

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
<b>Assistive Technology</b>	<p>Assistive technology device means 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 participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes:</p> <ol style="list-style-type: none"> <li>1. The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;</li> <li>2. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</li> <li>3. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and</li> <li>4. Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person's disability.</li> </ol> <p>Assistive technology devices and services are only available when the cost is above and beyond that of typical expenses and are not available through the Medicaid State Plan or third party resource. The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>	<p>\$1-10,000</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Has an assessment been completed by a qualified therapist within their scope of practice to demonstrate need?</li> <li>• Is the requested serviced related to the participant's disability?</li> <li>• Is the training and technical assistance time limited, goal specific and outcome focused?</li> </ul> <p><i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i></p>	<ul style="list-style-type: none"> <li>• Computers</li> <li>• Items or devices that are entertainment in nature (CDs, DVDs, iTunes, games, etc.)</li> <li>• Training or adaptations directly related to a school or home educational goal or curriculum.</li> <li>• Purchase, Training and Maintenance of Service Animals</li> </ul>
		<p>N/A</p>		
		<p>&gt;\$10,000</p>		

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Behavioral Services	<p><b>Behavioral Consultation Services</b> include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the participant’s developmental disability and are necessary for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Intervention modalities shall relate to an identified challenging behavioral need of the individual. Specific goals and procedures for the Behavioral Services must be established. Individuals with co-occurring diagnoses of developmental disabilities and covered mental health conditions shall have identified needs met by each of the applicable systems without duplication but with coordination by the Behavioral Services professional to obtain the best outcome for the individual.</p> <p>Services for the sole purpose of training in basic life skills, such as Activities of Daily Living, social skills and adaptive responding are excluded and shall not be reimbursed under Behavioral Services.</p> <p>Behavioral Consultation Services are limited to 80 units or 20 hours per Service Plan year.</p> <p>Provider Qualifications:</p> <p>Shall have a Master’s degree or higher in behavioral, social or health science or education and be nationally certified as a “Board Certified Behavior Analyst” (BCBA), or certified by a similar nationally recognized organization or licensed by the State Board of Examiners. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or,</p> <p>Shall have a Baccalaureate degree or higher in behavioral, social or health science or</p>	<p>Consultation Services: 1-40</p> <p>Assessment: 1-40</p> <p>Counseling Services: 1-104</p> <p>Line: N/A</p> <p>Consultation Services Line: 41-80</p> <p>Assessment: N/A</p> <p>Counseling Services: 105-208</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Is there a BISSP in place?</li> <li>• Is the appropriate Behavioral Service procedure utilized to meet the identified needs?</li> <li>• Is Behavioral Line Service being utilized for an indefinite/long term period of time?</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Services</li> </ul>

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Behavioral Services Continued	<p>education and be 1) certified as a “Board Certified Associate Behavior Analyst” (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services professional.</p> <p><b>Behavioral Plan Assessment Services</b> include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document. Behavioral Plan Assessment Services are limited to 40 units or 10 hours and one assessment per Service Plan year.</p> <p>Provider Qualifications:</p> <p>Shall have a Master’s degree or higher in behavioral, social or health science or education and be nationally certified as a “Board Certified Behavior Analyst” (BCBA) or certified by a similar nationally recognized organization or licensed by the State Board of Examiners. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or,</p> <p>Shall have a Baccalaureate degree or higher in behavioral, social or health science or education and be 1) certified as a “Board Certified Associate Behavior Analyst” (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services provider.</p> <p><b>Individual/Group Counseling Services</b> include psychotherapeutic of psychoeducational intervention related to the developmental disability in order for the individual to acquire or maintain appropriate adaptive behaviors , interactions with</p>	<p>Line: N/A</p> <p>Consultation Services: N/A</p> <p>Assessment: N/A</p> <p>Counseling Services: N/A</p> <p>Line: All</p>		
Behavioral				

