



1915(c) Service Authorization Crosswalk Supports for Community Living Waiver (SCL)

Kentucky 1915(c) Home and Community Based Waiver Services

Education for Case Managers

Supports for Community Living Waiver (SCL) Crosswalk

WELCOME TO THE 1915(c) SERVICE AUTHORIZATION CROSSWALKS

The 1915(c) Service Authorization Crosswalks provide case managers with an overview of the 1915(c) waiver service offerings available to participants. Crosswalks include the following eight (8) elements for each waiver service:

1. **Service:** Name of the service
2. **Applicable 1915(c) Waivers:** A list of all 1915(c) waivers the service applies to (*if the crosswalk contains more than one waiver service*)
3. **Summary at a Glance:** A brief description of the service and limits
4. **Definition:** The service as defined in the 1915(c) Home and Community Based Services (HCBS) waiver specific Kentucky Administrative Regulation (KAR)
5. **Limitations:** Any limits associated with the service, such as volume limits, conflicts with other services, variation based upon a specific waiver
6. **Duplication of Service Risk:** Limitations on this service where it cannot be billed concurrently with another service
7. **Cabinet-level Review/Approval:** Indication that the service requires approval by the Department for Medicaid Services (DMS) or its designee prior to service delivery
8. **Service Indicators:** Examples of rationale that support use of the service

Crosswalks contain the service definition and limitations for each service as indicated in the 1915(c) waiver applications and the KARs, both found on the [Division of Community Alternatives website](#). There are five (5) crosswalks:

1. Acquired Brain Injury Waivers (ABI, ABI-LTC) Crosswalk
2. Home and Community Based Waiver (HCB) Crosswalk
3. Michelle P. Waiver (MPW) Crosswalk
4. Supports for Community Living Waiver (SCL) Crosswalk
5. Model II Waiver (MIIW) Crosswalk

Case managers will find the SCL Crosswalk on the following pages. The additional crosswalks are found on the [Division of Community Alternatives website](#).

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Case Management (T2022)
Summary at a Glance	Assists in identifying and implementing support strategies to assure that the participant's health, safety, welfare, and desires are met, issues are addressed, social networks are developed, and appointments are scheduled.
Definition	<p>Case management involves working with the participant and others that are identified by the participant such as family member(s) in developing a person-centered service plan (PCSP). Case management is responsible for participating in the assessment, reassessment, arranging for appropriate evaluations, intake, referral, and eligibility processes. Using a person-centered planning process, case management assists in identifying and implementing support strategies. These strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of formal, informal, and community supports. Case managers will work closely with the participant to assure his or her ongoing expectations and satisfaction with their lives in the community, the processes and outcomes of supports, services, and available resources. Case managers will assure that participants have freedom of choice of providers in a conflict free climate.</p> <p>Case management involves face-to-face and related contacts to make arrangements for activities which assure the following: The health, safety, and welfare of the participant are met, the desires and needs of the participant are determined, the supports and services desired and needed by the participant are identified and implemented; housing and employment issues are addressed, social networks are developed, and appointments and meetings are scheduled. A person-centered approach to planning is provided while utilizing waiver and other community supports. The quality of the supports and services as well as the health and safety of the participants are monitored. Case manager will assist the participant in managing benefits as needed. Activities are documented and plans for supports and services are reviewed at least annually and more often as needed utilizing person-centered planning processes. The case manager or designee must be able to respond to a call regarding a crisis event within fifteen (15) minutes and be able to respond or send a designee within forty-five (45) minutes if necessary.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	Case management shall not include direct services. Conflict-free case management requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the provider is the only willing and qualified provider in the geographical area (thirty (30) miles from the participant's residence).
Limitations	Billed as one (1) monthly unit. One (1) unit of case management shall equal one (1) month. Upper payment limit of \$352.00.
Duplication of Service Risk	Waiver Service: No State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participant has been approved for waiver and requires case manager for PCSP development and ongoing monitoring. A specific situation/event has occurred in which participant may require additional outreach.

Service Name	Community Access Services (97535-Individual; 97537-Group)
Summary at a Glance	Community Access services are designed to support the SCL participant to engage in meaningful routines, events, and organizations in the community.
Definition	Community access services stress training that assists the person in acquiring, retaining, or improving skills related to connecting with others, independent functioning, self-advocacy, socialization, community participation, personal and financial responsibility, and other skills related to optimal well-being as defined in the participant's PCSP. Community Access services are designed to result in increased ability to access community resources by natural or unpaid supports. Community Access services shall be designed to result in an increased ability to develop natural supports and access community resources, including educational, recreational, religious, civic, or volunteer with an outcome of: less reliance on formal supports

Supports for Community Living Waiver (SCL) Crosswalk

	<p>and greater reliance on natural or unpaid supports as established in the participant's PCSP.</p> <p>Community access services are provided outside the person's home, family home, or residential setting. These services may occur during the day, in the evenings and on weekends. Community Access services may not duplicate residential or other day habilitation services or authorized therapies.</p> <p>Community Access services are provided to a person with a 1:1 staff to participant ratio and shall take place in an integrated community setting. Community Access is an impact service and should decrease in need as the person becomes more independent in accessing and becoming a part of the community.</p> <p>While the service is typically provided 1:1, the planning team may authorize one (1) staff for a small group of no more than two (2) on a case-by-case basis.</p>
<p>Limitations</p>	<p>Any combination of day training, community access, personal assistance, or any hours of paid community employment or on-site supported employment service shall not exceed sixteen (16) hours per day.</p> <p>Community Access-Individual: Fixed upper payment limit of \$8.80.</p> <p>Community Access-Group: Fixed upper payment limit of \$4.40.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
<p>Requires Cabinet-Level Review</p>	<p>No</p>
<p>Service Indicators</p>	<p>Participant has expressed interest in increased engagement in the community, especially to become connected in meaningful ways with people without disabilities.</p> <p>Training provided to assist participant in acquiring, practicing, utilizing, and improving skills related to connecting with others, independent functioning, self-advocacy, socialization, personal responsibility, and financial responsibility.</p> <p>Service shall increase participant's presence, participation, belonging, and contribution in valued social roles in integrated settings.</p>

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Community Guide Services (H2015)
Summary at a Glance	Provide information and assistance with problem solving, decision making, and developing community relationships to promote implementation of the PCSP.
Definition	<p>Community Guide services are designed to empower participants to define and direct their own services and supports. These services are only for persons who opt for self-directed supports for either some or all of their support services. Community Guide services include direct assistance to persons in brokering community resources and in meeting their participant directed responsibilities. Community Guides provide information and assistance that help the participant in problem solving and decision making and in developing supportive community relationships and other resources that promote implementation of the PCSP. The Community Guide service includes providing information to ensure the person understands the responsibilities involved with directing his or her services. The exact direct assistance provided by the Community Guide to assist the person in meeting participant directed responsibilities depends on the needs of the person and includes assistance, if needed with recruiting, hiring, training, managing, evaluating, and changing employees, scheduling and outlining the duties of employees, developing and managing the individual budget, understanding provider qualifications, record keeping, and other requirements.</p> <p>Community Guide services do not duplicate Case Management services. Case managers facilitate the team in development of the PCSP, link the person to medical and waiver services including community guide services, ensure services in the PCSP are properly implemented, and monitor the delivery of services, including Community Guide services. The specific Community Guide services to be received by a person are specified in the PCSP.</p>
Limitations	<p>Unit of service: Fifteen (15) minutes; Limit: Five-hundred seventy-six (576) units per year. Upper payment limit of \$8.80.</p> <p>Community Guides may not provide other direct waiver services, including Case Management, to any waiver participant. Community Guide agencies cannot provide Case Management services.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	A person serving as a representative for a waiver participant receiving participant-directed services (PDS) is not eligible to be a Community Guide for that person.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant requires and would benefit from additional support and education directing his/her services.</p> <p>Participant requires support to execute the PCSP developed by the case manager.</p>

Service Name	Community Transition Services (T2038)
Summary at a Glance	Participant transitioning from institutional/provider operated living arrangement to living arrangement in a private residence where participant is directly responsible for his/her own living expenses
Definition	<p>Community Transitions services are non-recurring set-up expenses for participants who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the participant is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a participant to establish a basic household that do not constitute room and board and may include:</p> <ul style="list-style-type: none"> (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) A one-time set-up fee or deposit for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; (g) activities to assess need, arrange for and procure

Supports for Community Living Waiver (SCL) Crosswalk

	<p>needed resources; and (h) caregiver training.</p> <p>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 participant is unable to meet such expense or when the services cannot be obtained from other sources. Community Transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.</p> <p>When Community Transition services are furnished to participants returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. The participant must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the participant does not enroll in the waiver (e.g., due to death or a significant change in condition), transitional services may be billed to Medicaid as an administrative cost.</p> <p>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.</p>
Limitations	Community Transition services are limited to non-recurring set-up expenses. Shall not exceed \$2,000 per approved transition.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant has identified, via PCSP goal, residing independently and demonstrated they are ready to transition to this setting.</p> <p>Service is not available to participants residing with family.</p> <p>Service is not intended to provide emergency housing</p>

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Consultative Clinical and Therapeutic Services (H0004)
Summary at a Glance	<p>Assessment of the participant and his/her environment to develop home treatment plans and provide recommendations for participant's person-centered plan</p> <p>Assessment to be provided by licensed or certified professionals in psychology, nutrition or counseling; or a positive behavior specialist</p>
Definition	<p>Consultative Clinical and Therapeutic Services includes professional consultation, evaluation, and assessment of the participant, the environment, and the system of support, and written summary of findings or recommendations for the participant and the participant's person-centered planning team.</p> <p>Service includes providing treatment that is consistent with assessment results and diagnosis, is evidence-based or current best practice, and encompasses psychological treatment or counseling as indicated by the condition of the participant.</p> <p>The service provides expertise, training and technical assistance to improve the ability of paid and unpaid caregivers to carry out therapeutic interventions. Through this service, a professional may complete an assessment of the participant, the environment and the system of supports, develop a home treatment plan to facilitate improvement, maintain skills or to prevent decline, provide recommendations and participate in development/revision of components of a participant's person-centered plan. This includes completion of functional assessment of targeted behavior(s) which would be completed by a licensed psychologist, certified psychologist with autonomous functioning, or a positive behavior support specialist. Participants may need this service to coordinate program wide support addressing assessed needs, conditions or symptoms affecting their ability to fully participate in their community.</p> <p>This service shall be provided by a person who meets all personnel and training requirements established in Section 3 of 907 KAR 12:010 and who is a certified nutritionist, licensed dietitian, licensed marriage and family therapist, licensed professional clinical counselor, licensed psychological associate, licensed psychologist, licensed psychological practitioner, licensed clinical social worker, or positive behavior support specialist. (A positive behavior support specialist is an individual who: Provides evidence-</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>based individualized interventions that assist a participant with acquisition or maintenance of skills for community living and behavioral intervention for the reduction of maladaptive behaviors; Has a master's degree in a behavioral science and one (1) year of experience in behavioral programming; Has at least one (1) year of direct service experience with individuals with intellectual or developmental disabilities).</p> <p>The service may include consultation, assessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. This service may be delivered in the participant's home and in the community as described in the PCSP. This service also encompasses psychological treatment as indicated by the condition of the participant. Participation is expected at person-centered service planning meeting which is not a separate billable service.</p> <p>This service may also include direct monitoring of implementation of the home treatment/support plan and/or the PCSP as well as direct supervision of the Person-Centered Coach by the supervising Positive Behavior Specialist.</p> <p>The PCSP shall specify the scope of consultative clinical and therapeutic services that are needed and shall identify the type of professional(s) required.</p> <p>These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.)</p>
Limitations	<p>Unit is fifteen (15) minutes; Limited to one-hundred sixty (160) units per one (1) year authorized PCSP period.</p> <p>Upper payment limit of \$24.75.</p>
Duplication of Service Risk	<p>Waiver Service: No State Plan Service: Yes Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	Expertise, training and technical assistance required to assist both paid and unpaid caregivers to carry out therapeutic interventions.

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Day Training (T2021 /S5100 if service is provided by ADHC)
Summary at a Glance	<p>Trainings in activities of daily Living (ADLs), self-advocacy, and adaptive and social skills to support participation in daily, meaningful routines of the community</p> <p>May include work-like settings that do not meet the definition of supported employment for adult participants</p>
Definition	<p>Day training shall include:</p> <p>Providing regularly scheduled activities in a non-residential setting that are designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice.</p> <p>Career planning or pre-vocational activities to develop experiential learning opportunities and career options consistent with the participant’s skills and interests that are person-centered and designed to support employment related goals; provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; enable each participant to attain the highest level of work in the most integrated setting with the job matched to the participant’s interests, strengths, priorities, abilities, and capabilities; and include: Skill development to communicate effectively with supervisors, co-workers, and customers; generally accepted community workplace conduct and dress; workplace problem solving skills and strategies; general workplace safety, the ability to follow directions and attend tasks; or mobility training; supported retirement activities, including altering schedules to allow for more rest time throughout the day; or support to participate in hobbies, clubs, or other activities in the participant’s community; or training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills.</p> <p>Service shall include required informational sessions sponsored by the provider at least annually for the participant regarding community involvement or employment services and arrangement of opportunities for the participant to explore community integration, supported employment, and other employment opportunities in the community.</p> <p>Day training shall, if provided in an adult day health care center, only be available for a participant who is at least twenty-one (21) years of age; and requires</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>skilled nursing services or nursing supervision in a licensed adult day health care center as outlined in the participant's PCSP.</p> <p>Day training shall include environments that are not diversional in nature; and occur in a variety of settings in the community and shall not be limited to fixed-site facilities; Day training services shall not be reimbursable if vocational in nature and for the primary purpose of producing goods or performing services.</p>
<p>Limitations</p>	<p>Unit of service is fifteen (15) minutes. Any combination of day training, community access, personal assistance, or any hours of paid community employment or on-site supported employment service shall not exceed sixteen (16) hours per day</p> <p>Day Training is limited to:</p> <ol style="list-style-type: none"> 1. Five (5) days per week excluding weekends; and 2. One-hundred sixty (160) fifteen (15) minute units per week for day training alone or in combination with any hours of paid community employment or on-site supported employment service. Upper payment limit of \$2.42 or \$3.30 for Licensed Adult Day Health Centers.
<p>Duplication of Service Risk</p>	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
<p>Requires Cabinet-Level Review</p>	<p>No</p>
<p>Service Indicators</p>	<p>Participant requires training and support to achieve community integration goal.</p> <p>Ensure balance between this and other services received based on the participant's needs and wants.</p> <p>Evaluate options: Is the participant best suited to day training versus adult day health, employment, remaining in home/living environment, or receiving other services.</p> <p>Review time of day and/or days of week to access day training.</p> <p>Selected day training activities provide the opportunity to build relationships and natural supports in the community</p>

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Environmental Accessibility Adaptation Service (T2028)
Summary at a Glance	<p>Modifications designed to enable participants to interact more independently with their environment thus enhancing quality of life and reducing dependence on support from others</p> <p>May include installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant</p>
Definition	<p>Environmental Accessibility Adaptation Services consist of adaptations which are designed to enable participants to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. Environmental Accessibility Adaptation Services consist of physical adaptations to the waiver participant's or family's home which are necessary to ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home and without which, the waiver participant would require institutionalization. Such adaptations consist of the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, etc. 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). All services shall be provided in accordance with applicable state and local building codes.</p> <p>Environmental Accessibility Adaptation Services will not be approved for homes that are provider owned.</p>
Limitations	Limited to an \$8,000 lifetime maximum.

Supports for Community Living Waiver (SCL) Crosswalk

Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: Yes</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Adaptation is necessary for health and safety and/or participant ability to navigate independently throughout residence.</p> <p>Must meet safety/codes Compliance</p> <p>Confirm whether or not the goods or services can be covered through the State Plan or through another resource.</p> <p>Potential reduction in the reliance on In-Home worker/caregiver and/or increase participant independence</p> <p>Select the lowest of the three (3) required estimates.</p>

Service Name	Financial Management Service (T2040)
Summary at a Glance	Management and direction of funds for the participant's approved PCSP for participants electing to use participant-directed services for some or all of their 1915(c) waiver services.
Definition	Financial Management Service (FMS) includes the management and direction of funds in the participant's approved PCSP. The provider shall perform the employer responsibilities of payroll processing which includes: issuance of paychecks, withholding federal, state and local tax and making tax payments to the appropriate tax authorities; and issuance of W-2 forms. The provider shall be responsible for performing all fiscal accounting procedures including issuance of expenditure reports to the participant, their representative, the case manager and DMS. The provider shall maintain a separate account for each participant while continually tracking and reporting funds, disbursements and the balance of the participant's budget. The provider shall process and pay for invoices for all PDS approved in the participant's PCSP. FMS is a required service for participants that elect to direct any service.
Limitations	Defined as a fifteen (15) minute unit and limited to eight (8) units per member per calendar month. FMS

Supports for Community Living Waiver (SCL) Crosswalk

	is limited to members who opt to participant direct some or all of their non-medical services and apply only to PDS.
Duplication of Service Risk	Waiver Service: No State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participants who elect to self-direct through PDS are required to use the financial management service.

Service Name	Goods and Services (T1999)
Summary at a Glance	Services, equipment or supplies not otherwise provided through Medicaid are purchased to reduce the need for personal care or to enhance independence within the home or community of the person.
Definition	<p>Goods and Services are services, equipment or supplies that are individualized to the person or their representative who chooses to use participant-directed services. Goods and services may be utilized to reduce the need for personal care or to enhance independence within the home or community of the person. These services are not otherwise provided through the Medicaid State Plan but address an identified need in the PCSP (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; and, the participant does not have the funds to purchase the item or service or the item or service is not available through another source.</p> <p>Experimental or prohibited treatments are excluded.</p> <p>The specific goods and services provided under Goods and Services must be clearly linked to a participant need that has been identified through a specialized assessment, established in the Support Spending Plan and documented in the participant's PCSP. Goods and services purchased under this coverage may not circumvent other restrictions on</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>waiver services, including the prohibition against claiming for the costs of room and board.</p> <p>The person/representative must submit a request to the case manager for the goods or service to be purchased that will include the supplier/vendor name and identifying information and the cost of the service/goods. A paid invoice or receipts that provide clear evidence of the purchase must be on file in the participant's records to support all goods and services purchased. Authorization for these services requires Case manager documentation that specifies how the Goods and Services meet the above-specified criteria for these services.</p> <p>An individual serving as the representative of a waiver participant for whom the goods and service are being purchased is not eligible to be a provider of Participant Directed Goods and Services. The Financial Manager, a Medicaid enrolled provider, makes direct payments to the specified vendor.</p>
Limitations	Shall not exceed \$1,800 per one (1) year authorized PCSP period
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: Yes</p>
Requires Cabinet-Level Review	Yes (Any submission of \$500 or more must be approved by DMS or its designee prior to service delivery.)
Service Indicators	<p>Confirm whether or not the goods or services can be covered through the State Plan or through another resource.</p> <p>Goods or services are supportive of participant's goals as identified on the PCSP and support participant's overall HCBS needs.</p>

Service Name	Natural Supports Training (T2025)
Summary at a Glance	<p>Training and education for participants who provide unpaid support, training, companionship or supervision to participants for the purpose of accomplishing or improving provision of supports.</p> <p>Services must not be reimbursable by other sources.</p>

Supports for Community Living Waiver (SCL) Crosswalk

Definition	<p>Natural Supports Training (NST) provides training and education to participants who provide unpaid support, training, companionship or supervision to participants for the purpose of accomplishing or improving provision of supports. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided in order to train paid caregivers. An immediate family member, guardian, or legally responsible individual of a participant shall not be eligible to be a participant-directed provider of natural supports training services for the participant.</p> <p>Training includes instruction about treatment regimens and other services specified in the PCSP and includes updates as necessary to safely maintain the participant at home. NST services include the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the PCSP. NST services do not include the costs of travel, meals and overnight lodging to attend a training event or conference. All training for individuals who provide unpaid support to the participant must be included in the participant's PCSP.</p> <p>NST services do not include services reimbursable by any other source. NST Services must not be duplicative of any education or training provided through State Plan physical therapy services, State Plan occupational therapy services, State Plan speech-language pathology services, consultative clinical and therapeutic services, or positive behavior supports services. An individual serving as a representative for a waiver participant in self-directed services is not eligible to be a participant-directed individual provider of NST services.</p>
Limitations	Not to exceed \$1,000 per one (1) year authorized PCSP period.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	Unpaid natural support (i.e. family member, friend, companion) demonstrates need for training to

Supports for Community Living Waiver (SCL) Crosswalk

	<p>appropriately care for participant or participant's equipment.</p> <p>Service is targeted to meet caregiver needs related to the support of the participant.</p>
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Service Name	Person-Centered Coaching (H0023)
Summary at a Glance	<p>Provide for modeling, monitoring, assessing and implementing the PCSP.</p> <p>Provide necessary coaching to key supports when barriers challenge the success of the participant in achieving goals</p>
Definition	<p>Person-centered coaching shall be provided by a person-centered coach who shall: operate independently of a residential or day training provider; work under the direction of a positive behavior support specialist or other licensed professional in the settings where the PCSP is implemented; be an individualized service to be utilized when a barrier challenges the success of a participant in achieving goals.</p> <p>Person-centered coaching shall include the provision of training developed in conjunction with certified or licensed professionals, from the participant's person-centered team, to the participant, family, guardian, natural and paid supports on implementation of all or designated components of the participant's PCSP; monitoring the effectiveness of person-centered planning as demonstrated by the support system's implementation of the PCSP or designated components across the array of service settings and reporting of required and pertinent data; and data collection that shall be utilized by the person-centered team to modify the environment or the PCSP as needed.</p> <p>Person-centered coaching will not duplicate case management or any other service and not supplant an educational service available under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 101 et seq.).</p> <p>Person-centered coaching shall be outcome-based with a plan for the gradual withdrawal of the services.</p>
Limitations	<p>Unit of service is fifteen (15) minutes. Limited to 1320 units per year. Upper payment limit of \$6.33.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p>

