

Services and Supports Assessment Instructions

Updated February 2011

Purpose: To collect information on the services currently used or needed by individuals served by the Department of Human Services Developmental Services. This information is used by the Department to plan for future needs including allocations for funding and operational needs. It is also used to fulfill reporting requirements to stakeholder groups, legislative committees and to measure and report on compliance with Maine laws and regulations as well as federal requirements for Waiver Programs specified by the Centers for Medicare and Medicaid Services. An Accurate and current V6 Assessment is critical to these activities.

Structure: This assessment contains a list of services and supports the individual may need or currently receives. The list is not all inclusive of services or supports the person may receive. There are comment boxes in the assessment to enable an explanation of the services. If there is not a suitable choice in the assessment, choose the one that comes closest to defining the service or need and enter an explanation in the comment box. Services and supports definitions are at the end of the instructions.

Instructions to update the service and supports assessment

1. Start by creating a new version of the most current service and support assessment.

- Anchor on individual.
- Click on Assessments
- Click on the ID# that corresponds to the most recent Service & Support Assessment. (This will be the Assessment that does not have an end date).
- Once the Assessment opens, click on Create a New Version button.
- At the next screen you will be prompted for the Start Date of the new Assessment. **The start of the assessment is the date you are entering the new information. Do not enter an end date.** After pressing Ok the system assigns an end date to the old version and will refresh the screen with a new version of the assessment

2. The system will generate a new Assessment General page. If the name that appears in the performed by box is not yours, update the information. To update “Performed by”

For Community Case Managers

- Click on the up arrow for Organization (option for provider type will appear)
- Choose your Provider in the organizational type provider
- In the quick find field enter the name of your agency, hit go
- Select from the organization your agency and highlight it, hit okay
- In people type organization enter your last name in the quick find and hit go
- Highlight your name and hit okay
- Save the assessment. Hit save

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For State Case Managers

- Click on the up arrow for Organization (option for provider type will appear)
- Choose State of Maine in the organizational type provider
- In the quick find field enter the Region's number (for Portland, enter 1), hit go
- Select from the organization your regional office and highlight it, hit okay
- In people type organization enter your last name in the quick find and hit go
- Highlight your name and hit okay
- Save the assessment. Hit save.

3. Add information in the description box on the general page of the assessment. Information entered in the box should briefly explain why the service and supports was updated (for example, unmet dental need identified, new medical exam date, new annual plan date).

4. Updating the Assessment: The assessment needs to be up to date and the information must be accurate. The following require an update within 10 days; an annual plan meeting, new medical or dental information, change of housing, change of day program, an unmet need is met, a new need is identified, or if guardianship or representative payee type changes.

Always "Create a New Version" when updating the assessment. You do not have to enter end dates to any Services and Supports Assessments because "Create a New Version" does that automatically.

When completing these fields if the client is receiving any of the services/supports choose "Receives." Make sure the drop down selection is "no unmet need."

If the answer to the individual question is "Unmet", please provide the "Date Determined Unmet" (the date determined unmet by the planning team) and the reason for the unmet need in the drop down lists titled "Reason for Unmet Need." Once an unmet need is identified the date determined unmet remains in the assessment unchanged. All unmet needs must have an interim plan identified in the current planning document. Any person currently on the Section 21 or Section 29 waitlist for waiver must have an unmet need identified both in the planning document and in the Service and Supports Assessment.

Once an unmet need is met, create a new version the assessment and change the unmet need to "receives" change the reason for unmet need to "no unmet need" and enter the First Service date. The first service date is the date service/support started. If the individual choice determines this is no longer an unmet need, change the unmet need to "none" the drop down to "no unmet need" and enter the date of decline in the first service date field. Place a comment in the current service/support that consumer interested no longer interested in service (no longer need).

The "describe unmet service needs" box and the "comments on action to met unmet need" should be blank if there is no identified unmet need.

Once you have completed all six dimensions, click on the Close button. This will bring you back to the Assessment General page where you will need to Lock and Save this assessment. To do this you will click on the checkbox beside "Locked" and then click the Save button.

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Date Need (90 day) Determined: This date reflects the date the service/support was determined to be a need.

A "need" is something identified by the consumer/guardian and the team that is required to maintain or improve a person's quality of life and should be met within a specific time frame. Examples are housing, employment, day services, medical and other professional services, respite, leisure, family support, transportation.