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Services Continued	<p>others and behavioral self-management, in positively impact the individual’s behavior or functioning. Counseling may be provided in a individual or group setting and may include cognitive behavior therapy, systematic desensitization, anger management, biofeedback, and relaxation therapy.</p> <p>Services for the sole purpose of training in basic life skills such as Activities of Daily Living, social skills and adaptive responding are excluded and shall not be reimbursed under Behavioral Services.</p> <p>Counseling Services are limited to 208 units or 52 hours per Service Plan year.</p> <p>Provider Qualifications:</p> <p>Shall hold the appropriate license or certification for the provider’s discipline according to state law or federal regulations and represent one of the following professional categories: Licensed Clinical Social Worker, Certified Rehabilitation Counselor, Licensed Professional Counselor, Licensed Clinical Psychologist, or BCBA and must demonstrate or document a minimum of two years experience in providing counseling to individuals with developmental disabilities; or,</p> <p>Have a Baccalaureate degree or higher in behavioral, social or health science or education and work under the supervision of a licensed or certified professional as set forth above in the individual/group counseling provider qualifications.</p> <p><b>Behavior Line Services</b> include direct 1:1 implementation of the behavioral support plan, under the supervision and oversight of a Behavioral Consultant for acute, short term intervention at the time of enrollment from an institutional setting or to address and identified challenging behavior of an individual at risk of institutional placement and that puts the individual’s health and safety and/or the safety of others at risk. Behavioral Line Services are limited to 960 units or 240 hours per Service Plan year.</p>			

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
	<p>Provider Qualifications:</p> <p>Must be at least 18 years of age, graduated from high school or earned a high school equivalence degree and have a minimum of 24 hours training, inclusive of practical experience in the implementation of positive behavioral supports or applied behavioral analysis that is consistent with best practice and research on effectiveness for people with developmental disabilities. Work under the direction of a Behavioral Consultant.</p>			

Service	Definition	Thresholds	Consideration and Questions	Exclusions
<p>Day Habilitation-Services and Supports-Specialized Habilitation</p>	<p>Day Habilitation Services and Supports includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant’s private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the participant’s Service Plan.</p>	<p>Combined Day Hab 1-4992</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> </ul>	<ul style="list-style-type: none"> <li>• Day programs that operate on weekends or 365 days per year-may not exceed the 7112 unit limitation.</li> <li>• 18-21 y/o during school year.</li> <li>• 18-21 y/o during school breaks that qualifies for Extended School Year (ESY).</li> </ul>
	<p>Specialized Habilitation (SH) services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized Habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.</p>	<p>Combined Day Hab 4993-7112</p>		
		<p>Combined Day Hab: N/A</p>		

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
<p>Day Habilitation Services and Supports- Supported Community Connection</p>	<p>Day Habilitation Services and Supports includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant’s private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the participant’s Service Plan.</p>	<p>Combined Day Hab: 1-4992</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Does the activity provide the opportunity to build relationships and natural supports in the community?</li> <li>• Does the participant have the opportunity to have meaningful interaction with community members other than paid staff?</li> <li>• Are the activities included within the Residential services/rate?</li> </ul>	<ul style="list-style-type: none"> <li>• Outside of participant’s community</li> <li>• Service excluded in another service</li> <li>• Day programs that operate on weekends or 365 days per year.</li> <li>• Movies and activities exclusively for recreational purposes.</li> <li>• 18-21 y/o during school year.</li> <li>• 18-21 y/o that qualifies for Extended School Year (ESY), during school breaks.</li> </ul>
	<p>Supported Community Connection (SCC): supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a participant’s Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p>	<p>Combined Day Hab: 4992-7112</p>		
		<p>Combined Day Hab: N/A</p>		

