

CES Waiver Handbook





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Community and Employment Support (CES) Waiver

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

The goals of the CES Waiver are to support members in all major life activities, promote community inclusion through opportunities for competitive employment in integrated settings options and community experiences, and provide comprehensive care coordination and service delivery.

Support of the member includes:

1. Developing a relationship and maintaining direct contact
2. Determining the member's choices about their life
3. Assisting them in carrying out these choices
4. Development and implementation of a Person-Centered Service Plan (PCSP) in coordination with an interdisciplinary team
5. Assisting the member in integrating into his or her community
6. Locating, coordinating, and monitoring needed developmental, medical, behavioral, social educational, and other services.
7. Accessing informal community support is needed.
8. Accessing employment services and supporting them in seeking and maintaining competitive employment

Unable to serve notification:

1. A selected provider may refuse to serve any member.
2. A provider must notify the Empower Care Coordinator and DDS immediately when refusing to serve a member.
3. A provider will remain responsible for CES Waiver services until the member transitions to a new provider or other placement is secured, except in situations that pose an immediate safety risk to the provider.

Supportive Living

Supportive living is an array of individually tailored habilitative services and activities to enable members to reside successfully in their own home, with family, or in an alternative living setting (apartment or provider owned group home). Supportive living services must be provided in an integrated community setting.

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Supportive living includes activities that directly relate to achieving goals and objectives set forth in the member's PCSP. It excludes room and board expenses, including general maintenance, upkeep, or improvement to the home.

Supportive living to assist the member to acquire, retain, or improve skills in a wide variety of areas that directly affect the member's ability to reside as independently as possible in the community. Trained staff will aid the member in developing achievable, individualized, functional goals, and objectives. The established goals and objectives are aimed at maintaining and/or improving the member's skills and functioning for daily living.

Examples of supportive living include:

- **Decision making** includes the identification of and response to dangerously threatening situations, making decisions and choices affecting the member's life, and initiating changes in living arrangements or life activities.
- **Money management** includes training, assistance, or both in handling personal finances, making purchases and meeting personal financial obligations.
- **Daily living skills** includes training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, administration of medication (to the extent permitted by state law), proper use of adaptive and assistive devices and household appliances, training on home safety, first aid, and emergency procedures.
- **Socialization** includes training and assistance in participating in general community activities and establishing relationships with peers. Activity training includes assisting the member to continue to participate on an ongoing basis.
- **Community integration experiences** include activities intended to instruct the member in daily living and community living in integrated settings, such as shopping, church attendance, sports, and participation sports.
- **Mobility** includes training and assistance aimed at enhancing movement within the member's living arrangement, mastering the use of adaptive aids and equipment, accessing public transportation, and independent travel or movement within the community.
- **Communication** includes training in vocabulary building, use of augmentative communication devices, and receptive and expressive language.
- **Behavior shaping and management** includes training and assistance in appropriate expression of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors.
- **Reinforcement of therapeutic services** includes conducting exercises reinforcing physical, occupational, speech, behavioral, or other therapeutic programs.
- **Companion activities and therapies** includes the use of animals as modalities to motivate members to meet functional goals established for the member's habilitative training, language skills, increased range of motion, socialization, and the development of self-respect, self-esteem, responsibility, confidence, and assertiveness.
- **Health maintenance activities** which include tasks that members would otherwise do for themselves or have a family member do, except for injections and IV

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medication administration, can be performed by a paid designated care aide at their direction, if the criteria specified in the Arkansas Nurse Practice Consumer Directed Care Act has been met.

It is not considered administration, except for injections and IV medications, when the paid staff assist the client by getting the medication out of the bottle or blister pack. State plan services must be exhausted before accessing waiver funding for health maintenance activities. Supportive living may be provided in clinic settings (i.e. physician office visit, wound clinic etc.) to facilitate appropriate care and follow-up.

- If health maintenance activity is performed in a hospital setting for supportive care of the individual while receiving medical care, supportive living cannot exceed 14 consecutive days nor exceed approved prior authorized rate for the service in place prior to hospitalization. This does not include acute psychiatric behavioral health hospitalizations.
- If provided in acute care hospital, supportive living must meet following criteria:
 - Provided to meet needs of the individual that are not met through the provision of acute care hospital services.
 - Must be in addition to and may not substitute for the services the acute care hospital is obligated to provide.
 - Must be identified in the member's PCSP.
 - Service must ensure smooth transition between the acute care setting and community-based setting to preserve the member's functional abilities.