A need will be identified and treated as an "unmet need" when it has not been met within the time frame set by the team or whenever the team has determined, at any point in the process, that a resource required to address the need is not available.

Exception reasons:

Prescribed deviation: choose this option if a medical provider has recommended that an examination be conducted less often than required.

Other: choose this option if the person is edentulous, guardian choice, etc

Refusal: choose this if the consumer refuses to comply with a medical or dental exam. Do not list this as an unmet need unless the team has identified it as an unmet need in the plan document. A refusal does not necessarily mean it should be an unmet need.

THE SIX DIMENSIONS IN THE SERVICE AND SUPPORTS ASSESSMENT

Required dates/information: This dimension captures annual dates (i.e. Annual Plan Date, Annual Medical Exam Date, Annual Dental Date, Date of Last Eye Examination, Hearing Examination Date, and Re-Class Dates for Section 21 & Section 29 Waiver Services). **The dates in the assessment should be reflective of appointment that have occurred and should not capture dates of upcoming or cancelled appointments.**

Case management/Legal needs (including financial): This dimension captures case management, guardianship, conservator, correspondent, legal services, representative payee and mortuary trust information.

Community/Safety/Housing needs: This dimension captures environmental modifications, adaptive equipment, safety plans, behavioral plans, Individual Support Team information, community activities, religion, housing, and respite.

Day services/Work needs: This dimension captures community support, volunteering, enrichment services, education, transportation, work and retirement.

Personal /Evaluation supports needs: This dimension captures family contact, funeral planning, self advocacy, sex education, audiology, occupational and physical therapy assessments, medical and dental information, and mental health services.

Communication: This dimension captures the best method of communication for the person. It includes sign language, speech therapy, facilitated communication and hearing aids.

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REQUIRED DATES/INFORMATION	
Annual Plan Date	The annual plan start date, as specified on the Annual Plan Face Sheet.
Annual Medical Exam Date	Date of the most recent medical examination. If not done annually, use exception box to note reason.
Annual Dental Date	Date of the last dental examination performed by a dentist. If not done annually, use exception box to note reason.
Edentulous:	Edentulous means having no teeth. If edentulous check the box and leave dental date blank. Also check edentulous under personal evaluation supports dimensions drop down.
Date of Last Eye Examination	Date of the last eye exam by an optometrist or ophthalmologist. If not done biannually, use exception box to note reason.
Hearing Examination Date	Date of most recent hearing exam by an audiologist.
Section 21 HCBS Waiver Next Re-Class Date	Date of next reclassification for Section 21 services. Date is not entered by the case worker.
Section 29 Support Waiver Next Re-Class Date	Date of next reclassification for Section 29 services. Date is not entered by the case worker.
CASE MANAGEMENT	
Individual Support Coordinator – State:	Person has a DHHS Developmental Services caseworker.
Current State Case Status	Provide the current State Case Management status type. Refer to case management manual. http://www.maine.gov/dhhs/OACPDS/DS/CommCaseManagement/CM_Manual/cm-status.html
Community Case Management (Adult)	Person has a community agency caseworker.
Current Community Case Status	Provide the current Community Case Management status type. Refer to case management manual. http://www.maine.gov/dhhs/OACPDS/DS/CommCaseManagement/CM_Manual/cm-status.html
Community Case Management (Children)	Community agency staff person responsible for coordinating a child’s Individual Support Plan and services through a DHHS approved community agency provider. If “Yes”, provide the Name of the Provider
DHHS Child Protective	A new referral under the age of 18 may have a child protective worker involved in the referral. Check “Yes” if there is DHHS Child Protective Worker assigned.
LEGAL/REGULATORY	
Guardian - Public:	State of Maine is appointed guardian by Probate Court.
Guardian - Private	Person has a legal guardian (s) by Probate Court. Please verify Probate Court Order.
Conservator - Public:	State of Maine is appointed by Probate Court to manage the financial affairs of a person.
Conservator – Private:	Individual or Organization appointed by Probate Court to manage the financial affairs of a person.
Correspondent - CAB:	Oversight Committee official appointment of a person to serve as correspondent.
Correspondent – Other:	Guardian, family member, or friend who acts as correspondent.
Legal Services:	Use of legal representative (i.e. attorney, legal aid agency) for legal services other than public guardianship.
FINANCIAL	
DHHS Representative Payee:	State of Maine appointed by Social Security to manage Social Security funds on behalf of the person.
Agency Representative Payee:	Agency or organization appointed by Social Security to manage Social Security funds on behalf of the person.
Other Representative Payee:	An individual appointed by Social Security to manage Social Security funds on behalf of the person.
Money Management Assistance:	Helping or supporting the person with money management excluding representative payee.
Mortuary Trust	An irrevocable written agreement between a person or guardian (Donor), and a Funeral Home (Trustee), which authorizes the funeral home to establish an interest bearing account to cover the costs of funeral services upon the death of the person named as recipient of the trust. All funds that accumulate in the account can only be withdrawn upon the death of the person named by the trust.