Supports for Community Living Waiver (SCL) Crosswalk

	Other Service: No
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Timeframe of service and progress toward goals specified in the PCSP.</p> <p>Participant demonstrates behaviors creating concerns, among those who know the person best, that interfere with ADLs, social interaction and/or work.</p> <p>Team members (i.e. case manager, guardian, authorized representative, natural supports, staff) observe signs of increased agitation and/or increased behavioral outbursts on the part of the participant.</p>

Service Name	Personal Assistance Services (T1019)
Summary at a Glance	<p>Hands-on assistance, reminding, guiding, or training waiver participants in ADLs and instrumental activities of daily living (IADLs).</p> <p>Assistance services take place in participant's home and community.</p>
Definition	<p>Personal assistance services enable waiver participants to accomplish tasks that they normally would do for themselves if they did not have a disability. This assistance may include hands-on assistance (actually performing a task for the person), reminding, observing, guiding, and/or training a waiver participant in ADLs (such as bathing, dressing, toileting, transferring, maintaining continence) and IADLs (more complex life activities such as personal hygiene, light housework, laundry, meal planning and preparation, Non-medical transport, grocery shopping, using the telephone, money management, and medication administration). This service may also include assisting the waiver participant in managing his/her medical care including making medical appointments and accompanying the waiver participant during medical appointments, and transportation, which is not otherwise available under the State Medicaid Program, to access community services, activities, and appointments.</p> <p>Personal assistance services take place in the waiver participant's home, and in the community as appropriate to the participant's need.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>Personal assistance services are available only to a waiver participant who lives in his /her own residence or in his/her family residence. Personal assistance supports are not available to any waiver participant receiving paid residential supports.</p> <p>Without these services, the participant is at risk of needing intermediate care facility services. Personal assistance services are not available to participants under the age of twenty-one (21) when medically necessary personal assistance services are covered by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, if available through the Medicaid State Plan. Personal assistance services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
Limitations	Unit of service is 15 minutes. Any combination of day training, community access, personal assistance, or any hours of paid community employment or on-site supported employment service, shall not exceed sixteen (16) hours per day. Upper payment limit of \$6.09.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant requires assistance with chores such as light housework, laundry, meal planning/preparation, grocery shopping that are separate from the overall family routine.</p> <p>Service affords the family/caregiver the ability to provide additional supports to the participant.</p> <p>Participant requires assistance with personal care needs.</p>

Service Name	Positive Behavior Support Plan (96152)
Summary at a Glance	Utilize data collected during the functional assessment to assist the participant with significant, intensive challenges that interfere with ADLs, social interaction, or work and volunteer situations.
Definition	Positive behavior supports shall include the utilization of evidence-based and best practices in behavioral

Supports for Community Living Waiver (SCL) Crosswalk

	<p>techniques, interventions, and methods to assist a participant with significant, intensive challenges that interfere with ADLs, social interaction, or work; evidence-based or best practices regarding treatment of a behavioral health condition that shall be the primary support services if supplemental behavioral interventions are needed.</p> <p>Positive behavior supports shall include a positive behavior support plan, which shall:</p> <ul style="list-style-type: none">• Be clearly based upon the information, data collected, and recommendations from the functional assessment• Meet the primary purpose of having the participant acquire or maintain skills for community living while behavioral interventions are delivered for the reduction of significant challenges that interfere with ADLs, social interaction, or work• Be developed with the participant and the participant's person-centered team• Be related to goals of interventions, such as greater participation in activities, or enhanced coping or social skills• Identify strategies for managing consequences to maximize reinforcement of adaptive or positive behavior and minimize that for target behavior• Delineate goals of intervention and specific replacement behavior or skills that are incorporated into the participant's PCSP• If necessary to ensure safety and rapid de-escalation of a targeted behavior, outline the de-escalation techniques and scaled response with criteria for use and documentation requirements• Include specific criteria for how data, including rate, frequency, duration, and intensity shall be recorded• Include specific criteria for re-evaluation when the data does not demonstrate progress• Clarify in measurable terms the frequency, intensity, and duration of the target behaviors that will signify that a reduction in services is in order and when services are at an end• Be revised whenever necessary and submitted for review to the local behavior intervention committee along with the participant's PCSP, the participant's functional assessment, the participant's life history, the participant's medical assessment, and any other appropriate assessment• Be submitted to the local human rights committee if rights restrictions are recommended• Be implemented across service settings by the various people, both paid and natural supports,
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Supports for Community Living Waiver (SCL) Crosswalk

	<p>assisting a participant to reach the participant's goals and dreams</p> <p>Positive behavior supports shall be provided by a positive behavior support specialist.</p> <p>Behavioral health treatment and positive behavioral supports shall be utilized in a collaborative manner.</p>
Limitations	Unit of service is one (1) item (Positive Behavior Support Plan) and is reimbursed at a standard fixed rate. Upper payment limit of \$731.50.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Timeframe of service and progress toward goals specified in the PCSP.</p> <p>Participant demonstrates behaviors creating concern among those who know the participant the best and interferes with ADLs, social interaction, or work.</p> <p>Team members (i.e. case manager, guardian, authorized representative, natural supports, staff) observes signs of increased agitation and/or increased behavioral outbursts on the part of the participant.</p>