Codes Supported for Staffing:

- H2016 UF – 1:1 Staffing
- H2016 U5 – 1:1 Staffing Custom Rate Request
 - Members that require specialized training for de-escalation due to severe behavioral health concerns or that have complex medical needs may be considered for this request. There should be supporting documentation that regularly trained direct support staff are unable to manage the member's needs in the community setting, therefore the member is at a higher risk of institutionalization without staff that are specifically trained above and beyond the normal requirements.
- H2016 U1 UQ – Shared Staffing for 2-4 members
- H2016 U5 US – Shared Staffing for 5-9 members
 - This support should include ensuring the health and safety of the members with assistance for behavioral concerns as needed. This service is to be provided in a setting during times when on-site availability is needed yet no direct tasks have been identified for completion.

Codes Supported for Staffing:

- H2016 UD – 1:1 Non-Medical Transportation

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- Transportation to or from community integration experiences. Transportation does not include other household members.
- H2016 UD US – Non-Medical Transportation (Multi-member Transport)

Documentation Requirements for Staffing:

- Proposed schedule with staff's hours listed with other services received including:
 - School Schedule
 - Applied Behavioral Analysis (ABA)
 - Adult Developmental Day Treatment (ADDT)
 - Personal Care Services (PCS)
 - Private Duty Nursing (PDN)
 - Days and hours that natural support is in place.
- Breakdown of units or unit calculation sheet
- Justification Narrative for Services Requested including:
 - Current living situation
 - Natural supports
 - Co-morbid conditions
- Supportive Living Goals, Outcomes, and Updates
- Recent Case Notes or Incident Reports
 - Documentation of the last 1 month of all supportive living progress notes by all DSP staff if supportive living services are already in place. An extended period of progress notes may be requested.
- Overnight Notes, if requesting support, should include:
 - Does not apply to group homes.
 - If the member is sleeping throughout the night, then what is the need or reason for staff?
 - Member activities throughout the night.
 - Notes should reflect that the member is being monitored hourly, and the DSP is awake throughout the night.
 - Assistance required for bathroom needs or changes during the overnight hours.

Codes Supported for Community Engagement:

- H2016 UK – Community Services or Camps
 - Includes cost of camp for the member.
 - Camp should support the member's condition.
 - Should be requested as soon as application is submitted and BEFORE the date of the camp.
 - Camp submissions should have a start date of the application date.
 - Supportive Living cannot be utilized during the time the member attends camp.

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Documentation Requirements for Community Engagement:

- Justification letter for camp to identify how this contributes to member's socialization and community integration goals.
- Budget Sheet or Cost of Service Breakdown
- Incorporated into Member's Goals
- Services must be authorized prior to any payment and CANNOT be reimbursed as CES Waiver is a payer of last resort.
- Prior authorization can be submitted at the time application is submitted and using that start date. Do not wait until camp begins to submit.

Codes Supported for Companion and Activity Therapy:

- H2016 UC – Companion and Activity Therapy
 - Therapy services to provide reinforcement of rehabilitative training. This reinforcement is accomplished by using animals as modalities to motivate members to meet functional goals. Through the utilization of an animal's presence, enhancement and incentives are provided to members to practice and accomplish such functional goals as:
 - a. Language Skills
 - b. Increased Range of Motion
 - c. Socialization by developing interpersonal relationships skills of interaction, cooperation and trust and the development of self-respect, self-esteem, responsibility, confidence, and assertiveness.
 - **Exclusions:** This service does not include the cost of veterinary or other care, food, shelter, or ancillary equipment that may be needed by the animal that is providing reinforcement.
 - This support should include ensuring the health and safety of the member.
 - Supportive living services can be billed in conjunction with services offered through Arkansas Rehabilitation Services.

Documentation Requirements for Companion and Activity Therapy:

- Services must be authorized prior to any payment and CANNOT be reimbursed as CES Waiver is a payer of last resort.
- Letter of Medical Necessity for Companion and Activity Therapy by PCP or other MD
- Budget Sheet or Cost of Service Breakdown
- Incorporated into Member's Goals
- Evaluation or observation from PT, OT, or SLP that traditional therapy is not meeting the member's needs.

Prior Authorization and Limits for Supportive Living:

- Supportive living cannot be provided and billed for while other services that would be considered duplicative are also being provided and billed for without an explicit exception. This includes, but is not limited to, personal care services, ADDT, EIDT, ABA, and other therapy services.

Prior Authorization and Limits for Supportive Living:

- Supportive Living services are not allowed during school as these supports should be furnished through a local education agency under the Individuals with Disabilities Education Act (IDEA).
- Staffing requests can be submitted for up to 1 year.
- Staffing requests will be accepted up to 30 days prior to the start date.
- Late submissions will be reviewed for up to 7 days prior to the receipt of the request.
 - For example, if a new plan begins on 08/15/24, but the request is not received for review until 09/01/24, then the start date can only be backdated for 7 days or 08/25/24.
- Updated requests for additional units will only be reviewed for up to 60 days past the end date of the plan.
 - For example, if a revision for a plan that ended on 08/01/24 is received on 10/15/24, then it cannot be considered and will be administratively denied as CES waiver services require prior authorization.
- Members cannot be approved for more than 96 units, or 24 hours, per day.
- Non-medical transportation does not require authorization.
 - Members may use up to 5,000 miles per calendar year.

