

# Children's Extensive Supports Waiver (HCBS-CES) (Birth through age 17)

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This Medicaid Waiver provides services through the Medicaid Home and Community Based Services (HCBS) for the most challenging children with intellectual or developmental disabilities. The CES Waiver allows children access to Medicaid services who may not otherwise qualify for Medicaid State Plan Benefits. These children continue to reside in the community with their family.

## HOMEMAKER –BASIC:

- Assists with the performance of basic household tasks within the individual's primary residence (i.e. cleaning, laundry, household care) including maintenance related to the individual's disability. These tasks must be beyond the scope of average household needs and must be related to the individual's disability.

## HOMEMAKER- ENHANCED:

- Includes all services provided through 'Homemaker- Basic' with the addition of either habilitative (instruction) or extraordinary cleaning (cleaning of biological fluids- feces, urine, blood, etc). Habilitation includes direct training and instruction to the individual beyond basic cueing and prompts and focuses on increasing individual independence.

## COMMUNITY CONNECTOR:

- Supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population. These services provide opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment.

## RESPITE:

- Services provided to individuals because of absence or need for relief of those persons who normally provide care for the individual. May be provided in an individual's home or place of residence, in the community, or in the private residence of a respite care provider.

## MASSAGE THERAPY:

- The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension. ***This service requires an annual letter of recommendation.***

## MOVEMENT THERAPY:

- Music Therapy as a therapeutic tool for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition , and gross motor skills. ***This service requires an annual letter of recommendation.***

- Therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognition, social, behavioral,

and communication. Does not include therapeutic riding. ***This service requires an annual letter of recommendation.***

#### **INDIVIDUAL/GROUP COUNSELING:**

- Includes psychotherapeutic or psycho-educational intervention related to the developmental disability in order for the individual to acquire or maintain appropriate adaptive behaviors. *This service is only available for counseling not available through the Medicaid State Plan benefit.*

#### **ADAPTIVE THERAPEUTIC RECREATIONAL EQUIPMENT:**

- Equipment that is adapted specifically to the individual's disability and not those items that a typical aged peer would commonly need as a recreation item such as adaptive bicycles, strollers, toys, etc. The items must be recommended by a doctor or therapist. Families will be responsible for the first \$100 towards an adaptive bike purchase; outdoor play structures are not covered.

#### **ADAPTIVE THERAPEUTIC RECREATIONAL FEES:**

- A recreation pass can be provided through the waiver *only* if it is necessary to receive services that are habilitative in nature including Physical Therapy, Occupational Therapy, or the professional services defined in the waiver or the Medicaid State Plan. The professional must be with the individual at the recreation center during the professional therapy. Water safety classes are included pending a recommendation from an approved professional.

#### **PARENT EDUCATION:**

- Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the individual's needs.

#### **HOME ADAPTATIONS:**

- Physical adaptations to the primary residence of the individual that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence in the home. Excludes ongoing homeowner maintenance. *Additional documentation is needed for this service. There is an outlined process to access home accessibility services including a home evaluation, receiving a letter of recommendation, and obtaining multiple bids.*

#### **ASSISTIVE TECHNOLOGY:**

- Assistance for the cost of an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individual. *Additional documentation is needed for this service. A Medicaid denial may be necessary prior to obtaining waiver funding. Examples of items that are not covered under the waiver include items that are educational in nature, computers, and communication supports.*

#### **VEHICLE MODIFICATIONS:**

- Adaptations or alterations to an automobile or van that is the individual's primary means of transportation in order to accommodate the special needs of the individual. *Additional documentation is needed for this service.*

**SPECIALIZED MEDICAL EQUIPMENT/SUPPLIES:**

- Devices, controls, or appliances that enable the individual to increase their ability to perform activities of daily living. Includes kitchen equipment required for the preparation of special diets, general care items such as distilled water for saline solutions and specialized eating utensils, specially designed clothing for individuals, and maintenance and upkeep of equipment. Also includes disposable items not available through the Medicaid State Plan such as wipes (must be 4 years of age or older), gloves, etc. *A letter of recommendation or letter of medical necessity is needed to access these supports.*

**VISION:**

- Provided when vision services are not available through the Medicaid State Plan due to not meeting the need for medical necessity. Services must be provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods.