

# Supported Living Services Waiver (HCBS-SLS)

## (Ages 18+)

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Supported Living Services (SLS) are provided through the Medicaid Home and Community Based Services (HCBS) SLS Waiver. This program provides a variety of services and supports for adults living in their own homes or with family/friends in the community.

### **PERSONAL CARE\*: (available through CDASS service model and Family Care Giver service model)**

- Assistance with activities of daily living (ages 18-20 excluded- must access through State Medicaid), money management, meal planning, and grocery shopping. Includes assistance scheduling and/or reminders to attend routine/as needed medical, dental, and therapy appointments. Excludes skilled care services covered by the Medicaid State Plan. When personal care and health-related services are needed, they should be covered by Medicaid State Plan, Third Party Resources, or another waiver service to the extent they are able; only after those resources are utilized should the waiver be considered to cover personal care services. A home health assessment is recommended and in some cases may be required in order to access personal care services through the waiver. *To locate a home health provider and schedule an assessment visit <https://www.colorado.gov/pacific/hcpf/find-doctor>.*

### **MENTORSHIP: (available through Family Care Giver service model)**

- Assistance in promoting self-advocacy through instructing, providing experiences, modeling, and advising. Ex: interviewing potential providers, applying for housing, setting up a bank account, etc.

### **HOMEMAKER –BASIC: (available through CDASS service model and Family Care Giver service model)**

- 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: (available through CDASS service model and Family Care Giver service model)**

- 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.

### **HEALTH MAINTENANCE: (Only available through CDASS service model)**

- Health Maintenance includes assistance with health related activities that are typically provided by a certified or licensed attendant, such as a CNA, LPN or RN.

**RESPIRE: (available through Family Care Giver service model)**

- 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 or 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 a letter of recommendation annually.*

**HIPPO THERAPY:**

- 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 a letter of recommendation annually.*

**BEHAVIORAL SERVICES:**

- Behavioral consultation, assessment, counseling, and line staff in order to address identified challenging behavioral needs of the individual as identified by a professional.

**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.*

**DAY PROGRAMMING (Supported Community Connector and Day Habilitation): (available through Family Care Giver service model):**

- Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that takes place in a non-residential setting. Activities and environments are designed to foster acquisition of skills, appropriate behavior, greater independence, and personal choice.

**PREVOCATIONAL SERVICES:**

- Services to prepare an individual for paid community employment. Assist the individual to participate and obtain paid community employment within five years.

### **JOB COACHING/JOB PLACEMENT/SUPPORTED EMPLOYMENT:**

- Intensive, ongoing supports that enable individuals to perform in a regular work setting. May include assessment and identification of vocational interests and capabilities in preparation for job development and/or assisting the individual to locate a job. *Individuals are required to apply for services through the Division of Vocational Rehabilitation (DVR) prior to receiving these services. For application and additional information visit [www.dvrcolorado.com](http://www.dvrcolorado.com).*

### **TRANSPORTATION (TO DAY PROGRAM/NOT TO DAY PROGRAM/ BUS PASSES AND ACCESS-A-RIDE):**

- Provided in order to enable individuals to gain access to waiver and other community services, activities, and resources, as specified by the Service Plan. Transportation beyond Day Habilitation and Supported Employment limited to 4 one-way trips (0-10 miles each) per week.

### **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 medication cups, gloves, and wipes. *A letter of recommendation or letter of medical necessity is needed to access these supports.*

## **DENTAL (preventative and basic)\*:**

- *All adult state Medicaid participants over the age of 21 in Colorado will have access to up to \$1,500 of annual adult dental benefits, regardless of if they are eligible for or enrolled in a Medicaid Waiver. Dental benefits through the SLS Waiver CANNOT be accessed until the individual's state dental benefit has been exhausted. Individuals ages 18-20 are provided coverage under the Children's Medicaid State Plan and are not eligible for dental benefits through*

## **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 and include glasses, contacts, and other medically necessary methods. All exams are covered under the Medicaid State Plan and glasses/contacts are covered under the Medicaid State Plan for individuals that have previously had eye surgery. *Individuals ages 18-20 are provided coverage under the Children's Medicaid State Plan and are not eligible for vision benefits through the DD waiver.*

### **Transition Services (Only for individuals who are experiencing a major life transition)**

#### **Home-Delivered Meals**

- Home Delivered Meals means nutritional counseling, planning, preparation, and delivery of meals to clients who have dietary restrictions or specific nutritional needs, are unable to prepare their own meals, and have limited or no outside assistance.

#### **Independent Living Skills Training**

- Supports for an individual experiencing a major life transition, such as moving out of their family home, moving into the community from an institutionalized setting, etc. individualized training is designed and directed with the individual in services to develop and maintain their ability to independently sustain themselves—physically, emotionally, socially and economically—in the community. May be provided in the individual's residence, in the community, or in a group living situation.

#### **Peer Mentorship**

- Support provided by peers to promote self-advocacy and encourage community living among individuals by instructing and advising on issues and topics related to community living, describing real-world experiences as examples, and modeling successful community living and problem-solving.

#### **Items Purchased**

- The Transition Setup Expense is for the purchase of one-time, non-recurring expenses necessary for an individual to establish a basic household as they transition from a nursing home or Intermediate Care Facility or move for Individuals with Intellectual Disabilities (ICF/IID) to a non-Regional Center HCBS setting, or from an HCBS Regional Center placement to a less restrictive HCBS setting.

#### **Coordinator**

- The Transition Setup Coordination assists the individual with assessing needed items or services to transition, coordinating the purchasing or service required to meet that need, and to ensure the home environment is ready for move-in with all applicable furnishings set-up and functionally operable.