Supported Employment

Supported Employment is a tailored array of services that offers ongoing support to members with the most significant disabilities to assist in their goal of working in competitive integrated work settings for at least minimum wage. It is intended for members for whom competitive employment has not traditionally occurred or has been interrupted or intermittently because of a significant disability, and who need ongoing support to maintain their employment.

Supported employment services may include any combination of the following services: vocational/job related discovery and assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instructions, job coaching, benefits support, training and planning, transportation, asset development, and career advancement services, extended supported employment supports, and other workplace support services including services not specifically related to job skill training that enable the member to be successful in integrating into the job setting. The service array may also be utilized to support members who are self-employed.

Transportation between the member's place of residence and the employment site is included as a component of supported employment services when there is no other resource for transportation available. The service provider must maintain the following documents to demonstrate compliance and delivery of this service- any job development plan or transition plan for job supports, remuneration statement (paycheck stub) and member's work schedule.

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Services Provided under Supported Employment:

- Supported Employment Job Coaching
 - On-site activities that may be provided to a member once employment is obtained.
 - Activities provided under this service may include, but are not limited to, completing job duty and task analysis; assisting the member to learn to do the job by the least intrusive method available; developing compensatory strategies if needed to cue member to complete the job; analyzing the work environment during initial training/learning of the job and making determinations regarding modifications or assistive technology.
 - Job Coaching may also be utilized when the member chooses self-employment. Activities such as assisting the member to identify potential business opportunities, develop a business plan, as well as develop and launch a business are included.
 - CES waiver funds may not be used to defray expenses associated with starting or operating a business, such as capital expenses, advertising, hiring, or training of employees.
 - Services are authorized for twelve months.
- Supported Employment-Discovery and Career Planning
 - 6-week prep period for employment
 - Information is gathered about a member's interests, strengths, skills, the types of support that are the most effective and the types of environments and activities where the participant is at his or her best.
 - These services should result in the development of the Individual Career Profile which includes specific recommendations regarding the member's employment support needs, preferences, abilities, and characteristics of an optimal work environment.
 - The following activities may be a component of Discovery/Career Planning: review of the member's work history, interest, and skills; job exploration; job shadowing; informational interviewing, including mock interview; job and task analysis activities; situational assessments to assess the member's interest and aptitude in a particular type of job; employment preparation (i.e. resume development); benefits counseling; business plan development for self-employment; and volunteerism.
- Supported Employment-Job Development
 - Individualized services that are specific in nature to obtaining a certain employment opportunity. The initial outcome of Job Development is the Job Development Plan.
 - The Job Development Plan must be created and incorporated with the member's Career Profile no later than 30 days after Job Development services begin.

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Services Provided under Supported Employment:

- The Job Development Plan must, at a minimum, specify:
 - a. Short- and long-term employment goals
 - b. Target wages
 - c. Task hours
 - d. Special conditions that apply to the worksite for the member
 - e. Jobs that will be developed or tasks that will be customized through negotiations with potential employers.
 - f. Initial list of employer contacts
 - g. Plan for how many employers will be contacted each week.
 - h. Conditions for use of on-site job coaching
- Supported Employment-Employment Path
 - Members actively seeking employment.
 - Members receiving these services must have goals related to employment in integrated community settings in their person-center service plan.
 - Activities must be designed and developed to support the employment goals outlined in the PCSP.
 - Such activities should develop and teach soft skills utilized in integrated employment including, but not limited to, following directions, attending to tasks, problem-solving skills and strategies, mobility training, effective and appropriate communication (verbal and nonverbal) and time management.
 - Employment Path is a time-limited service and requires prior authorization for the first 12 months.
 - One reauthorization of up to twelve months is possible, but only if the member is also receiving job development services that indicate the member is actively seeking employment.
- Supported Employment-Extended Services
 - The expected outcome of extended services is sustained paid employment at or above minimum wage with associated benefits and the opportunity for advancement in a job that meets the member's personal and career planning goals.
 - Extended Services allow for the continued monitoring of employment outcomes through regular contact with the member and the employer.
 - A minimum of one contact per quarter with the employer is required.
- Supported Employment-Job Coaching Shared Staffing
 - Can be provided in a setting for 2-4 or 5-8 members at one time.
 - Same as Supported Employment Job Coaching

Codes Supported for Supported Employment:

- H2023 – Individual
- H2023 TT UQ – 2 to 4 members
- H2023 TT UR – 5 to 8 members

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Documentation Requirements for Supported Employment:

- See above descriptions for documents required.
- Proposed Schedule with Hours per Week

Prior Authorization and Limits for Supported Employment:

- Requests can be submitted for up to 1 year.
- Continued stay review requests should have a schedule for Supported Employment staff and plan for phasing out support.
- Members may not utilize more than 40 hours of Supported Employment per week or 160 units per week, which equates to 8,320 units annually.

