

**CPAP2.0 FEE SCHEDULE FOR SERVICES, GOODS, AND SUPPORTS**

The purpose of the fee schedule for services, goods, and supports is to contain costs and to assure the availability of program services to the largest number of individuals with significant disabilities. The intent of the schedule is to assure costs are the lowest reasonable cost for program services, goods, and supports, while allowing for sufficient flexibility to meet an applicant’s or recipient’s needs.

CA = Cash Advance

R = Reimbursement

PP = Program Purchases

Fee: A rate or amount established in a written agreement.

Cost: Actual cost of the services, goods or supports; or a pre-determined fixed amount for certain designated services and supports or an amount specified in the following fee schedule which is honored by CPAP2.0.

SERVICES, GOODS, SUPPORTS	FEE SCHEDULE	How CPAP Will Pay		
		CA	R	PP
Academic Literacy Training-Basic	Cost not to exceed \$2,000 for the plan item.	X	X	X
Assistive Devices – Non-Prescriptive.	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)	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)	Cost equal to the Nebraska Health & Human Services Child Care Subsidy. [392 NAC]	X	X	X
Computer/Laptop	Cost not to exceed \$1,250 for a desktop system or laptop.	X	X	X
Drugs	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Pharmacy Services (Title 471, <u>Nebraska Administrative Code</u> [471 NAC]). (*If No Rate Established)			X
Durable Medical Goods – Prescribed by Physicians	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Durable Medical Equipment and Medical Supplies [471 NAC]. (*If No Rate Established)			X

SERVICES, GOODS, SUPPORTS	FEE SCHEDULE	How CPAP Will Pay		
		CA	R	PP
Employment & Training Medical Supports	Cost of employment or school required physicals, drug screens, and immunizations not to exceed \$300.			X
Eyeglasses	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Visual Services [471 NAC]. (*If No Rate Established)			X
Hearing Aids	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Hearing Aids [471 NAC]. (*If No Rate Established)			X
Home Modifications	Cost not to exceed \$6,000 (rental property) or \$10,000 (consumer or family owned).	X	X	X
Independent Living Costs	Fee for service established in a written agreement with provider not to exceed \$30 per hour.			X
Increased Living Costs	<b>Relocation:</b> Cost for moving vans, movers, and shipping of other goods not to exceed \$2,000. <b>Lodging and Per Diem:</b> Lodging and meals not to exceed the costs in the NDE Employee Expense Reimbursement Administrative Memorandum #205, available at: <a href="https://insidende.education.ne.gov/admpolcy/200series.htm">https://insidende.education.ne.gov/admpolcy/200series.htm</a> <b>Security Deposit:</b> Cost not to exceed one month's rent. <b>Rent:</b> Cost not to exceed one month's rent. If client is receiving house subsidy, CPAP will pay the difference.	X	X	X
Interpreter – Foreign Language	Fee for service established in written agreement with provider. Certified (\$50), Non-Certified (\$35)			X
Interpreter – Hearing Impaired	Fee for service equal to the NDE Interpreter Fee Schedule and established in a written agreement.			X
Job Coaching	Fee for service established in written agreement with provider not to exceed \$30 per hour.			X
Job Coaching/ Placement	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	Fee for service established in written agreement with provider not to exceed \$30 per hour.			X
Licenses & Permits	Cost not to exceed the fee charged by licensing agency.	X	X	X
Medical Evaluation	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Pharmacy Services (Title 471, Nebraska Administrative Code [471 NAC]). (*If No Rate Established)			X

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Medical Treatment	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
Miscellaneous Training - Skill Building	Cost equal to the actual cost of training in a specific area, topic, or skill not to exceed \$9,504 total. (\$4,752 CPAP2.0 funds + \$4,752 VR 110 funds). 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.	X	X	X
Miscellaneous Training – Assistive Technology Use	Cost equal to the actual cost of technology use training not to exceed \$6,000.	X	X	X
Mobile Technology	Cost not to exceed \$700.	X	X	X
Neuropsychological Evaluation	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for all established rates [471 NAC]. (*No Rate Established)			X
On-the-Job-Evaluation	Cost of evaluation wage during an On-the-Job-Evaluation at Federal Minimum wage plus employer’s share of FICA.			X
On-the-Job-Training	Cost for service negotiated with the training employer not to exceed a total of \$4,000.			X
Personal Care Assistant	Cost equal to the Nebraska Medicaid Fee Schedule Allowables for Personal Care Aid Services [471 NAC].	X	X	
Post Secondary Training – College	Cost equal to \$336 TOTAL per semester hour (\$168 per semester hour from CPAP2.0 funds + \$168 per semester hour from VR 110 funds) or \$172 TOTAL per quarter hour (\$86 per quarter hour from CPAP2.0 funds + \$86 per quarter hour from VR 110 funds).	X	X	X
Post Secondary Training – Technical	Cost equal to \$136 TOTAL per semester hour (\$68 per semester hour from CPAP2.0 funds + \$68 per semester hour from VR 110 funds), \$92 TOTAL per quarter hour (\$46 per quarter hour from CPAP2.0 funds + \$46 per quarter hour from VR 110 funds), or \$3.62 TOTAL per clock hour (\$1.81 per clock hour from CPAP2.0 funds + \$1.81 per clock hour from VR 110 funds).	X	X	X
Rehabilitation Technology Repair	Cost not to exceed \$6,000 per device.	X	X	X
Relocation Costs	Cost for moving vans, movers, and shipping of other goods not to exceed \$2,000.	X	X	X

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Records – Photocopies of Medical or Hospital Records	Cost not to exceed the Department of Education photocopy rate in Administrative Memorandum #606.			X
Report of Disability Verification	Cost not to exceed \$25.			X
Report of Physical Capacities	Cost not to exceed \$25.			X
Supported Employment	Fee established in written agreement with provider.			X
Tools – Employment	Cost not to exceed \$1,800. List of tools required from employer.	X	X	X
Tools – Post Secondary	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	Cost equal to 30¢ per mile.	X	X	X
Uniforms & Clothing	Cost not to exceed \$175 (Interview Clothing), \$225 (Work/Training Clothing & Uniforms), \$150 (Steel Toed Boot or Shoe), \$100 (Work Boot (not steel toed)).	X	X	X
Vehicle Modifications – New	Cost not to exceed \$20,000	X	X	X
Vehicle Modifications – Existing Modifications	20% per year depreciation from original cost of modifications	X	X	X
Vehicle Repair	Cost not to exceed \$1,000 per plan year.	X	X	X
Worksite Modification	Cost not to exceed \$6,000 per plan.	X	X	X