

# **DDS Community and Employment Supports (CES) Waiver**

## **What is the purpose of the DDS CES Waiver?**

The Community and Employment Support (CES) Waiver supports individuals of all ages who have a developmental disability, meet ICF level of care, and require waiver services to live in the community and prevent institutionalization.

The goals of the CES Waiver are to support individuals in all major life activities, promote community inclusion through integrated employment options and community experiences, and provide comprehensive care coordination and service delivery under the HCBS 1915 (c) Waiver authority.

## **Eligibility Criteria for CES Waiver:**

- ICF/ID Level of Care
- Medicaid Income Eligibility (at time of waiver slot offer – not required to apply)
- Have a Developmental Disability with age of onset prior to age 22, such as:
  - Intellectual Disability
  - Cerebral Palsy
  - Epilepsy
  - Autism
  - Down Syndrome
  - Spina Bifida
  - ⊕ Related condition that results in individual's functioning as if they have an Intellectual Disability.

## **How do I apply to CES Waiver?**

To apply for CES Waiver, you can contact DDS via phone or enter a request through the public portal.

## **DDS Intake & Referral Contacts:**

**Sabrina Orrell**, Program Manager, Intake & Referral

**Phone:** 501-363-6330 or [Sabrina.Orrell@dhs.Arkansas.gov](mailto:Sabrina.Orrell@dhs.Arkansas.gov)

**Issac Perry**, Program Manager, Intake & Referral

**Phone:** 870-210-7263 or [Issac.Perry@dhs.Arkansas.gov](mailto:Issac.Perry@dhs.Arkansas.gov)

**Kimberly Smith**, DDS Intake Program Administrator

**Phone:** 870-777-8657 or [Kimberly.Smith@dhs.Arkansas.gov](mailto:Kimberly.Smith@dhs.Arkansas.gov)

**DDS Intake Public Portal:** <https://ardhs.force.com/DDSReferral/s/referral-intake>

**DDS Intake & Referral Line**

**Phone:** 501-683-5687

An Intake Specialist will be assigned to assist you throughout the application process.



## **Documents Required for Application to CES Waiver:**

The following documents are required to determine categorical (Medical) eligibility when completing an application for CES Waiver:

- Current Psychological Evaluation
- Current Adaptive Behavior Assessment
- Documentation of the developmental disability prior to the age of 22. This may include previous psychological evaluations that include measures of intelligence, adaptive behavior, the diagnosis of intellectual disability and/or autism spectrum disorder, etc. This may also include school forms; IEPs; transcript (the transcript is the only permanent school record)
- OT, PT, speech evaluations may be helpful if applicable to the disability for which the individual is applying (i.e. cerebral palsy, spina bifida, etc.). A speech evaluation is required for an individual who is applying based on the diagnosis of autism spectrum disorder.
- DHS-703 Evaluation of Medical Need Criteria
- Areas of Need Form
- Social History Form

*Please Note: All evaluations should be signed. Electronic signatures are acceptable.*

## **What happens when I am determined eligible?**

When an individual has been determined eligible for CES Waiver, he/she will be added to the waiver waitlist and will remain on the waiting list until a CES Waiver slot becomes available. Eligible individuals on the waiting list move into waiver slots based on when they were added to the waitlist.

You can find out your waitlist number by email at [DHS.DDS.Waiver.AU@dhs.Arkansas.gov](mailto:DHS.DDS.Waiver.AU@dhs.Arkansas.gov).

## **Types of Services CES Waiver Provides:**

<b><u>Supportive Living:</u></b>	<p>An array of individually tailored services and activities to enable an individual to reside successfully in their own home, with family, or in an alternative living setting, such as an apartment or provider owned group home. Supported living services must be provided in an integrated community setting.</p> <p>Supportive Living Services include the following: Coordination of waiver and generic services, decision making, money management, daily living skills, socialization, community integration experiences, non-medical transportation, behavior shaping and management, communication, reinforcement of therapeutic services, companion activities and therapies, health maintenance activities, and habilitative training.</p> <p>Supportive Living excludes room and board expenses including general maintenance, upkeep, or improvement to the home.</p>
<b><u>Respite Services:</u></b>	<p>provided on a short-term basis to individuals unable to care for themselves due to the absence of or need for relief of the non-paid primary caregivers</p>
<b><u>Supported Employment:</u></b>	<p>Tailored array of services that offers ongoing support to individuals with the most significant disabilities to assist in their goal of working in competitive integrated</p>