Service Name	Residential Support Level I (T2016)
Summary at a Glance	<p>Twenty-four (24) hour intense support including adaptive skill development, assistance with ADLs, community inclusion, adult educational supports, and social and leisure skill development.</p> <p>Option to include up to five (5) unsupervised hours per day as identified in the PCSP to promote increased independence.</p>
Definition	<p>Level I Residential Supports are targeted for people who require 24-hour intense level of support and are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with ADLs, community inclusion, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>appropriate to his/her needs. Residential services also include protective oversight and supervision, non-medical transport, personal assistance, and the provision of medical and health care services that are integral to meeting the daily needs of participants.</p> <p>Residential support may include the provision of up to five (5) unsupervised hours per day per person as identified in the PCSP to promote increased independence which shall be based on the individual needs of a person as determined with the person-centered team and reflected in the PCSP. Unsupervised hours are based upon the PCSP developed in the person-centered planning process. Those who cannot safely be unsupervised would not be unsupervised. The supports required for each participant will be outlined in their PCSP, which includes a Crisis Prevention Plan. For each participant approved for any unsupervised time, a safety plan will be created based upon their assessed needs. The case manager, as well as other team members, will ensure the participant is able to implement the safety plan. On-going monitoring of the safety plan, procedures or assistive devices required would be conducted by the case manager to ensure relevance, ability to implement, and functionality of devices if required.</p> <p>If a participant experiences a change in support needs or status, adjustments in residential services shall be made to meet the support needs. If changes are anticipated to be chronic (lasting more than three (3) months), the residential provider may request reassessment to determine if needs have changed. Any increase in funding based on assessed needs shall be used for provision of additional supports as outlined in a revised PCSP. The residential provider is responsible for informing the Division of Developmental and Intellectual Disabilities (DDID) once the participant has returned to previous status so that the residential service level can return to previous status. When residential services are authorized for a participant, the determination of the level is based on information from the participant's Supports Intensity Scale (SIS), a screening tool to measure health risk, and the approved PCSP. The agency providing residential supports is responsible to arrange for or provide non-medical transport between the participant's place of residence and other service sites and community locations.</p>
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Supports for Community Living Waiver (SCL) Crosswalk

Limitations	Unit of service is twenty-four (24) hours. When provided to three (3) or less residents, upper payment limit of \$189.71. When provided to four to eight (4 to 8) residents, upper payment limit of \$143.39.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Consider participant freedom of choice as it relates to:</p> <ul style="list-style-type: none"> • Residential setting, including accessibility • Privacy • Freedom to furnish/decorate unit • Schedule, activities, and access to food any time • Choice in housemates and staff • Compatibility between housemates <p>Residential services are required to provide opportunities for integration. Utilization of other services shall be used only when the residential service is unable to provide the service.</p> <p>Participant requires protective oversight and supervision in order for health, safety and welfare needs to be met.</p> <p>Other less restrictive services have not been successful for the participant; therefore, this level of support is needed.</p>

Service Name	Residential Support Level II (S9976 for fewer than 12 hours supervision / T2016 for 12 or more hours of supervision)
Summary at a Glance	<p>Up to twenty-four (24) hours of service furnished in non-provider owned residences intended to support adaptive skill development, assistance with ADLs, community inclusion, adult educational supports, and social and leisure skill development.</p> <p>Service is intended to assist the person to reside in the most integrated setting appropriate to his/her needs.</p>
Definition	Level II Residential Supports are furnished in a non-provider owned residence with variable rates based on required hours of support. Level II Residential Supports are targeted for people who require up to

Supports for Community Living Waiver (SCL) Crosswalk

	<p>twenty-four (24) hour levels of support and are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with ADLs, community inclusion, adult educational supports, and social and leisure skill development, that assist the person to reside in the most integrated setting appropriate to his/her needs. Residential services also include protective oversight and supervision, non-medical transport, personal assistance, and the provision of medical and health care services that are integral to meeting the daily needs of the recipients.</p> <p>Residential Level II provides support up to twenty-four (24) hours a day; therefore, if the participant experiences a change in support needs or status, adjustments in residential services shall be made to meet the support needs.</p> <p>Level II residential supports shall be provided by: An adult foster care provider that: has been certified by the department to be an SCL waiver provider; and by DBHDID to provide level II residential supports; and shall have no more than three (3) participants who are: Aged eighteen (18) years or older; and receiving publicly-funded supports and living in the home; or A family home provider that has been certified by the department to be an SCL waiver provider; and by DBHDID to provide level II residential supports; and shall have no more than three (3) participants receiving publicly-funded supports living in the home.</p> <p>For a participant approved for unsupervised time, a safety plan shall be included in the participant's person-centered service plan based upon the participant's assessed needs and ensure that the participant's case manager and other person centered service plan team members ensure that the participant is able to implement the safety plan. The participant's case manager shall provide ongoing monitoring of the safety plan, procedures, or assistive devices required by the participant to ensure relevance, the participant's ability to implement the safety plan, and the functionality of the devices if required.</p>
<p>Limitations</p>	<p>Unit of service is twenty-four (24) hours. With fewer than twelve (12) hours of supervision, upper payment limit of \$86.90. With twelve (12) or more hours of supervision, upper payment limit of \$155.86.</p>

Supports for Community Living Waiver (SCL) Crosswalk

Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Consider participant freedom of choice as it relates to:</p> <ul style="list-style-type: none"> • Residential setting, including accessibility • Privacy • Freedom to furnish/decorate unit • Schedule, activities, and access to food any time • Choice in housemates and staff • Compatibility between housemates <p>Residential services are required to provide opportunities for integration. Utilization of other services shall be used only when residential is unable to provide.</p> <p>Participant benefits from the cohesiveness of the family/household unit.</p> <p>Other less restrictive services have not been successful for the participant; therefore, this level of support is needed.</p>