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Dental Services	<p>Dental services are available to individuals age 21 and over. Covered dental services are for diagnostic and preventative care to abate tooth decay, restore dental health and are medically appropriate. Services include preventative, basic and major services. These dental services require prior authorization at the local Community Centered Board (CCB) level pursuant to the DDD Prior Authorization Request (PAR) process.</p> <p>Dental services are provided only when the services are not available through the Medicaid state plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 10 CCR 2505-10 Section 8.011.11 or available through a third party resource. General limitations to dental services (e.g., frequency) will follow Department guidelines using industry standards and are limited to the most cost effective and efficient means to alleviate or rectify the dental issues associated with the individual.</p> <p>Implants are not a covered service for participants who smoke due to substantiated increased rate of implant failures for chronic tobacco users. Subsequent implants are not a covered service when prior implants fail. Full mouth implants and/or crowns are not covered. Services not covered under the waiver dental services include, but are not limited to cosmetic dentistry, orthodontia, emergency extractions intravenous sedations, general anesthesia and hospital fees. Cosmetic dentistry is defined as aesthetic treatments designed to improve the appearance of the teeth and/or smile (e.g., whitening, contouring, and veneers).</p>	<p>Preventative and Basic: 1-750</p> <p>Major: 1-750</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Does the participant have dental insurance?</li> <li>• By getting dental insurance would the cost to the waiver be reduced?</li> <li>• Have third party resources been explored (i.e. School of Dentistry, Dental Lifeline Network-aka Colorado Foundation of Dentistry for the Handicapped)?</li> <li>• Is the service requested the most cost effective? For example:                         <ul style="list-style-type: none"> <li>○ Crown/Fillings: Gold, silver or porcelain?</li> </ul> </li> <li>• Should the participant get a second opinion?</li> <li>• For implants, does the Treatment Plan align with a Fee for Service model?</li> <li>• Have dentures been considered? Has an evaluation for dentures completed? Why wouldn't the client use dentures?</li> <li>• Are the implant(s) necessary to support a-dental bridge?</li> </ul>	<ul style="list-style-type: none"> <li>• Cosmetic Procedures</li> <li>• Orthodontia</li> <li>• Emergency Services</li> <li>• General Anesthesia</li> <li>• Intravenous Sedation</li> <li>• Operating Room Charges</li> <li>• Hospital Fees</li> <li>• Biopsies</li> <li>• Implants shall not be a benefit for participants who smoke due to substantiated increased rate of implant failures for smokers.</li> <li>• Subsequent implants are not a benefit when prior implants fail.</li> <li>• Full mouth implants</li> <li>• Full mouth crowns</li> <li>• Services covered under EPSDT for 18-21 year olds.</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Dental Services Continued	<p><b>Preventative and basic services are limited to \$2,000 per Service Plan year. Major services are limited to \$10,000 for the five (5) year lifetime of the waiver.</b></p> <p>Available Dental Services:</p> <ul style="list-style-type: none"> <li>• Preventative Services                             <ul style="list-style-type: none"> <li>○ Dental Insurance Premiums</li> <li>○ Periodic Examination and Diagnosis</li> <li>○ Radiographs (e.g. X-rays), when indicated</li> <li>○ Non-Intravenous Sedation</li> <li>○ Basic and Deep Cleanings</li> <li>○ Mouth Guards</li> <li>○ Topical Fluoride Treatment</li> </ul> </li> <li>• Basic Services                             <ul style="list-style-type: none"> <li>○ Fillings</li> <li>○ Root Canals</li> <li>○ Denture realigning and/or repairs</li> <li>○ Repairs/Re-cement Crowns and Bridges</li> <li>○ Non-Emergency Extractions including simple, surgical, full and partial</li> </ul> </li> <li>• Major Services                             <ul style="list-style-type: none"> <li>○ Implants only when the procedure is necessary to support a dental bridge for the replacement of multiple missing teeth, or is necessary to increase the stability of dentures.</li> <li>○ Crowns</li> <li>○ Bridges</li> <li>○ Dentures</li> </ul> </li> </ul>	<p>Preventative and Basic: 751-2000</p> <p>Major: 751-10,000</p> <p>Preventative and Basic: N/A</p> <p>Major: N/A</p>	<ul style="list-style-type: none"> <li>• Are the implant(s) necessary to increase the stability of dentures</li> <li>• Major dental services cannot exceed \$10,000 for the life of the waiver, which began July 1, 2009.</li> </ul>	



\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Home Accessibility Adaptations	<p>Those physical adaptations to the primary residence of the participant that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning) and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Prior authorization is required for any adaptation adding square footage to a home. All devices and adaptations shall be provided in accordance with applicable state or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan or third party resources shall be utilized prior to accessing waiver funds.</p>	<p>\$1-10,000</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Has an assessment been completed by a qualified therapist within his/her scope of practice?</li> <li>• Is this the participant’s primary residence?</li> <li>• Most cost effective?</li> <li>• Necessary for health and safety?</li> <li>• Related to disability?</li> <li>• Increases independence?</li> <li>• Have three three (3) bids been obtained?</li> <li>• Is the residence being rented or purchased?</li> <li>• If it is a rental, can the modification be taken with the participant upon a move?</li> <li>• Has this modification been previously paid for in another residence?</li> </ul>	<ul style="list-style-type: none"> <li>• Aesthetics</li> <li>• Luxury building materials</li> <li>• Extreme Makeover-Home Edition</li> <li>• Provider convenience</li> <li>• Adaptations or improvements to the home that are considered to be on-going homeowner maintenance such as carpeting, roof repair, central air conditioning, air duct cleaning, driveways and sidewalks</li> <li>• Monthly or ongoing home security monitoring fees</li> <li>• Home furnishings</li> <li>• Adaptations to rental</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Home Accessibility Adaptations Continued		>\$10,000	<i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i>	units when the adaptation is not portable and cannot move with the participant <ul style="list-style-type: none"> <li>• Luxury upgrades.</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Homemaker-Basic	Services that consist of the performance of basic household tasks within the participant's primary residence such as cleaning, laundry, or household care, including maintenance related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.	All	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Is this the primary residence?</li> <li>• Always consider Natural Supports, but specifically question does it make sense that this particular chore is separated out from the overall family routine?</li> <li>• Does it relate to the client's disability and does it result in additional household tasks?</li> <li>• Does it afford the family the ability to provide additional supports to the client?</li> <li>• Can the tasks be met through basic prompting and cueing? Basic prompting and cueing: Reminders to initiate or complete a full task.</li> <li>• Meal Preparation/Cooking is covered in this area.</li> <li>• Assistance with moving if the person does not live with family and has no natural supports or third party resources to assist.</li> </ul>	<ul style="list-style-type: none"> <li>• All areas of the home are requested</li> <li>• Lawn Care</li> <li>• Snow Removal</li> <li>• Pet Care-Monkeys, cats, dogs, cattle, livestock---all PETS excluded</li> <li>• Meal/Menu planning is covered under Personal Care</li> <li>• Those enrolled in CDASS cannot receive Personal Care or Home Maker services.</li> </ul>
		N/A		
		N/A		

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Homemaker-Enhanced	<p>Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning.</p> <p>Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with Enhanced Homemaker Services, however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker Services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs.</p>	1-560	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Does the service require a habilitative, structured program?</li> <li>• Do the tasks require enhanced prompting and cueing?</li> <li>• Enhanced prompting and cueing: Provider is physically present to provide step by step instructions (verbal or physical) throughout the entire task.</li> <li>• Is there a specific ISSP?</li> <li>• Meal Preparation/Cooking is covered in this area.</li> <li>• Extraordinary cleaning means those tasks that are beyond routine sweeping, mopping, laundry or cleaning and require additional cleaning /sanitizing due to the individual's disability.</li> <li>• What makes this task(s) extraordinary compared to other clients in Long Term Care programs in Colorado? If an EBD homemaker provider would be willing to complete the task(s), it would not be considered extraordinary cleaning. EBD providers can be found at:</li> </ul>	<ul style="list-style-type: none"> <li>• Lawn Care</li> <li>• Snow Removal</li> <li>• Pet Care-Monkeys, cats, dogs, cattle, livestock---all PETS excluded</li> <li>• Meal/Menu planning is covered under Personal Care</li> <li>• Those enrolled in CDASS cannot receive Personal Care or Home Maker services.</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
		<div style="background-color: #cccccc; padding: 5px; text-align: center;">561-720</div> <div style="background-color: black; color: white; padding: 5px; text-align: center;">&gt;720</div>	<p><a href="http://www.hfemsd1.dphe.state.co.us/hfd2003/homebase.aspx?Ftype=hcbpch&amp;Do=srch">http://www.hfemsd1.dphe.state.co.us/hfd2003/homebase.aspx?Ftype=hcbpch&amp;Do=srch</a></p> <ul style="list-style-type: none"> <li>• If the task(s) requires more hours to get the job done, then it would be Basic Homemaker rather than Enhanced Homemaker Service.</li> </ul>	

