

Fee Schedule Exception Guide

10/8/15

Key:

VRD – VR Director

OD – Office Director

PDC – Program Director - Counseling – A. Fujan

PDCS – – Program Director – Community Services – J. Vohland

SERVICES, GOODS, SUPPORTS	FEE SCHEDULE	How VR Will Pay		
		CA	R	PP
Academic Literacy Training-Basic OD	Cost not to exceed \$2,000 for the plan item.	X	X	X
Assistive Devices – Non-Prescriptive. PDCS	Cost not to exceed \$6,000 per device.	X	X	X
Benefit Analysis	Fee for service established in a written agreement with provider.			X
Child Care (In-home) OD	Cost equal to the Nebraska Health & Human Services Child Care Subsidy. (Title 392, <u>Nebraska Administrative Code</u> [392 NAC])	X	X	
Child Care (Out-of-home) OD	Cost equal to the Nebraska Health & Human Services Child Care Subsidy. [392 NAC]	X	X	X
Computer OD	Cost not to exceed (\$1,400) for a desktop system to include a CPU, Display, Keyboard/Mouse, Modem, Printer, Basic Productivity Software, and Antivirus software. If only purchasing one or more components, cost not to exceed the combined cost for the components being purchased. CPU (\$720), Monitor (\$200), Keyboard/Mouse (\$30), Modem (\$50), Printer (\$100), Basic Productivity Software (\$285), and Antivirus (\$15).	X	X	X

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Drugs OD	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Pharmacy Services (Title 471, Nebraska Administrative Code [471 NAC]). (*If No Rate Established)			X
Durable Medical Goods – Prescribed by Physicians OD	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Durable Medical Equipment and Medical Supplies [471 NAC]. (*If No Rate Established)			X
Employment & Training Medical Supports OD	Cost of employment or school required physicals, drug screens, and immunizations not to exceed \$300.			X
Eyeglasses OD	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Visual Services [471 NAC]. (*If No Rate Established)			X
Hearing Aids OD	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Hearing Aids [471 NAC]. (*If No Rate Established)			X
Home Modifications PDCS	Cost not to exceed \$5,000 (rental property) or \$10,000 (consumer or family owned).	X	X	X
Independent Living Training PDCS	Fee for service established in a written agreement with provider not to exceed \$30 per hour.			X
Increased Living Costs OD	Cost of increased living expense (food, shelter, clothing, and other subsistence items) necessary to participate in the IPE not to exceed \$600 per month.	X	X	X
Interpreter – Foreign Language OD	Fee for service established in written agreement with provider not to exceed \$40 per hour.			X
Interpreter – Hearing Impaired VRD	Fee for service equal to the NDE Interpreter Fee Schedule and established in a written agreement.			X

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Job Coaching OD	Fee for service established in written agreement with provider not to exceed \$30 per hour.			X
Job Coaching/ Placement OD	Fee for service established in written agreement with provider not to exceed \$720 for initial assessment and placement, and \$30 per hour for training services.			X
Job Readiness Training OD	Fee for service established in written agreement with provider not to exceed \$30 per hour.			X
Licenses & Permits OD	Cost not to exceed the fee charged by licensing agency.	X	X	X
Lodging & Per Diem OD	Cost of lodging not to exceed \$65 (Single), \$75 (Double), or \$85 (Family). Meals not to exceed the costs in the NDE meal allowances.	X	X	X
Medical Evaluation OD	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for, as appropriate to the evaluation obtained, Physician Services, Mental Health and Substance Abuse Services, Chiropractic Services, Dental Services, Hospital Services, Physical Therapy and Occupational Therapy Services, Podiatry Services, Respiratory Therapy, Speech pathology and Audiology Services, or Visual Care Services [471 NAC]. (*No Rate Established)			X