Service Name	Respite Care (T1005)
Summary at a Glance	Short-term care due to absence or need for relief of non-paid primary caregiver.
Definition	<p>Respite services are provided to participants living in their own or family's home who are unable to independently care for themselves.</p> <p>Respite services are provided on a short-term basis due to the absence of or need for relief of the primary caregiver.</p> <p>Respite may be provided in a variety of settings including the participant's own home, a private residence or other SCL certified residential setting. Receipt of respite care does not preclude a participant from receiving other services on the same day. For example, a participant may receive day services (such as supported employment, day training, personal assistance, community access, etc.) on the same day as he/she receives respite care as long as the services are not provided at the same time.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>A provider may not use another person's bedroom or another person's belongings in order to provide respite for a different person.</p> <p>Respite care may not be furnished for the purpose of compensating relief or substitute staff for a waiver residential service. The costs of such staff are met from payments for the waiver residential service.</p> <p>These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
Limitations	Unit of service is fifteen (15) minutes. Limited to eight-hundred thirty (830) hours per year. Upper payment limit of \$3.05.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Provide necessary relief to allow caregivers to take care of personal matters or engage in tasks for other members of the household.</p> <p>Signs/evidence of family/caregiver burnout, including but not limited to:</p> <ul style="list-style-type: none"> • Caregiver lack of self-care • Increased agitation between the caregiver and the participant <p>Caregiver is responsible for twenty-four (24) hour care of participant.</p>

Service Name	Shared Living (T2032)
Summary at a Glance	Live-in caregiver to provide overnight supervision and necessary personal assistance, or assistance during waking hours depending on the need of the participant as an alternative to residential services.
Definition	Shared living is designed as an alternative to residential services and allows a participant to live in his/her own home with a roommate/live-in caregiver to provide some of their supports. The caregiver may provide overnight supervision and necessary personal assistance or may provide assistance during waking

Supports for Community Living Waiver (SCL) Crosswalk

	<p>hours depending on the need of the participant. Participants receiving shared living service may also receive other approved waiver services.</p> <p>Caregiver living expenses are the portion of the room and board that may be reasonably attributed to a live-in caregiver who also provides unpaid assistance with the acquisition, retention, or improvement in skills related to ADLs, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, supervision required for safety, and the social and adaptive skills necessary to enable the participant to reside safely and comfortably in his or her own home. The service must be provided to a participant, living in his or her own home and the live-in caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day. If two waiver participants choose to live together in a home, they may share a live-in caregiver.</p> <p>Allowable Activities:</p> <ul style="list-style-type: none">• Under Medicaid and §1634 and SSI criteria rules, in order for the payment not to be considered income to the recipient, payment for the portion of the costs of rent and food attributable to an unrelated live-in personal caregiver must be routed through the provider specifically for the reimbursement of the waiver participant.• Room and board for the unrelated live-in caregiver (who is not receiving any other financial reimbursement for the provision of this service).• Room: shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities and related administrative services.• Board: three meals a day or other full nutritional regimen.• Unrelated: unrelated by blood or marriage to any degree including a parent, grandparent, spouse, child, stepchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sibling, brother-in-law, sister-in-law, or grandchild.• Caregiver: An individual providing service determined by a person-centered process and documented in the PCSP to meet the physical, social or emotional needs of the participant receiving services. <p>Service Standards:</p> <ul style="list-style-type: none">• Room and board for an unrelated live-in caregiver should be reflected in the PCSP for the participant, or in the case of a live-in caregiver
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Supports for Community Living Waiver (SCL) Crosswalk

	<p>providing support to two participants, the PCSP for each will be taken into consideration in determining the total amount of room and board.</p> <ul style="list-style-type: none"> • Services must address needs identified in the person-centered planning process and be outlined in the PCSP and specified in contractual agreement between the waiver participant(s) and the live-in caregiver. • Services must complement other services the participant receives and enhance increasing independence for the participant. • The person-centered planning team will decide and assure that the individual who will serve as a live-in caregiver has the experience, skills, training and knowledge appropriate to the participant and the type of support needed. <p>Documentation Standards: Room and board documentation for the Unrelated Live-in Caregiver must:</p> <ul style="list-style-type: none"> • Be identified in the PCSP and specified in contractual agreement between the waiver recipient and live in caregiver. • Include documentation of how amount of room and board expenditure was determined. • Show receipt that funds were paid to the live-in caregiver. • Include a monthly summary note that indicates services were provided according to the PCSP. <p>Payment will not be made when the SCL participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.</p>
Limitations	Not exceed \$600.00 per month
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Enhance increased independence.</p> <p>Participant cannot receive shared services if the shared living individual is receiving any type of Housing and Urban Development (HUD) service.</p> <p>Participant has been in a shared living arrangement before.</p> <p>Participant expresses interest & has needs compatible with shared living.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	Participant may have identified another person or waiver participant who wants to do "shared living".
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Service Name	Specialized Medical Equipment and Supplies (E1399)
Summary at a Glance	<p>Devices, controls or appliances which are necessary to ensure the health, welfare, and safety of the participant or which enable the person to function with greater independence in the home, and without which, the member would require institutionalization.</p> <p>Services may also include assessment or training needed to assist participants with key skills or customizing devices to meet participant needs.</p>
Definition	<p>Specialized Medical Equipment and Supplies consists of devices, controls or appliances specified in the PCSP, which are necessary to ensure the health, welfare, and safety of the participant or which enable the person to function with greater independence in the home, and without which, the member would require institutionalization. Services may also consist of assessment or training needed to assist waiver participants with mobility, seating, bathing, transferring, security, or other skills such as operating a wheelchair, locks, doors openers, or side lyres. Equipment consists of computers necessary for operating communication devices, scanning communicators, speech amplifiers, control switches, electronic control units, wheelchairs, locks, door openers, or side lyres. These services also consist of customizing a device to meet a waiver participant's needs.</p> <p>Supplies consist of food supplements, special clothing, adult protective briefs, bed wetting protective chucks, and other authorized supplies that are specified in the PCSP. Ancillary supplies necessary for the proper functioning of approved devices are also included in this service.</p> <p>When equipment and supply needs are covered under State Plan services, including but not limited to, Durable Medical Equipment (DME), EPSDT, Orthotics and Prosthetics, and Hearing Services programs, the equipment and supplies must be accessed through these programs to the extent the need can be met. All items covered through these programs must be requested through the respective programs.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	The need for specialized medical equipment and supplies must be identified in the PCSP and must be recommended by a qualified rehabilitation technician or engineer, occupational therapist, physical therapist, augmented communication therapist, or other qualified therapist whose signature also verifies the type of specialized equipment or supply that is necessary to meet the participant's needs.
Limitations	<p>Shall not include equipment and supplies covered under the Kentucky Medicaid program's State Plan including:</p> <ul style="list-style-type: none"> • Durable medical equipment • EPSDT Services • Orthotics and prosthetics • Hearing services
Duplication of Service Risk	<p>Waiver Service: No State Plan Service: Yes Other Service: Yes</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Equipment/supplies are intended to result in improved functioning and/or increased independence for task in which participant is seeking increased independence and is essential to daily living.</p> <p>Confirm whether or not the specialized medical equipment/supplies can be covered through the State Plan or through another resource.</p> <p>For additional specialized medical equipment and supplies assistance: Kentucky Disability Resource Guide (http://resources.hdiuk.org/).</p>