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Mentorship	<p>Service provided to participants to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. This service includes assistance in interviewing potential providers, understanding complicated health and safety issues, and assistance with participation on private and public boards, advisory groups and commissions. This service may also include training in child and infant care for parent(s) who themselves have a developmental disability. This service does not duplicate case management or waiver services such as Day Habilitation. Mentorship is limited to 192 units (48 hours) per year. Units to provide training to participants for child and infant care may be authorized beyond the 192 units per year.</p>	1-192	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Does the need fall outside of a Targeted Case Management function?</li> <li>• Is this something an Advocacy Organization provides?</li> <li>• Are there other community resources or natural supports that provide this?</li> <li>• Does the individual have an Authorized Representative?</li> <li>• Is it a complicated health issue or is it a health related service that should be covered under Personal Care or Home Health?</li> <li>• Assistance with Court: Can the court appointed attorney not meet the specific need?</li> <li>• Assistance with finding a place to live:                             <ul style="list-style-type: none"> <li>- Natural Supports should be utilized when available.</li> <li>- Promoting self-advocacy through methods such as instructing, providing experiences, modeling and advising</li> <li>- If the majority of the steps involved need to be done for the client, then it would fall under PC.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The public and/or private board, advisory group or commission is disability based-why wouldn't they provide the assistance needed to that individual to participate?</li> <li>• There is a professional assigned to assist the person with the complicated health issue through the hospital or doctor's office.</li> <li>• Assistance with moving.</li> <li>• Any requests exceeding 192 units that are not units to provide training to participants for child and infant care and have not been prior authorized.</li> <li>• Shall not duplicate case management or other waiver services such as Day Habilitation</li> </ul>
		N/A		
		>192		

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Non-Medical Transportation Services	<p>Service provided in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. Transportation to and from work is a benefit in conjunction with Supported Employment service except when the Supported Employment service occurs at a frequency less than the number of days worked. In that case, transportation to and from the place of employment is a benefit when the participant does not have resources available, including personal funds, natural supports and/or third party resources. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. Transportation to and from day program shall be reimbursed based on the applicable transportation band. The number of units available for Transportation Services is 508 units per Service Plan year or approximately 42 trips per month. A unit is a per-trip charge for to and from Day Habilitation and Supported Employment Services. Transportation in addition to Day Habilitation and Supported Employment Services is limited to 4 trips per week reimbursed at transportation band one.</p>	<p>1-508 Day Program 1-208 Non-Day Program</p> <p style="text-align: center;">N/A</p> <p style="text-align: center;">N/A</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Can the participant afford his/her own transportation?</li> <li>• Are there natural supports that can provide transportation?</li> <li>• Is the participant receiving Day Habilitation Services and Supports (DHSS)?</li> <li>• Is the participant receiving Prevocational Services?</li> <li>• Is the client receiving Supported Employment (SE) services?</li> <li>• Are the units requested commensurate with the number of days in DHSS, Prevocational Services and SE plus the 4 additional trips allowed?</li> <li>• Is the request within the appropriate mileage band?</li> <li>• The additional trips per week are at Non Day Program Mileage band 1.</li> <li>• A dollar per unit to purchase a bus pass or other Public Conveyance may only be used when it is more cost effective than, or equivalent to the applicable mileage range.</li> </ul>	<ul style="list-style-type: none"> <li>• Rate requested above mileage band</li> <li>• Requests that exceed 508 units for DHSS, Prevocational Services and Supported Employment.</li> <li>• Requests that exceed 4 trips/wk (208 units) in addition to DHSS, Prevocational Services and Supported Employment.</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Personal Care	A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.	1-1400	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Health Related Services (first aide, medication administration, assistance scheduling and/or reminders to attend routine/as needed medical, dental and therapy appointments, support/accompanying participants to routine/as needed medical, dental, and/or therapy appointments to ensure understanding of instructions, doctor’s orders, follow up, diagnoses and/or testing required, and/or skilled care that takes place out of the home)</li> <li>• Meal Planning/Grocery Shopping</li> <li>• Skilled vs. Unskilled – See Medicaid Program Rules at 10 CCR 8.489.30. Must have an assessment completed through home health when needs meet the definition of Skilled in rule. The 485 is required to be updated every 60 days. The Case Manager shall obtain a copy of the most recent 485.</li> <li>• Assistance with finding a place to live:               <ul style="list-style-type: none"> <li>- Natural Supports should be utilized</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Skilled care</li> <li>• Those enrolled in Consumer Directed Attendant Support Services (CDASS) cannot receive Personal Care or Home Maker services.</li> </ul>



**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Personal Care Continued		<div style="background-color: #cccccc; padding: 5px; text-align: center;">1401-1800</div> <div style="background-color: #333333; color: white; padding: 5px; text-align: center;">&gt;1800</div>	<p>when available.</p> <ul style="list-style-type: none"> <li>- Do the majority of the steps involved need to be done for the participant?</li> <li>- If the primary support is to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising, then the service is Mentorship.</li> </ul>	

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Personal Emergency Response System (PERS)	PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. The participant and their case manager develop a protocol for identifying who is to be contacted if/when the system is activated.	1-600	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Is this the most cost effective?</li> </ul>	<ul style="list-style-type: none"> <li>• Systems cannot be purchased that require future payments to be paid up front</li> <li>• Community medication monitoring systems</li> </ul>
		N/A		
		>601		

Service	Definition	Thresholds	Consideration and Questions	Exclusions
---------	------------	------------	-----------------------------	------------

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
<p>Prevocational Services</p>	<p>Prevocational Services prepare a participant for paid community employment. Services include teaching such concepts as attendance, task completion, problem solving and safety that are associated with performing compensated work. Services are identified in the participant's service plan and are directed to habilitative rather than explicit employment objectives. Services are provided in a variety of locations separate from the participant's private residence or other residential living arrangement. Participants are compensated in accordance with applicable federal laws and regulations. Prevocational Services can be differentiated from Supported Employment Services by using the following criteria: 1) compensation is paid at less than 50 percent of the minimum wage (agencies that pay less than minimum wage shall ensure compliance with Department of Labor regulations); and, 2) goals for prevocational services are general in nature and are not primarily directed at teaching job specific skills.</p> <p>Prevocational Services assist the participant to obtain paid community employment within five years. Prevocational Services may continue longer than five years when documentation in the annual Service Plan demonstrates the need and the need is based on an annual assessment. A comprehensive assessment and review for each participant receiving Prevocational Services shall occur at least once every five years. The purpose of this assessment and review is to determine whether or not the participant has developed the skills necessary for paid community employment. If at the time of the five year evaluation or any time during those previous five years it is determined</p>	<p>Combined Day Hab: 1-4992</p> <hr/> <p>Combined Day Hab: 4993-7112</p>	<ul style="list-style-type: none"> <li>• General Consideration</li> <li>• Do the identified goals assist the participant to learn the skills necessary in order to obtain community employment?</li> </ul>	

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
<p>Prevocational Services Continued</p>	<p>that the participant is not demonstrating progress toward their goal of community employment, the interdisciplinary team shall review other day program options and the Prevocational Services shall be discontinued. Participants who receive Prevocational Services may also receive supported employment and/or Day Habilitation Services. A participant's Service Plan may include two or more types of day services (i.e., Day Habilitation Services and Supports, Supported Employment or Prevocational Services). However, different types of day services may not be billed during the same period of the day. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under Section 110 of The Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA) at 20 U.S.C.1401 et seq.</p> <p>The combined units of Day Habilitation Services and Supports, Prevocational Services and Supported Employment shall not exceed 7,112 units per Service Plan year.</p>	<p>Combined Day Hab: N/A</p>		

