> <p>*Some services may require a LOMN</p>	<p>nursing services, therapies, prescription drugs, etc.; medical equipment and supplies; dental, and hearing services; medical mileage; and other eligible medical expenses as determined by the Internal Revenue Service.</p> <p>Service start and end date on the Section C are to be the same. Service should only be requested once per calendar year.</p>
<p>Individual Education & Training</p> <p>Contracted Provider: Morning Sun Financial Services, LLC</p> <p>Supporting Documentation Required for Request:</p> <ul style="list-style-type: none"> Documentation showing date(s), cost, and event/materials 	<p>Provides reimbursement up to \$500.00 per calendar year to offset the costs of training programs, workshops and conferences that help the person develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Other types of education and training shall not be reimbursed.</p> <p>This service may include education and training for the person, caregivers and/or legal representatives that are directly related to building or acquiring such skills.</p> <p>DIDD will assure that information about educational and/or training opportunities are available to the person, their caregivers and legal representatives.</p> <p>Covered expenses may include enrollment fees, books and other educational materials and transportation related to participation in training courses, conferences and other similar events.</p> <p>In order to be reimbursed, Individual Education and Training must be approved before such education or training activities commence and shall be limited to \$500.00 per person per calendar year.</p>
<p>Minor Home Modifications</p> <p>Contracted Provider: Any DIDD provider with this service on their contract OR check to see if it can be covered under HRA</p>	<p>The provision and installation of certain home mobility aids, which include but are not limited to wheelchair ramps and modifications directly related to and specifically required for the construction or installation of the ramps, handrails for interior or exterior stairs or steps, grab bars and other devices.</p>

<p>Supporting Documentation Required:</p> <ul style="list-style-type: none"> • Order from licensed professional not required • 2 bids if going through DIDD contracted provider <p>Regional Clinical Team-for each request, the regional clinical team will need to determine there is sufficient information in the ISP and supporting documentation to demonstrate that the proposed modification will be of direct medical or remedial benefit to the person and does not include items or modifications that would be of general utility. Sara Muncher.</p>	<p>This service also includes minor physical adaptations to the interior of the person’s place of residence that are necessary to ensure the person’s health, welfare and safety, or which increase the person’s mobility and accessibility within the residence, which include but are not limited to the widening of doorways or modifications of bathroom facilities.</p> <p>Limit is \$6,000 per project, \$10,000 per calendar year, and \$20,000 per lifetime.</p>
<p>Non-Traditional Therapy Services</p> <p>Contracted Provider: PPL (complete PPL referral form) OR check to see if it can be covered under HRA</p> <p>Supporting Documentation Required for Request:</p> <ul style="list-style-type: none"> • Order from licensed professional • Documentation showing the program/facility being used, cost per session, and # of sessions <p>Month to Month breakdown in the body of the ISP</p>	<p>Service which provides alternative methods of therapy to persons who could benefit from pursuing a non-traditional route to their therapeutic regimen. In some cases, these types of services can be more effective than traditional, established therapeutic methods.</p> <p>As an example, equine therapy, or equine-assisted psychotherapy (EAP), is a form of animal-assisted therapy that teaches a person how to groom, care for and ride horses. The goal of horse therapy is to use a person’s experience with horses to improve their emotional and behavioral outcomes. Small studies and anecdotal evidence have shown equine therapy can help reduce symptoms of anxiety, depression and impulsiveness common to many mental health conditions. This service is specifically non-covered under the Tennessee State Medicaid Program, but is a covered benefit under this unique waiver service.</p> <p>The Tennessee State Medicaid Plan does not cover non-traditional methods of therapy such as equine therapy because these forms of treatment are not consistent with current standard medical practice; however, equine therapy would be a viable service to a person under the Katie Beckett Waiver Program.</p>

	<p>Each type and amount of therapeutic support shall be requested and approved by DIDD as part of the child’s ISP in advance of such support being provided. In order to be covered and eligible for reimbursement, the child’s parent or legal guardian shall submit acceptable documentation to DIDD, confirming that the approved therapeutic support has been received and paid, and is eligible for reimbursement.</p> <p>***this does not cover the registration fees for camps, etc. Registration Fees can be covered through HRA .</p>
<p>Respite</p> <p>Contracted Provider: Any DIDD provider with this service on their contract who has chosen to provide KB services OR check to see if it can be covered under HRA</p> <p>PPL for Self-Directed (complete PPL Referral form).</p> <p>Supporting Documentation Required for Request: NA</p>	<p>Services provided to a child when unpaid caregivers are absent or need relief from routine caregiving responsibilities.</p> <p>Up to 30 days of service per child per calendar year or up to 216 hours per child per calendar year, depending upon needs and preferences as reflected in the ISP. The 2 limits cannot be combined in a calendar year. If a family chooses to receive Respite as a daily service, each 24-hour time period within which Respite is provided and reimbursed shall count as one day regardless of the number of hours of Respite services reimbursed during that 24-hour period.</p> <p>Daily respite is not available in Consumer Direction, only hourly.</p>
<p>Supportive Home Care</p> <p>Contracted Provider: Any DIDD provider with this service on their contract who has chosen to provide KB services.</p> <p>PPL for Self-Directed (complete PPL referral form).</p> <p>Supporting Documentation Required for Request:</p> <ul style="list-style-type: none"> • QTRHR Unit Calendar 	<p>Provides services and supports in the home and community by a paid caregiver who does not live in the family home to a person living with his or her family that directly assists the person with activities of daily living and personal needs to insure adequate functioning in their home and maintain community living. Supportive Home Care may be provided outside of the person’s home as long as the outcomes are consistent with the supports defined in the person’s-Individual Support Plan (ISP), with the goal of ensuring the person’s full participation and inclusion in the community.</p> <p>Supportive Home Care includes:</p> <ul style="list-style-type: none"> • Hands-on assistance with activities of daily living such as dressing/undressing, bathing, feeding, toileting, assistance with ambulation (including the use of a walker, cane, etc.), care of hair,

teeth or dentures. This can also include preparation and cleaning of areas used during personal care activities such as the bathroom and kitchen.

- Observation of the person to assure safety, oversight direction of the person to complete activities of daily living or instrumental activities of daily living.
- Routine housecleaning and housekeeping activities performed for the person (and not other family members or persons living in the home, as applicable), consisting of tasks that take place on a daily, weekly or other regular basis, including: washing dishes, laundry, dusting, vacuuming, meal preparation and shopping for food and similar activities that do not involve hands-on care of the person.
- Cleaning of vehicles, wheelchairs, adaptive equipment or home modifications which is necessary in order to ensure the person's health, welfare and safety.

Vehicle Modifications

Contracted Provider: PPL (complete PPL referral form)

Supporting Documentation Required for Request:

- Order from a licensed professional
- Invoice outlining modifications

Interior or exterior physical modifications to a vehicle owned by the parent(s) or legal guardian which is routinely available for transport of the child. Such modifications must be intended to ensure the transport of the child in a safe manner.

All modifications shall be based on an assessment and recommendation by a licensed OT, MD, or other qualified professional and included in the child's ISP.

Vehicle modifications shall be limited to no more than \$10,000.00 per child per year; and \$20,000.00 per child per lifetime.

Excluded are the following: purchase or lease of a vehicle; upkeep and maintenance of a vehicle; assistance with vehicle registration and licensing;

and modifications that are of general utility without direct medical or remedial benefit to the child.