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<i>ENVIRONMENTAL MODIFICATION/ADAPTIVE EQUIPMENT</i>	
Environmental Access Modification:	Includes all types of environmental modifications from ramps to bathroom renovations.
Other Non-Access Modifications:	Any non-accessibility modifications. Example of other modifications include safety glass replacement, special protective covers on outlets, locked cabinets, special floor coverings, etc.
Adaptive Equipment:	Covers the need for adaptive equipment of all types unless already covered under vision, hearing, and communication.
<i>SAFETY</i>	
Severely Intrusive Behavior Plan	Severely intrusive plans describe interventions that involve some degree of physical contact or coercion (restraint, etc.). These must be approved by the 3-Person Committee before being implemented. The date of the most recent approval must be entered in the "Date Committee Approved".
3-Person Committee Approval	A 3-person committee is responsible for reviewing and approving all severely intrusive programs on a case-by-case basis, at least quarterly. The committee may elect to conduct reviews more frequently. Check yes if approved and be sure the date of approval is entered above in the "Date Committee Approved" box.
Individual Support Team Plan	Review of the crisis incident and any documentation provided, such as hospital assessments, restraint information, resource development information. The planning team will then develop a crisis intervention plan, and will identify IST members and their roles. This plan should be preventative in nature and should include guidance about future response to potential crisis situations.
Behavior Management Plan (Non-Intrusive)	This is a formal separate plan or an element of the person centered plan designed to manage and intervene in situations where emotional and psychiatric behavior is jeopardizing the health, safety and placement of the person. It included Crisis Prevention Plans, Individual Support Teams, and PCP with a crisis intervention component.
Emergency Safety Plan:	This is not a formal separate plan but includes special considerations or elements of the persons plan designed to enhance the safety of the person. Examples include: type of supervision while bathing, pica behavior management, eating considerations in terms of texture, choking potential, etc.
Behavioral Add-on Community Support	Not applicable - skip. Payment rate to providers for behavioral add-on support has been eliminated from waiver rate structure.
Behavioral Add-on Home Support	Not applicable – skip. See above
Medical Add-on Community Support	When additional support is approved due to the person's <u>medical needs</u> , a time-limited adjustment to the established Waiver rate for Community Support is available. Check "Yes" if the provider receives the "Medical Add-On rate" (authorized in the Summary of Services (SAS))
Medical Add-on Home Support	When additional support is approved due to the person's <u>medical needs</u> , a time-limited adjustment to the established Waiver rate for Home Support is available. Check "Yes" if the provider receives the Medical Add-On rate. (authorized in the Summary of Services (SAS))
Family Centered Support Level II Intensive	Check "yes" if the independent Waiver provider is authorized to receive a Medical Add-On daily rate for the person. This pays for additional DSP staff hours to support the person in the provider's home. (authorized in the Summary of Services (SAS))
<i>COMMUNITY ACTIVITIES</i>	
Recreation outside of home/day program:	Covers all types of recreation and/or leisure time activity.
Community Inclusion Activities without staff support	Activities the person engages in the community without paid staff. Includes time in community with family, friends, and community members.
Inclusion hrs/week	Average number of hours per week that the person participates in Community Inclusion Activities without staff support. Best estimate of the planning team is acceptable.
Religious/Spiritual:	Because of the variety of possible options for involvement in religious and spiritual activities, respond with your best understanding of whether the person is receiving or participating the activities that he or she may desire.
<i>RESIDENTIAL</i>	
Current Housing Type:	<p><u>Own Apartment/Home (No Support)</u>: Consumer lives in own home/apartment and no direct support is needed in the home/apartment.</p> <p><u>Own Apartment/Home (Partial Support)</u>: Consumer lives in own home/apartment and direct support is needed in the home/apartment. Check if consumer is receiving Section 21 Home Support on an hourly basis, hourly support through a DS contracted agency or other DHHS funded program.</p> <p><u>Live with parents/relatives</u>: Individuals are living with parents or other relatives.</p> <p><u>Boarding/Lodging House</u>: Rooming and lodging house where consumer is independent and where cooking</p>