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Professional Services	<p>Professional services include Hippo-therapy, Movement Therapy and Massage. The provider shall be licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source. Passes to community recreation centers when used to access professional services is allowed. Recreational passes shall be purchased in the most cost effective manner(i.e. day passes or monthly passes.)</p> <p>Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral and communication.</p> <p>Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.</p> <p>Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.</p>	>0	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Is there a recommendation by a licensed Medicaid State Plan therapist/physician?</li> <li>• Has the licensed Medicaid State Plan therapist/physician identified a goal for the treatment and a plan to monitor the progress of that goal at least quarterly?</li> </ul>	<ul style="list-style-type: none"> <li>• Experimental Services</li> <li>• Equine Therapy</li> <li>• Therapeutic Riding</li> <li>• Warm Water Therapy</li> <li>• Art Therapy</li> <li>• Acupuncture</li> <li>• Chiropractor</li> <li>• Fitness/Personal Trainer</li> </ul>
		N/A		
		N/A		

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Respite	<p>Services provided to participants that are furnished on a short-term basis, because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period.</p>	<p>1-30 full days per year and 1-1880 units of partial days</p> <hr/> <p>&gt;30 full days per year and &gt;1880 units of partial days Camp/Group ALL</p> <hr/> <p>N/A</p>	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• What type of setting is the Respite being delivered?               <ul style="list-style-type: none"> <li>○ Individual: The participant receives respite in a one-on-one situation. There are no other individuals in the setting also receiving respite services. Individual respite occurs for 10 hours or less in a 24-hour period.</li> <li>○ Individual Day: The participant receives respite in a one-on-one situation for cumulatively more than 10 hours in a 24 hour period.</li> <li>○ <u>Camp</u>: The participant receives respite in a camp setting, which is defined as a facility that offers 24 hour supervision through supervised overnight group accommodations. The intention of the service must be to provide the primary caretaker a temporary break from caring for the participant . Total camp units will be included in the maximum service limit.</li> <li>○ <u>Group</u>: The participant receives care along with other individuals, who</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Camp may not substitute for other services provided by the Camp such as personal care, behavioral services or services not covered by the waiver including room and board. The daily camp rate shall not exceed the respite daily rate.</li> <li>• The total cost of group units within a 24-hour period shall not exceed the respite daily rate.</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

<b>Service</b>	<b>Definition</b>	<b>Thresholds</b>	<b>Consideration and Questions</b>	<b>Exclusions</b>
			may or may not have a disability. Total group units shall be included in the maximum service limit.	

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Specialized Medical Equipment and Supplies	<p>Specialized Medical Equipment and supplies include:</p> <ol style="list-style-type: none"> <li>1. Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living.</li> <li>2. Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods.</li> <li>3. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability.</li> <li>4. Specially designed clothing (e.g. velcro) for participant if the cost is over and above the costs generally incurred for a participant's clothing.</li> <li>5. Maintenance and upkeep of the equipment.</li> </ol> <p>Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.</p>	Equipment \$1-700	<ul style="list-style-type: none"> <li>• General Considerations</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Aids- Available through Assistive Technology or EPSDT for those who are 18-21 y/o</li> <li>• State Plan Benefits</li> <li>• Orthopedic Shoes/Inserts</li> <li>• Chucks/Bed Pads</li> <li>• Gloves</li> <li>• Diapers</li> <li>• Grab Bars</li> <li>• Wheel Chair Adaptations</li> </ul> <p style="text-align: center;"><i>Please Refer to current Provider Bulletin for a complete listing</i></p>
		Supplies \$1-700		
		Equipment \$701-\$1000		
		Supplies \$701-\$1000		
		Equipment >\$1000		
		Supplies >\$1000		