Respite

Respite services are provided on a short-term basis to members unable to care for themselves due to the absence of or need for relief of non-paid primary caregivers. Room and board may not be claimed when respite is provided in the member's home or a private place of residence. Room and board is not a covered service except when provided as part of respite furnished in a facility that is approved by DHS.

Receipt of respite services does not necessarily preclude a member from receiving other services on the same day. For example, a member may receive Supportive Living on the same day as Respite services.

When respite is furnished for the relief of a foster care provider, foster care services may not be billed during the period that respite is furnished. Respite may not be furnished for the purpose of compensating relief or substitute staff for Supportive Living services. Respite services are not to supplant the responsibility of the parent or guardian.

Respite services may be provided through a combination of basic childcare and support services required to meet the needs of a child.

Respite may be provided in the following locations:

- Member's home or private place of residence
- The private residence of a respite care provider
- Foster home
- Group home.
- Licensed respite facility
- Other community residential facility approved by the state, not a private residence.
- Licensed or accredited residential mental health facility

Codes Supported for Respite:

- S5151 – Respite Services

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Documentation Requirements for Respite:

- Schedule of respite services.
- Identify staff providing respite.

Prior Authorization and Limits for Respite:

- Respite can be submitted with the authorization for Supportive Living.
- If a member's parent is the DSP, then they are not eligible for Respite services.

Adaptive Equipment

The adaptive equipment service includes an item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of members to perform daily life tasks that would not be possible otherwise. The adaptive equipment service provides for the purchase, leasing, and (as necessary) repair of adaptive, therapeutic, and augmentative equipment that enables individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. Consultation by a medical professional must be conducted to ensure the adaptive equipment will meet the needs of the member.

Adaptive equipment needs for Supportive Employment are included in this service. This may include specialized equipment such as devices, controls, or appliances that will enable the person to perceive, control, or communicate with the environment in which they live.

Adaptive equipment includes enabling technology that empowers the member to gain independence through customizable technologies and allow them to safely perform activities of daily living without assistance, while still providing for monitoring and response for those beneficiaries, as needed. Enabling technology must be shown to meet a goal of the member's PCSP, ensure member's health and safety, and provide for adequate monitoring and response for member's needs. Before enabling technology will be provided, it must be documented that an assessment was conducted, and a plan was created to show how the enabling technology will meet those requirements.

Computer equipment, including software, can be included as adaptive equipment. Specifically, computer equipment includes equipment that allows the member increased control of their environment, to gain independence, or to protect their health and safety. CES Waiver does not cover supplies. Printers may be approved for nonverbal beneficiaries.

Communication boards are allowable devices. Computers or tablets may be approved for communication when there is substantial documentation that a computer or tablet will meet the needs of the member more appropriately than a communication board. Software will be approved only when required to operate the accessories included for environmental control or to provide text-to-speech capability.

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All adaptive equipment must be for the waiver member's use. All purchases must meet the conditions for desired quality at the least expensive cost. Generally, any adaptive equipment over \$1,000.00 will require three (3) bids. The lowest bid with comparable quality will be awarded. Empower Healthcare Solutions may require three (3) bids for any requested purchases. Equipment may only be covered if not available to the member from any other source as CES Waiver is a payor of last resort. All items must meet applicable standards of manufacture, design, and installation.

Conditions: The care and maintenance of adaptive equipment, vehicle modifications, and personal emergency response systems are entrusted to the member or legally responsible person for whom the equipment is purchased. Negligence (defined as failure to properly care for or perform routine maintenance of) shall mean that the service will be denied for a minimum of two (2) plan years. Any abuse or unauthorized selling of equipment by the member or legally responsible person shall mean the equipment will not be replaced using CES Waiver funding. If a member relocates, all adaptive equipment should be transferred to the member's new residence.

Exclusions:

- Swimming pools (in-ground or above-ground) and hot tubs are not allowable as either an environmental modification or adaptive equipment.
- Computer supplies.
- Computer desk or other furniture items.
- Medicaid-purchased equipment cannot be donated if the equipment being donated is needed by another waiver member residing in the residence.

