



Department of Human Services
Developmental Disabilities Services

CHILDREN'S EXTENSIVE SUPPORT

SS SERVICE AREA SS
SS RATE SCHEDULE SS

CCB: _____

Annual Rates for FY ____
Amendment

SERVICE CATEGORY	RATE RANGE	
PERSONAL ASSISTANCE SERVICES		
Personal Support	FROM \$ _____	TO \$ _____
Household	FROM \$ _____	TO \$ _____
Child Care	FROM \$ _____	TO \$ _____
Other _____	FROM \$ _____	TO \$ _____
Other _____	FROM \$ _____	TO \$ _____
PROFESSIONAL SERVICES		
Occupational Therapy	FROM \$ _____	TO \$ _____
Physical Therapy	FROM \$ _____	TO \$ _____
Speech Therapy	FROM \$ _____	TO \$ _____
Psychological Services	FROM \$ _____	TO \$ _____
Behavioral Services	FROM \$ _____	TO \$ _____
Other _____	FROM \$ _____	TO \$ _____
Other _____	FROM \$ _____	TO \$ _____
Other _____	FROM \$ _____	TO \$ _____
Community Connection Services		
Community Assistant	FROM \$ _____	TO \$ _____

Assurances

- 1) The Community Centered Board agrees that only the rates identified on this approved schedule may be used to develop the Prior Authorization Request for each individual.
- 2) The rates contained on this rate schedule are all inclusive and represent the total charge to the State for these services.
- 3) The rates contained on this schedule fairly represent the cost of each service for the service area identified when provided by cost effective and efficient providers.

Authorized CCB Representative Date

DDS Comments:

DDS Authorization
Signature: _____ Date: _____