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	<p>may be shared or permitted.</p> <p><u>Assisted Living Program (Congregate):</u> A program of assisted living services provided to consumers in private apartments in buildings that include a common dining area, either directly by the provider or indirectly through contracts with persons, entities or agencies. The types of assisted living programs governed by these regulations include: Type I: an assisted living program that provides medication administration directly or indirectly through contracts with persons, entities, or agencies. Type II: An assisted living program that provides medication administration and nursing services directly or indirectly through contracts with persons, entities, or agencies as follows: Services of a Registered Professional Nurse and/or Registered Professional Nurse coordination and oversight of consumer services provided by unlicensed health care assistive personnel.</p> <p><u>Unlicensed Residential Care Facilities (1-2 Beds) (Per Diem):</u> A facility with a capacity of 1-2 beds that is unlicensed and owned/operated by the provider. Home is agency run with shift staff.</p> <p><u>Unlicensed Residential Care (1-2 Beds) (Family Center):</u> A facility with a capacity of 1-2 beds that is unlicensed and owned/operated by the provider. Client lives with a family and may or may not have additional staff. Home operates through contract with Oversight Agency.</p> <p><u>Unlicensed Residential Care (1-2 Beds) (Shared Living):</u> Client resides with family that is contracted and monitored by a shared living agency.</p> <p><u>Licensed Level I Residential Care Facilities (1-2 Beds) (Per Diem):</u> A facility with a licensed capacity of one (1) to two (2) residents. Home is agency run with shift staff.</p> <p><u>Licensed Level I Residential Care Facilities (1-2 Beds) (Family Center):</u> A facility with a licensed capacity of one (1) to two (2) residents. Client lives with a family and may or may not have additional staff. Home operates through contract with Oversight Agency.</p> <p><u>Licensed Level I Residential Care Facilities (1-2 Beds) (Shared Living):</u> Client resides with family that is contracted and monitored by a shared living agency.</p> <p><u>Licensed Level II Residential Care Facilities (3-6 Beds) (Per Diem):</u> A facility with a licensed capacity of three (3) to six (6) residents.</p> <p><u>Licensed Level III Residential Care Facilities (3-6 Beds, Level I plus) (Per Diem):</u> A facility with a licensed capacity of three (3) to (6) residents and which employs three (3) or more persons who are not owners and are not related to the owner.</p> <p><u>Licensed Level IV Residential Care Facilities (7 or more beds):</u> A facility with a licensed capacity of more than six (6) residents.</p> <p><u>ICF/MR Group:</u> Intermediate Care Facility for People with Mental Retardation – Group Level.</p> <p><u>ICF/MR Nursing:</u> Intermediate Care Facility for People with Mental Retardation – Nursing Level.</p> <p><u>General ICF Nursing:</u> This is a standard nursing facility formerly referred to as geriatric nursing, intermediate care or skilled nursing.</p> <p><u>Homeless/Shelter:</u> A licensed facility that is used as a temporary residence for individuals who are homeless.</p> <p><u>Hospital – Psychiatric:</u> A hospital that either specializes in psychiatric care or has a licensed psychiatric inpatient unit.</p> <p><u>Hospital – Medical:</u> A standard hospital where acute medical care is provided.</p> <p><u>Residential Treatment – Substance Abuse:</u></p> <p><u>Residential Treatment – Mental Health:</u> Large state or private institutions that serve people with qualifying mental health diagnoses. May include persons with a co-occurring developmental disability.</p> <p><u>Correctional Facility:</u> Includes all types of prisons and jails.</p> <p><u>Correctional Halfway House:</u> Covers group home type facilities designed to transition the person from prison to the community.</p> <p><u>Homeless/Shelter:</u> A licensed facility that is used as a temporary residence for individuals who are homeless.</p> <p><u>DHHS Crisis Home:</u> A residence staffed and operated by DHHS DS Crisis Teams.</p> <p><u>Crisis Transition Home:</u> A residence that is funded by DHHS to assist the DHHS Crisis Team in transitional placement following a crisis situation that involved the loss of residence.</p>
Is the Current Housing Type Temporary?	Check “Yes” if this is a temporary stay while a permanent residence is being identified.
Is this a Shared Living Home?	The person is considered to be in shared living when residing in a home that is contracted and monitored by a shared living agency. Check EIS authorization section to determine if shared living.
Current Housing Level of Support Received:	Indicates the level of support needed to maintain the person in his/her living arrangement.
Planned Respite:	Indicate if the person has an agreed upon schedule of respite service outside his regular living environment.