Vehicle modifications are adaptations to an automobile or van to accommodate the special needs of the member. Vehicle adaptations are specified by the PCSP as necessary to enable the member to integrate more fully into the community and to ensure the health, welfare, and safety of the member. Payment for permanent modification of a vehicle is based on the cost of parts and labor, which must be quoted and paid separately from the purchase price of the vehicle to which the modifications are or will be made.

Reimbursement for a permanent modification cannot be used or considered as down payment for a vehicle. Transfer of any part of the purchase price of a vehicle, including preparation and delivery, to the price of a modification is a fraudulent activity. All suspected fraudulent activity will be reported to the Office of Medicaid Inspector General (OMIG) for investigation.

Lifts that require vehicle modification and the modifications themselves are, for purposes of approval and reimbursement, one project and cannot be separated by calendar year to obtain up to the maximum amount allowed in both calendar years.

Exclusions:

- Adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the member.
- Purchase, down payment, monthly car payment, or lease cost of a vehicle.
- Regularly scheduled upkeep and maintenance and/or modification to the vehicle.

Codes Supported for Adaptive Equipment:

- S5165 U1 – Adaptive Equipment

Documentation Requirements for Adaptive Equipment:

- Letter of Medical Necessity or Justification Letter
 - For communication devices or other medical equipment, a letter of medical necessity or evaluation from the treating provider is required.
- Budget Sheet or Cost of Service Breakdown
- If over \$1,000, then 3 bids are required.
 - If unable to obtain 3 separate bids, then please explain.
- Incorporated into Member’s Goals and PCSP

Prior Authorization and Limits for Adaptive Equipment:

- Benefit limits per calendar year: \$12,000
 - Combined annual benefit limit with Environmental Modifications, Adaptive Equipment, and Personal Emergency Response Systems
- Whole home generators are excluded from this benefit. Battery backups and portable generators can be considered in exceptional circumstances.

Personal Emergency Response System

A Personal Emergency Response System (PERS) may be approved when it can be demonstrated as necessary to protect the health and safety of the member. A PERS is a stationary or portable electronic device that is used in the member’s place of residence that allows the member to secure help in an emergency. The system must be connected to a response center staffed by trained professionals who respond upon activation of the PERS. The member may also wear a portable “help” button to allow for mobility.

PERS services are limited to members who live alone or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Included in this service are assessment, purchase, rental, installation, testing, repair, and monthly rental fees.

Codes Supported for Personal Emergency Response System:

- S5160 – Installation and Testing
- S5161 – Service Fee per Month
- S5162 – Purchase, Rental, and Repair

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Documentation Requirements for Personal Emergency Response System:

- Letter of Medical Necessity or Justification Letter
- Budget Sheet or Cost of Service Breakdown
- If over \$1,000, then 3 bids are required.
 - If unable to obtain 3 separate bids, then please explain.
- Incorporated into Member's Goals and PCSP

Prior Authorization and Limits for Personal Emergency Response System:

- Benefit limits per calendar year: \$12,000
 - Combined annual benefit limit with Environmental Modifications, Adaptive Equipment, and Personal Emergency Response Systems

Environmental Modifications

Environmental modifications are made to or at the waiver member's home, required by the PCSP and are necessary to ensure the health, welfare, and safety of the member or that enable the member to function with greater independence and without which the member would require institutionalization.

Environmental modification 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 pads to accommodate ambulatory impairments, and home property fencing when medically necessary to assure non-elopement, wandering or straying of persons.

Expenses for the installation of the environmental modification and any repairs made necessary by the installation process are allowable. Portable or detachable modifications that can be relocated with the member and that have a written consent from the property owner or legal representative will be considered. Environmental modifications that are permanent fixtures will not be approved for rental property without prior written authorization and a release of current or future liability by the residential property owner.

Modifications are considered and approved as single, all-encompassing projects and, as such, cannot be split where a part of the project is submitted in one calendar year and another part submitted in the next calendar year. Any such activity is prohibited. All modifications must be completed within the dates of service of the approved authorization.

Modifications or improvements made to or at the member's home which are of general utility and are not of direct medical or remedial benefit to the member (e.g., carpeting, roof repair, central air conditioning, etc.) are excluded as covered services. Also excluded are modifications or improvements that are of aesthetic value-only such as designer wallpaper, marble counter tops, ceramic tile, etc. Expenses for remodeling or landscaping which are cosmetic, designed to hide the existence of the modification, or result from erosion are not

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allowable. Environmental modifications must be made within the existing square footage of the residence and cannot add to the square footage of the building.

Swimming pools (both in- and out-of-ground) and hot tubs (spas) are not allowable.