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<p>Medical Treatment</p> <p style="text-align: center;">OD</p>	<p>Cost equal to the Nebraska Medicaid Fee Schedule Allowables for, as appropriate to the evaluation obtained, Physician Services, Mental Health and Substance Abuse Services, Chiropractic Services, Dental Services, Hospital Services, Physical Therapy and Occupational Therapy Services, Podiatry Services, Respiratory Therapy, Speech pathology and Audiology Services, or Visual Care Services [471 NAC]. (*No Rate Established)</p>			X
<p>Miscellaneous Training - Skill Building</p> <p style="text-align: center;">OD</p>	<p>Cost equal to the actual cost of training in a specific area, topic, or skill not to exceed \$4,752. For diploma or certificate programs not offering Federal Student Financial Aid, assistance includes the cost of tuition, required fees, required books and required course supplies.</p>	X	X	X
<p>Miscellaneous Training – Assistive Technology Use</p> <p style="text-align: center;">PDCS</p>	<p>Cost equal to the actual cost of technology use training not to exceed \$6,000.</p>	X	X	X
<p>Neuropsychological Evaluation</p> <p style="text-align: center;">OD</p>	<p>Cost equal to the Nebraska Medicaid Fee Schedule Allowables for all established rates [471 NAC]. (*No Rate Established)</p>			X
<p>On-the-Job-Evaluation</p> <p style="text-align: center;">OD</p>	<p>Cost of evaluation wage during an On-the-Job-Evaluation at Federal Minimum wage plus employer’s share of FICA.</p>			X
<p>On-the-Job-Training</p> <p style="text-align: center;">OD</p>	<p>Cost for service negotiated with the training employer not to exceed a total of \$4,000.</p>			X
<p>Personal Care Assistant</p> <p style="text-align: center;">OD</p>	<p>Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Personal Care Aid Services [471 NAC].</p>	X	X	

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Post Secondary Training – College OD	Cost equal to \$128 per semester hour or \$86 per quarter hour not to exceed maximum hours per Section 010.16 of this Chapter.	X	X	X
Post Secondary Training – Technical OD	Cost equal to \$68 per semester hour, \$46 per quarter hour, or \$1.81 per clock hour not to exceed maximum hours per Section 010.16 of this Chapter.	X	X	X
Reader OD	Cost not to exceed \$10 per hour.	X	X	
Rehabilitation Technology Repair PDCS	Cost not to exceed \$6,000 per device.	X	X	X
Relocation Costs OD	Cost for moving vans, movers, and shipping of other goods not to exceed \$2,000.	X	X	X
Records – Photocopies of Medical or Hospital Records OD	Cost not to exceed \$25.			X
Report of Disability Verification OD	Cost not to exceed \$25.			X
Report of Physical Capacities OD	Cost not to exceed \$25.			X
Security Deposit – Rental OD	Cost not to exceed one month’s rent.	X	X	X
Self-Employment Consultation	Fee established in written agreement with provider.			X

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Small Business Start Up Expenses PDC	Cost equal to required business start up expenses remaining after all assistance and participation from other sources has been applied not to exceed \$6,000.	X	X	X
Small Business Professional Technical Assistance. PDC	Cost not to exceed the usual and customary professional fee schedule subject to the \$6,000 limitation for Small Business Start up Expenses.	X	X	X
Small Business Technical Assistance	Fee established in written agreement with provider.			X
Supported Employment OD* (*Only exceptions related to 2 nd milestone payments and not the fee amounts)	Fee equal to the Supported Employment Fee Schedule amounts in Appendix C or other approved written agreement.			X
Tools – Employment OD	Cost not to exceed \$1,800.	X	X	X
Tools – Post Secondary OD	Cost equal to 50% of the school's tool estimate for tools required for the program. If school has no tool estimate, cost equal to exceed 50% of the lower of two estimates.	X	X	X
Travel – Private Vehicle OD	Cost equal to 30¢ per mile.	X	X	X
Tutor OD	Cost not to exceed \$30 per hour.	X	X	
Uniforms & Clothing OD	Cost not to exceed \$150 (Interview Clothing), \$200 (Work/Training Clothing & Uniforms), \$130 (Safety Boot or Shoe), \$75 (Non-safety Work Boot or Shoe), or \$55 (Casual Shoes).	X	X	X
Vehicle Modifications – New PDCS	Cost not to exceed \$7,000 (car), \$9,000 (truck), or \$18,000 (van).	X	X	X

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Vehicle Modifications – Existing PDCS	Cost not to exceed the Depreciation Schedule ** shown at the bottom of this fee schedule.	X	X	X
Vehicle Repair OD	Cost not to exceed \$1,000 per plan year.	X	X	X
Worksite Modification PDCS	Cost not to exceed \$6,000 per plan.	X	X	X

Created: October 1, 2015