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	Do not consider vacations, camp week, weekend visits with family, etc. Respite is defined as time away from the person's regular living for the purpose of giving direct service (family or agency staff) the chance relax and rest.
DAY/EVENING SERVICES	
Community Support:	MaineCare Waiver Services provided through Sections 21 and 29, designed to increase or maintain a person's ability to successfully engage in inclusive social and community relationships and to maintain and develop skills that support health and well-being.
Type of Community Support:	Check all that apply. Community Based: Program offered without a fixed site of operation. Center Based: Program offered at a fixed site of operation. Outreach is not-applicable. Do not check. Community based and center based programs can be provided to persons residing in a Nursing Home, either subcontracted to a Community Support agency or provided to residents by DSP certified Nursing Home staff.
Volunteer Activity	Activities that assist other community organizations or groups of individuals are the focus of this item. This includes work done through a volunteer service program or with a not-for-profit agency. This work occurs on a regular basis and does not include single occurrence volunteer activities, such as cleaning up after a special event, annual holiday event, etc.
Personal Enrichment Services:	Community activities that enhance a person's skills through sources other than school-based or day habilitation services. Examples may include: YMCA/YWCA programs, private art lessons, physical fitness programs, weight management programs, etc.
EDUCATION – Complete only if the person has not yet graduated.	
Education	Formal education programs provided by School Districts and private school programs.
Anticipated Graduation Date	For individuals between 18 and 21 still attending school enter the date that graduation is expected.
Education Type Receiving:	Regular public and private schools.
Education Type Needed	Select the type needed.
Transition Plan	This is a formal plan designed to move a young person from children's/ school-aged services to adult living and the accompanying adult services.
TRANSPORTATION	
Transportation - Routine	Regular transportation to day program, evening programs or employment location.
Transportation – Non-Scheduled	Sporadic transportation for personal needs. Transportation is considered available if the person lives in facility or home with a vehicle even if the vehicle is not always available to this person.
WORK	
Employment: Work Support and Employment Specialist Support	Work Support and Employment Specialist Support are services provided through MaineCare Sections 21 and 29. They are designed to improve a person's ability to independently maintain productivity and employment. This includes employment support provided in individual jobs, enclaves and work crews that meet requirements for integrated work settings as outlined in MaineCare Sections 21 and 29.
Sheltered Employment:	A non-inclusive setting or facility which offers paid work to persons whose wages may be set under a Department of Labor sub-minimum wage certificate. Sheltered employment is no longer funded by Developmental Services.
RETIREMENT	
Retirement	Retirement is when the client chooses no longer to work or attend formal day services. There may be a considerable number of community activities in the client's life but these occur at various times and are not based on a daily schedule of programming or employment.
Type of Retirement	<ul style="list-style-type: none"> o Stays at Home means the client rarely goes out due health and age o Active Inclusion Program means the client enjoys a large part of the day in community activities and does not attend a center-based community support program on a regular basis.
PERSONAL SUPPORTS	
Family/Contact/ Visitation:	Individual has family contacts either through telephone calls, mail, email/other electronic means or family visits.
Homemakers:	In home assistance with housekeeping and homemaking.
Parent support/Skills training:	Specialized training for this person to learn or improve parenting skills.
Funeral Planning:	Advanced funeral arrangements including location of burial plot, choice of burial or cremation, funeral