The moving of modifications, such as fencing or ceiling tracks and adaptive equipment that may be permanently affixed to the structure or outside premises, is not allowable. All services must be provided as directed by the member's PCSP and in accordance with all applicable state or local building codes. Final inspection for the quality of the modification and compliance with specifications and local codes is the responsibility of the waiver provider requesting the modifications. Payment to the contractor is to be withheld until the work meets specifications including a signed [Customer Satisfaction Survey](#).

Codes Supported for Environmental Modifications:

- K0108 UB – Environmental Modifications

Documentation Requirements for Environmental Modifications:

- [Homeowner Waiver for Environmental Modifications](#)
- If renting, then proof of ownership from homeowner
- 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

Prior Authorization and Limits for Environmental Modifications:

- Benefit limits per calendar year: \$12,000
 - Combined annual benefit limit with Environmental Modifications, Adaptive Equipment, and Personal Emergency Response Systems
- 1 fence per lifetime.
- 1 bathroom remodel every 5 years.

Supplemental Support Services

The supplemental support service helps improve or enable the continuance of community living. Supplemental support services will be based on demonstrated needs as identified in a member's PCSP as unforeseen problems arise that, unless remedied, could cause imminent disruptions in the member's services, placement, or place him or her at risk of institutionalization. CES Waiver funds will be used as the payer of last resort.

Examples of supplemental support services are:

- Guardianship
- Hotel rooms after natural disaster
- Bed bugs
- This is not an exhaustive list.

Codes Supported for Supplemental Support Services:

- T2020 UA – Supplemental Support Services

Documentation Requirements for Supplemental Support Services:

- Justification Letter of Services
- Budget Sheet or Cost of Service Breakdown

Prior Authorization and Limits for Supplemental Support Services:

- Benefit limits per calendar year: \$3,690
 - Combined annual benefit limit with Supplemental Support Services, Community Transition Services, and Specialized Medical Supplies
 - Guardianship can be utilized once during the lifetime of the member unless an imminent need for change arises.

Community Transition Services

Community transition services are non-recurring set-up expenses for members who are transitioning from an institutional or provider-operated living arrangement, such as an ICF or group home, to a living arrangement in a private residence where the member or his or her guardian is directly responsible for his or her own living expenses. CES Waiver funds can be accessed once it has been determined that the waiver is the payer of last resort, which is secondary to Money Follows the Person.

Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- Security deposits that are required to obtain a lease on an apartment or home
- Essential household furnishings
- Moving expenses required to occupy and use a community domicile, including:
 - Furniture
 - Window covering
 - Food preparation items
 - Bed/bath linens

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- Set-up fees or deposits for utility or service access, including:
 - Telephone
 - Electricity
 - Water
 - Gas
- Services necessary for the member's health and safety such as pest eradication and one-time cleaning prior to occupancy.

Community transition services are furnished only to the extent that they are reasonable and necessary as determined through the PCSP development process, clearly identified in the PCSP, and the member is unable to meet such expense or when the services cannot be obtained from other sources.

Exclusions: Community transition services may not include payment for:

- Room and board
- Monthly rental or mortgage expense
- Regular food
- Regular utility charges
- Household appliances
- Items that are intended for purely diversional or recreational purposes such as:
 - Televisions
 - Cable TV access
 - VCRs
 - DVD player
- Community transition services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

Codes Supported for Community Transition Services:

- T2020 UA U1 – Community Transition Services

Documentation Requirements for Community Transition Services:

- Justification Letter of Services
 - Please include documentation of what items were covered by Money Follows the Person
- Budget Sheet or Cost of Service Breakdown
 - Must include a lease for new home or apartment

Documentation Requirements for Community Transition Services:

- Utility bills to show deposit amount required
- Proof of expense from website for items going to be purchased

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Prior Authorization and Limits for Community Transition Services:

- Benefit limits per calendar year: \$3,690
 - Combined annual benefit limit with Supplemental Support Services, Community Transition Services, and Specialized Medical Supplies
- These services cannot be reimbursed. They must always be prior authorized.

Specialized Medical Supplies

A physician must order or document the need for all specialized medical supplies. All items must be included in the PCSP.

Specialized medical equipment and supplies include:

- 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.
- Durable and non-durable medical equipment not available under the Arkansas Medicaid State Plan that is necessary to address member functional limitations and has been deemed medically necessary by the prescribing physician.
- Necessary medical supplies not available under the Arkansas Medicaid State Plan.

Items reimbursed with CES Waiver funds are in addition to any medical equipment and supplies furnished under the DME benefit and exclude those items that are not of direct medical or remedial benefit to the member. All items shall meet applicable standards of manufacture, design, and installation.

