## **CES Waiver Request Checklist**

## Units Requested (15-minute units):

- \_\_\_\_\_ H2016 UF 1:1 Staffing
- \_\_\_\_\_ H2016 U5 (Custom Rate Request)
- \_\_\_\_\_ H2016 U1 UQ SS 2-4 Members
- \_\_\_\_\_ H2016 U5 US SS 5-9 Members
- \_\_\_\_\_ S5151 Respite Services
- \_\_\_\_\_ H2023 Supported Employment
- \_\_\_\_\_ H2023 TT UQ Supported Employment SS 2-4 Members
  - \_\_\_\_\_ H2023 Supported Employment SS 5-9 Members
- Proposed Schedule with Staff's Hours Listed and other services received (i.e. ABA, ADDT, Personal Care Services, etc.)
- □ Breakdown of units or unit calculation sheet
- Areas of Need or Justification Narrative for Services Requested (including current living situation, natural supports, and co-morbid conditions)
- □ Supportive Living Goals, Outcomes, and Updates
- □ Recent Case Notes or Incident Reports
- Overnight Notes, if requested (does not apply to group home setting)
- □ Respite Services, is DSP related to the member

**Consultation:** 

- \_\_\_\_\_ T2025 UK Treatment Planning and PCSP Participation
- \_\_\_\_\_ T2025 U1 Behavior Support Plans and Training
- \_\_\_\_\_ T2025 U4 Training of Direct Service Providers
- \_\_\_\_\_ T2025 U3 Psychological and/or Adaptive Testing
- Budget Sheet or Invoice by Unit (1 unit is \$136.40 max)
- □ Justification Narrative for Services Requested



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## **Other Services:**

- H2016 UK Community Services (i.e. Camps, Gym Membership)
- \_\_\_\_\_ H2016 UC Companion and Activity Therapy (i.e. Hippotherapy)
- \_\_\_\_\_ S5160, S5161, S5162 (Circle) Adaptive Equipment PERS
- \_\_\_\_\_ S5165 U1 Adaptive Equipment
- \_\_\_\_\_ T2020 UA Supplemental Support Services
- \_\_\_\_\_ T2020 UA U1 Community Transition Services
- \_\_\_\_\_ T2028 Specialized Medical Supplies
- □ Letter of Medical Necessity or Justification Letter (Camps do not require a Letter of Medical Necessity.)
- □ Budget Sheet or Cost of Service Breakdown
- □ Incorporated into Member's Goals

K0108 UB Environmental Modifications

- Homeowner Empower Liability Release form (website)
- □ If renting, then proof of ownership from homeowner
- D Physician Prescription or Letter of Medical Necessity
- □ If over \$3,000, then 3 bids are required
- □ Contractor's license and surety bond
- □ Photos of site or to-scale plans
- □ Labor and materials break down
- □ Warranty Information
- □ Estimated time for project completion
- □ Budget Sheet or Cost of Service Breakdown



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