

July 19, 2007

Dear SLS, CES participants and families,

Over the past year I have been advising you on changes to the Children's Extensive Support (CES) and Supported Living Services (SLS) programs. Prior informational letters are available for your review on our website, www.developmentalpathways.org, under the "Services" menu, "Supported Living Services" category.

This letter focuses on 2 recent clarifications from the Division for Developmental Disabilities (DDD) that impact Medicaid waiver participants. The clarifications relate to: (1) recommendations for equipment, modifications, and alternative therapies; and (2) funding of camps with SLS or CES funds.

Recommendations for Equipment; Modifications and Alternative Therapies

1. Alternative therapies or professional services/treatments that cannot be billed directly to Medicaid or other Insurance must be recommended by licensed Medicaid approved Physicians/Therapists (OT, PT, Speech)/Psychiatrists.
2. Alternative therapies or professional services/treatments must be related to an identified behavioral or medical need. The recommending Physician/Therapist must identify a goal for the treatment and be willing to monitor the progress towards the goal. The progress must be documented and submitted to the CCB on a regular basis, more frequently than annually.
3. Assistive technology items and/or home modifications of any type that cannot be billed directly to Medicaid or other Insurance must be recommended by a licensed Medicaid approved Physician/Therapist, including the justification for and expected use/outcome of the item/modification. Assistive technology or modifications must genuinely relate to the individual's disability, and be adaptive in nature; not typical needs.

What this means is that while it remains your choice to utilize non-Medicaid approved Physicians/Therapists, recommendations and treatment plans from them will not meet the requirements for the Medicaid Waiver programs and the services and supports they recommend will not be funded with CES or SLS funds.

We recognize that it can be difficult at times to find available Medicaid Physicians/Therapists, and that it may take more time to ensure the required structure is in place (recommendation, goal, frequency of progress reports established, etc.) prior to approving these services.

It is important to work closely with your CES/SLS coordinator to navigate through this process to insure you can receive the appropriate benefits of the program.

If you or your family member is receiving ongoing alternative therapies or other professional services of this type, you will be receiving a notice shortly explaining what criteria and timelines must be met in order to continue the service. One-time items/modifications currently in the process of being approved may require updated recommendations by Licensed Medicaid Physicians/Therapists.

We continue to require verification of professional licensing for providers of alternative therapies/professional services, and services must address identified needs on the Annual Individual Plan/IP Coversheet. Some items/services may require a Medicaid denial and subsequent denied appeal prior to approval of Waiver funding. Again, please work closely with your coordinator.

You can help by communicating the importance of these recommendations and the expansion of the goal and monitoring requirements to your/your family member's Medicaid approved Physician/Therapist(s). We continue to work on ways to structure recommendations for these items and services, and will be focusing on ways to help the Licensed Medicaid Physicians/Therapists provide the reports needed.

Funding of Camps with SLS or CES funds

In order for CES/SLS funds to be used to pay for an overnight camp setting an individual's Annual Service Plan needs to indicate the need for 20-24 hours daily of on-site (home or community) supervision.

Individuals who do not need that level of supervision in their own home or community will not qualify for this level of supervision in any paid setting, including "camps". Supervision still may be a service noted in the Annual Plan to allow the primary caregiver(s) a break, but the level of supervision needed and described on the plan is what SLS/CES funds may pay for, ranging from a daily check-in to full 24-7 supports. The setting must still be cost-effective within the realm of supervision services available.

In addition, SLS/CES funds can only fund the supervision of the individual in services, not lodging or additional supports provided by parents or other family members.

We realize this clarification may be at odds with some past practice.

Please contact your SLC or CESC with your questions. We appreciate your continued cooperation during sometimes confusing and frustrating changes and are committed to navigate through them together as your needed services and supports continue.

Sincerely,

Shilo Carson
Director, Supported Living Services

Cc: Bob Ward
Director, Client and Family Relations