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	home, etc. This excludes mortuary trust, which is under the Financial Section above.
Self- Advocacy Training/Support:	Learning how to speak for oneself or the need for a self-advocacy group for personal support.
Sexuality Education:	Understanding human sexuality.
Other Personal Services:	Covers any other type of personal support not listed above.
<i>EVALUATION AND TREATMENT SERVICES</i>	
Audiological Assessment:	Assessments provided by an audiologist to determine a person's level of hearing impairment.
Dental:	Includes all routine dental work on people with teeth
Dental IV Sedation:	Includes people who need full anesthesia for dental work
General/Family Practitioner	Does the person have or need a general or primary medical care provider? A Physician Assistant or Nurse Practitioner is acceptable.
Annual Medical Exam:	This is the annual medical examination for the person.
Medical Specialist 1 :	Covers all specialty medical services except general/family practitioners. Enter the primary type of medical specialist the person may need beyond a general or family practitioner. To list additional specialists, use the "Describe Services" text box below.
Medical Specialist 2:	Medical Specialist 2 is the same as 1 but it is for a different medical specialty when the client needs more than one specialist. Covers all specialty medical services except general/family practitioners. Enter the primary type of medical specialist the person may need beyond a general or family practitioner. To list additional specialists, use the "Describe Services" text box below.
Psychiatrist	Does the client need the services of a psychiatrist on a regular basis?
Psycho-active Med Review:	Cover people who need on-going continuous review and prescription of psycho-active medications. This is the physician's review and not the caseworker's medication review.
Psychiatric Evaluation:	This is a formal evaluation for psychiatric and behavior disorder completed by a psychiatrist. This is not to be used for medication review.
Psychological Evaluation:	This is an assessment of a person's intellectual capacity, adaptive behavior and/or behavior planning need.
Counseling/Therapy:	Includes all general forms of counseling or psycho- therapy rendered by a psychologist, licensed social worker, or counselor, includes individual, group or family therapy/counseling.
Behavioral Consultation	Behavioral consultation is a service provided by a licensed clinician to develop, monitor and assess behavior management programs. This is a consultation service.
Mental Health Services: Other	Answer for received or needed specialized behavioral health service other than those already listed above.
Routine Crisis Team Contact:	Includes the routine, on-going supports, observations, and recommendations of DHHS Developmental Services crisis team for selected individuals with a crisis prevention plan, individual support team or post-crisis review plan.
Home Health:	Includes people who need home health nurses and aides to provide medical services in the person's home.
Occupational Therapy – Community Support	Occupational Therapy or programming provided within the Community Support program.
Occupational Therapy – Home Health:	Occupational Therapy provided by Home Health agency.
Occupational Therapy – Outpatient:	Occupational Therapy provided on an outpatient basis by registered Occupational Therapist.
Occupational Therapy – Residential:	Occupational Therapy or programming provided within the persons residential setting.
Physical Therapy – Community support:	Physical Therapy or programming provided within the Community Support program.
Physical Therapy – Home Health:	Physical Therapy provided by Home Health agency.
Physical Therapy – Outpatient:	Physical Therapy provided on an outpatient basis by registered Physical Therapist.
Physical Therapy – Residential:	Physical Therapy or programming provided within the persons residential setting.
General Physical Development	General physical development relates to overall muscular and skeletal health. Is the person engaged in large muscle exercise or training to maintain overall physical health?
Therapeutic Swim:	Therapeutic swim is a prescribed swimming exercise program used to improve muscle and skeletal health,

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	and does not include recreational swimming or need for swimming lessons.
Vision:	Includes all services of ophthalmologist or optometrist along with treatment and prescription of corrective lenses.
Family Planning:	All services involving the person's reproductive functioning; understanding of childbirth, prevention of pregnancy and understanding of sexually transmitted disease.
COMMUNICATION	
Primary Language	Primary language used by individual
English as a second language:	A person who has a different primary language, other than English or American Sign Language and requires English for day-to-day communication.
Speech Language Evaluation	This is a formal evaluation for speech and communication disorder completed by a licensed or certified speech and language therapist
Speech Therapy – Community Support	Includes all services of licensed speech pathologist – evaluation and treatment received through a Day Habilitation program.
Speech Therapy – Home Health:	Includes all services of licensed speech pathologist – evaluation and treatment received from Home Health agency.
Speech Therapy – Outpatient:	Includes all services of licensed speech pathologist – evaluation and treatment received from Outpatient services.
Speech Therapy – Residential	Includes all services of licensed speech pathologist – evaluation and treatment received within the residential setting.
Sign Language Training:	Training in the acquisition and use of American Sign Language (ASL).
Gestural Language Training:	Training in the acquisition and use of specific gestures for the purpose of communication.
Picture Books:	Picture books and communication boards used for communication.
Facilitated Communication:	A specialized communication technique that requires a facilitator to assist in translating the person's communications.
Electronic Devices:	Devices used for communication. (I.e. computers, TTY, tape recorders, electric switches, etc.)
Hearing Aids:	Devices used to enable a person to hear and includes hearing aids, body aids, cochlear implants, etc.