**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Supported Employment	<p>Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported Employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported Employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported Employment includes activities needed to sustain paid work by participants, including supervision and training. When Supported Employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting.</p> <p>Participants are required to apply for services through the Division of Vocational Rehabilitation (DVR). Supported Employment does not take the place of nor is it duplicative of services received through the Division of Vocational Rehabilitation.</p>	<p>Combined Day Hab 1-4992</p> <p>Combined Day Hab 4993-7112</p>	<ul style="list-style-type: none"> <li>General Considerations</li> <li>Has the client been referred to the Division of Vocational Rehabilitation (DVR)?</li> <li>Supported Employment is conducted in a variety of settings in which participants interact with non-disabled individuals</li> <li>If there isn't interaction with the community, is that be consistent with the nature of the job?</li> <li>If DVR determines the individual unemployable, the team must demonstrate how Vocational Rehabilitation's concern has been addressed and the result of another referral.</li> <li>Job Development through the waiver is available when a client is on the waitlist for Vocational Rehabilitation services.</li> </ul>	<ul style="list-style-type: none"> <li>If Vocational Rehabilitation has determined that an individual is not employable</li> <li>Placement onto an enclave/mobile crew without going through DVR</li> <li>Placement in a community job without going through DVR</li> </ul>

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Supported Employment Continued	<p>Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).</p> <p>Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in a Supported Employment program; payments that are passed through to users of Supported Employment programs; or payments for training that are not directly related to an individual's Supported Employment program.</p>	<p>Combined Day Hab N/A</p>	<ul style="list-style-type: none"> <li>When an agency agrees to provide job development within the specified amount, reimbursement is available only once until the job is found regardless of length of time.</li> </ul>	

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Vehicle Modifications	<p>Adaptations or alterations to an automobile or van that is the participant’s primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>The following are specifically excluded:</p> <p>1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;</p> <p>2) Purchase or lease of a vehicle; and</p> <p>3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.</p> <p>The total cost of home accessibility adaptations, vehicle modifications, and assistive technology may not exceed \$10,000 over the life of the waiver except that on a case by case basis the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.</p>	\$1-10,000	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Are there a sufficient number of providers to obtain 3 bids?</li> <li>• Cost Effective</li> <li>• Primary Vehicle Only</li> <li>• Has this modification been purchased on another vehicle in the past?</li> </ul> <p style="text-align: center;"><i>Please Note: Thresholds are based on a combined amount of the following services: Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications</i></p>	<ul style="list-style-type: none"> <li>• Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant;</li> <li>• General adaptations or improvements not related to the individual's disability</li> <li>• Purchase or lease of a vehicle</li> <li>• Regular upkeep and maintenance of the vehicle except upkeep and maintenance of the modifications.</li> </ul>
		N/A		
		>\$10,000		

**Attachment B**

Service Authorization  
Home and Community Based Supported Living Services Waiver (HCBS-SLS)

\*"Threshold" means the maximum number of units of service that may be approved at the Case Manager level and the Case Management Supervisor level without requiring DDD approval.

Service	Definition	Thresholds	Consideration and Questions	Exclusions
Vision	These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 10 CCR 2505 10, 8.011.11 or available through a third party resource. Vision services are provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods used to improve specific dysfunctions of the vision systems. Lasik and other similar types of procedures are prior approved and only allowable when the procedure is necessary due to documented specific behavioral complexities (i.e. constant destruction of eye glasses) associated with the participant that make other more traditional remedies impractical.	\$1-500	<ul style="list-style-type: none"> <li>• General Considerations</li> <li>• Is there a current need for vision services?</li> <li>• Is this required by a physician's physical?</li> <li>• Amount of service is based on need not threshold</li> <li>• Is the treatment plan consistent with need?</li> <li>• Has participant ever had eye surgery? If so, there should be some coverage under Medicaid State Plan.</li> <li>• Lasik: Is it cost effective? Participant's age? Both eyes vs. one at a time.</li> <li>• Lasik must be prior authorized by the DDD Waiver Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional remedies have not been tried prior to seeking lasik.</li> <li>• Not Medically Necessary.</li> <li>• Services available under EPSDT for 18-21 year olds.</li> </ul>
		\$501-\$1000		
		>\$1000		