The most cost-effective item will be considered first. Additional supply items are covered as a CES Waiver service when they are considered essential and medically necessary for home and community care.

Covered items include:

- Nutritional supplements
- Non-prescription medications. Alternative medicines that are not Federal Drug Administration-approved are excluded.
- Prescription drugs, minus the cost of drugs covered by Medicare Part D, when extended benefits are not available thru the pharmacy benefit.

When the items are included in Arkansas Medicaid State Plan services, a denial of extension of benefits by Empower Healthcare's Utilization Review will be required prior to approval for CES Waiver.

Codes Supported for Specialized Medical Supplies:

- T2028 – Specialized Medical Supplies

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Documentation Requirements for Specialized Medical Supplies:

- Justification Letter of Services, Letter of Medical Necessity, or Prescription
- Budget Sheet or Cost of Service Breakdown

Prior Authorization and Limits for Specialized Medical Supplies:

- Benefit limits per calendar year: \$3,690
 - Combined annual benefit limit with Supplemental Support Services, Community Transition Services, and Specialized Medical Supplies

Consultation

Consultation services are clinical and therapeutic services which assist the member, parents, legally responsible persons, and service providers in carrying out the member's PCSP and any associated plans that are included in the PCSP.

These services are direct in nature. The provider agency will be responsible for maintaining the necessary information to document staff qualifications.

Consultation activities may be provided by professionals who are licensed as:

- Psychologists
- Psychological examiners
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Speech pathologists
- Occupational therapists
- Physical therapists
- Registered nurses
- Certified communication and environmental control specialists
- Dietitians
- Rehabilitation counselors
- Qualified Developmental Disabilities Professionals (QDDP)
- Positive Behavioral Supports (PBS) Specialists
- Behavior Analysts (BCBA)

These activities include, but are not limited to:

- Providing updated psychological and adaptive behavior assessments
 - Allowable providers include:
 - Psychologist
 - Psychological Examiner
 - Speech Therapy, Physical Therapist, and Occupational Therapist within their scope of practice specifically for the adaptive assessment.
- Screening, assessing, and developing CES Waiver services treatment plans.

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- Assisting in the design and integration of individual objectives as part of the overall individualized service planning process as applicable to the consultation specialty.
- Training of direct services staff or family members in carrying out special community living services strategies identified in the PCSP as applicable to the consultation specialty.
- Providing information and assistance to the individuals responsible for developing the member's PCSP as applicable to the consultation specialty.
- Participating on the interdisciplinary team, when appropriate to the consultant's specialty.
- Consulting with and providing information and technical assistance with other service providers or with direct service staff and/or family members in carrying out a member's PCSP specific to the consultant's specialty.
- Assisting direct services staff or family members in making necessary program adjustments in accordance with the member's PCSP as applicable to the consultation specialty.
- Determining the appropriateness and selection of adaptive equipment to include communication devices, computers, and software consistent with the consultant's specialty.
- Training and/or assisting members, direct services staff or family members in the set-up and use of communication devices, computers, and software consistent with the consultant's specialty.
- Screening, assessing, and developing positive behavior support plans; assisting staff in implementation, monitoring, reassessment, and modification of the positive behavior support plan consistent with the consultant's specialty.
- Training of direct services staff and/or family members by a professional consultant in:
 - Activities to maintain specific behavioral management programs applicable to the member.
 - Activities to maintain speech pathology, occupational therapy, or physical therapy program treatment modalities specific to the member.
 - The provision of medical procedures not previously prescribed but now necessary to sustain the member in the community.
- Training or assisting by advocacy to members and family members on how to self-advocate.
- Training and assisting members, direct services staff, or family members in proper nutrition and special dietary needs.
- Rehabilitation counseling for the purposes of supported employment supports that do not supplant the Federal Rehabilitation Act of 1973 and PL 94-142 and the supports provided through Arkansas Rehabilitation Services.
- Empower Care Coordinator is responsible for developing a Risk Mitigation Plan for each member during their PCSP that outlines risk factors and action steps that must be taken to mitigate the risk.
 - CES Waiver clients who are at low or medium risk of displaying behaviors that can lead to harm to self, and/or community members, must have a Behavioral Prevention and Intervention Plan (BPIP) that is overseen and implemented by the client's supportive living provider.