	<p>work settings for at least minimum wage. It is intended for individuals for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a significant disability, and who needs ongoing supports to maintain their employment.</p> <p>Array of services includes Discovery Career Planning, Employment Path, Employment Supports, and Employment Supports Job Coaching.</p> <p><i>Please Note: Documentation must be maintained in individual's waiver file to demonstrate that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973.</i></p>
<b><u>Adaptive Equipment:</u></b>	<p>Provides for the purchase, lease, and (as necessary) repair of adaptive, therapeutic and augmentative equipment that enables an individual to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise.</p> <p>Array of services available includes specialized equipment such as devices, controls or appliances that enable the individual to perceive, to control or communicate with the environment in which they live.</p> <p>Vehicle Modification and Personal Emergency Response System (PERS) are also included in Adaptive Equipment Services.</p>
<b><u>Environmental Modifications:</u></b>	<p>Modifications can be made to the individual's place of residence that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence and without which, the individual would require institutionalization.</p> <p>Environmental modifications may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, installation of specialized electric and plumbing systems to accommodate medical equipment, installation of sidewalks or pad to accommodate ambulatory impairments, and home property fencing when medically necessary to assure non-elopement, wandering or straying of persons who have decreased mental capacity or aberrant behaviors.</p> <p>Exclusions include modifications or repairs to the home which are of general utility and not for a specific medical or habilitative benefit; modifications or improvements which are of an aesthetic value only; and modifications that add to the total square footage of the home.</p>
<b><u>Specialized Medical Supplies:</u></b>	<p>A physician must order or document the need for all specialized medical equipment and/or supplies. All items must be included in the person-centered service plan (PCSP).</p>
<b><u>Specialized Medical</u></b>	<p>Specialized medical equipment and supplies include:</p>

<b><u>Supplies (cont'd):</u></b>	<p>A. Items necessary for life support or to address physical conditions along with the ancillary supplies and equipment necessary for the proper functioning of such items.</p> <p>B. Durable and non-durable medical equipment not available under the Arkansas Medicaid State Plan that is necessary to address the individual's functional limitations and has been deemed medically necessary by the prescribing physician.</p> <p>C. Necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the member.</p> <p>*Additional supply items are covered as a Waiver service when they are considered essential and medically necessary for home and community care:</p> <p>D. Nutritional supplements</p> <p>E. Non-prescription medications. Alternative medicines not FDA approved are excluded from coverage.</p> <p>F. Prescription drugs minus the cost of drugs covered by Medicare Part D when extended benefits available under state plan are exhausted.</p> <p>G.</p>
<b><u>Supplemental Supports:</u></b>	<p>This service meets the needs of the individual to improve or enable the continuance of community living. Supplemental Support Services will be based upon demonstrated needs as identified in the individual's PCSP as unforeseen problems arise that, unless remedied, could cause a disruption in the individual's services or placement, or place the individual at risk of institutionalization.</p>
<b><u>Consultation:</u></b>	<p>Consultation services are clinical and therapeutic services which assist the individual, parents, legally responsible persons, responsible individuals and service providers in carrying out the individual's Person-Centered Service Plan (PCSP).</p> <p>Consultation services may be provided by professionals who are licensed as:</p> <ul style="list-style-type: none"> <li>• Psychologist</li> <li>• Psychological Examiner</li> <li>• Mastered Social Worker</li> <li>• Professional Counselor</li> <li>• Speech Pathologist</li> <li>• Occupational Therapist</li> <li>• Physical Therapist</li> <li>• Registered Nurse</li> <li>• Certified parent educators or provider trainer</li> <li>• Certified communication and environmental control specialist</li> <li>• Dietitian</li> <li>• Rehabilitation Counselor</li> <li>• Recreational Therapist</li> <li>• Qualified Developmental Disabilities Professionals (QDDP)</li> <li>• Positive Behavioral Supports (PBS) Specialist</li> <li>• Board Certified Behavior Analyst (BCBA)</li> </ul>
<b><u>Community Transition Services:</u></b>	<p>Non-recurring set-up expenses for individuals who are transitioning from an institutional or provider-operated living arrangement (such as an ICF or group</p>

	<p>home) to a living arrangement in a private residence where the individual or his/her guardian is directly responsible for his/her own living expenses.</p> <p>Community Transition service activities include those necessary to enable an individual to establish a basic household, not including room and board, and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings required to occupy and use a community living setting, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; and (e) moving expenses.</p> <p>Community Transition Services does not include payment for room and board, monthly rental or mortgage expense, regular food expenses, regular utility charges, and/or household appliances or items that are intended for purely recreational purposes.</p>
<b><u>Care Coordination:</u></b>	<p>Ensures that specialty services are coordinated and appropriately delivered by specialty providers. Care Coordination is provided by a PASSE Care Coordinator who is assigned to the individual on the waiver waitlist once they have had their Optum Independent Assessment and are assigned to a PASSE. To receive an Independent Assessment, the individual must have a PASSE eligible type of Medicaid, such as SSI Medicaid or TEFRA.</p> <p>Care Coordination includes the following activities: health and education coaching; coordination with other healthcare providers for diagnostics, ambulatory care, and hospital services; assistance with social determinants of health such as access to health food and exercise; promotion of activities focused on the health of the patient and the community; and coordination of community-based management of medication therapy.</p>

In addition to the services listed above, an individual who is found categorically eligible for services may receive other services such as personal care, therapies, etc. if they meet criteria for the service and are Medicaid eligible. For specific information, please contact DDS Intake and referral.