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- A BPIP does not have to be a standalone document and may be included with the non-clinical treatment plan or other documents.
- A BPIP must include:
 - A description of the member's inappropriate behaviors.
 - What triggers the inappropriate behaviors.
 - What actions to take when an inappropriate behavior occurs.
 - A statement that restraints and restrictive interventions are prohibited except during an emergency safety intervention.
- A Positive Behavior Support Plan (PBSP) is required when a high level of behavioral related risk is identified in the PCSP Risk Mitigation Plan.
 - The goal is to keep the member in his or her place of residence and avoid an acute placement.
 - The PBSP can only be developed by the following providers:
 - Psychologist
 - Psychological Examiner
 - Positive Behavior Support Specialist
 - Board Certified Behavior Analyst
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Professional Counselor (LPC)
 - A PBSP must include:
 - Who will be implementing the PBSP
 - The skills or appropriate behaviors that will be taught to reduce or minimize the inappropriate behaviors.
 - The prompts that will be added to the environment to help reduce the occurrence of, or assist the member to overcome, the trigger.
 - An incentive and reinforcement system for appropriate member behavior that includes more than social praise.
 - Specific criteria the member needs to meet to earn reinforcement.
 - A detail emergency safety intervention action plan
 - The next PBSP review date

Codes Supported for Consultation:

- T2025 UK – PCSP Participation
- T2025 U1 – Behavior Support Plans and Training
- T2025 U4 – Training of Direct Service Provider
- T2025 U3 – Psychological Testing

Documentation Requirements for Consultation:

- Invoice or budget breakdown of request that includes the codes and amounts requested.
- PCSP Participation
 - Provider required to attend PCSP and sign cooperative agreement.
 - Goals from PCSP should be incorporated into the Supportive Living goals.

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- Behavior Support and Training
 - Risk Mitigation Plan conducted by the CC at the PCSP determines if/which plan should be submitted:
 - PBSP – Positive Behavior Support Plan - high risk members.
 - BPIP – Behavior Prevention and Intervention Plan - low/medium risk members.
 - Empower is required to have these plans on file.
- Training of Direct Service Provider
 - Attestation by provider must include that training was conducted in any of the following areas:
 - PCSP Goals
 - Member Specific Behaviors
 - Safety Plan
 - Nursing Consults
 - Medication Management including MAR, list of medications, and side effects.
- Psychological and Adaptive Testing
 - Testing must be conducted by an approved clinician.

Prior Authorization and Limits for Consultation:

- \$136.40 per unit maximum
- 9 units annual maximum combined between UK, U1, and U4
 - U3 (Psychological Testing) not included in the 9-unit annual maximum
- Authorization can be submitted for 1-year and fiscal limits are based on calendar year.
- PCSP Participation
 - 2 units annual maximum
- Behavior Support and Training
 - 2 units can be approved initially to complete plan
 - Up to 3 additional units can be approved with plan submitted
 - 3 units annual maximum for BPIP
 - 5 units annual maximum for PBSP
- Training of Direct Service Provider
 - 5 units annual maximum
 - Additional units may be considered for medically complex members

Submitting a Prior Authorization

Prior Authorization requests can be submitted up to 30 days before the start date of the request. Submissions should occur through the Provider Portal. If you need assistance with signing up on the portal, then please contact empowerhealthcaresolutionspr@empowerarkansas.com to gain access.

To fax the request, please use the [Empower's Behavioral Health PA Form](#) and include the relevant documents for the request.

Please ensure that all the required documentation is attached to the request to avoid unnecessary delays. [Empower CES Waiver Checklist](#) can be used to ensure expediency.

Adjustment in Units

There are times that a member experiences a change in schedule or needs. Please see below for the process. These need to be made in real time, at the time the change is needed. Changes requiring additional units can be submitted up to 30 days prior to the start dates or 60 days past the end date. Supportive Living requests and schedules are flexible, and all changes do not require an adjustment to the authorization. These adjustments should be submitted under the **existing** authorization number, not a new one.

If requesting additional units, then please submit:

- Narrative justifying the increased need including:
 - Dates of unexpected closure for school or ADDT, if this is reason for the change.
 - Unanticipated needs or changes
- Incident reports or case notes demonstrating the need for additional services.
- Updated schedule

If requesting a change in Shared Staffing units:

- Create a new review line for the units needed (i.e. 100 units of H2016 U1 UQ) on the existing authorization that has already been approved.
- Complete a care note in the new review line stating the specific request (i.e. please move 100 units from H2016 U5 US to U1 UQ).

If changing the member's schedule, but no additional units are needed, then an update to the authorization is not required. If the member is without staff for their approved units for more than 30 days, please communicate that with their Care Coordinator to ensure there is a

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plan to address ongoing needs for that member.

Billing by Unit

Times spent providing services for a member may be accumulated during a single 24-hour calendar day. All billing must reflect a daily total based on the codes and modifiers to support the member to staff ratio. No rounding is allowed.

15 Minute Units	Timeframe
One (1) unit	8 - 22 minutes
Two (2) units	23 - 37 minutes
Three (3) units	38 - 52 minutes
Four (4) units	53 - 67 minutes