Service Name	Supported Employment (T2019)
Summary at a Glance	<p>Supported employment are services that include assistance and training in obtaining paid, competitive employment at or above minimum wage for participants who have demonstrated inability to gain or maintain tradition employment.</p> <p>Services follow the participant through all "phases" of obtaining employment (Job Development, Job Acquisition, Successful Placement and Long Term Follow Up).</p>
Definition	Supported employment is paid, competitive employment at or above minimum wage for an SCL

Supports for Community Living Waiver (SCL) Crosswalk

	<p>participant who has demonstrated an inability to gain and maintain traditional employment. Supported Employment occurs in a variety of integrated business environments. Phases of Supported Employment include: Job Development, Job Acquisition, Successful Placement and Long Term Follow up. Supported employment is a one to one service that shall be person specific.</p> <p>Job Development must begin with Discovery (Person-Centered Job Selection), where job goal/features of desired employment are selected based on spending time with the participant in non-standardized/non-testing situations to learn his or her gifts, talents, and support needs.</p> <p>Person-Centered Job Selection is achieved by completing a "Person-Centered Employment Plan" (PCEP) and includes job planning meetings and job analysis. The job planning meetings involve convening and networking with trusted people; matching job characteristics with job tasks and then with types of employers and finally with specific employers - mapping a way for effective job development. Job analysis is conducted to determine the culture of the business, possibilities for customized employment, how people typically learn their jobs, who teaches them and how long training typically takes. Job development may also focus on interviewing skills/interview support, resume development, and assistance with filling out applications. Customized employment is essential to individualize the employment relationship between the employer and the supported employee in ways that meet the needs for both. Acquisition is the actual acceptance of a position by the participant. During this phase, the participant will receive training on how to perform the job tasks. Natural supports available in the workplace should be developed and utilized from the beginning. Other training could include but is not limited to the following: social interaction, medication scheduling, chain of command, documentation of time (timesheets, clocks) hygiene issues, mobility, conflict resolution, when and from whom it is appropriate to seek assistance, and personnel policies. Additional training in exploring transportation options, utilization and schedule may also be needed. These trainings can occur both on and off the job site. The expectation is for systemic fading of the Employment Specialist to begin as soon as possible without jeopardizing job placement. Successful placement shall be when natural supports are relied on more fully and fading of the employment specialist from the worksite begins. Additionally, before a successful placement can be determined there must be confirmation that the employee is functioning well at</p>
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Supports for Community Living Waiver (SCL) Crosswalk

	<p>the job. Consideration should include not only the person's general satisfaction, but also the number of hours worked, performance of job duties and other basics, his/her comfort level on the job, and interaction with co-workers and supervisors. Other less visual, but essential aspects of the job, which if unattended, could jeopardize the employee's future, must also be considered. The development of natural supports in the work environment is a critical role of the Employment Specialist during this phase and it may be necessary to write Impairment Related Work Expense (IRWE) plans or Plans for Achieving Self Support (PASS) for the employee or access other waiver services to address individualized needs. The expectation is for systemic fading of the Employment Specialist to begin as soon as possible without jeopardizing job placement integrated into the workplace and the Employment Specialist is no longer needed at the job site on a regular basis. The Employment Specialist must continue to be available, if and when needed for support or assistance with job changes/job advancements. Activities could include, but are not limited to the following: problem-solving, retraining, regular contact with employer, employee, family, co-workers, other SCL staff, and reassessment of an employee with regard to career changes or position upgrades. During this phase the Employment Specialist is required to make at least two contacts per month, one of which should be at the worksite.</p> <p>Services do not include services that are available under Section 110 of the Rehabilitation Act of 1973 (or, in the case of youth, under the provisions of IDEA, (20 U.S.C.1401 et seq.)). The state will determine that such services are not available to the participant before authorizing their provision as a waiver service. Documentation that services are not otherwise available is maintained in the file of each participant receiving this service. Waiver funding is not available for the provision of Supported Employment services (e.g., sheltered work performed in a facility) where individuals are supervised in producing goods or performing services under contract to third parties.</p> <p>Transportation provided through supported employment service is included in the cost of doing business and incorporated in the administrative overhead cost.</p> <p>These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).</p>
<p>Limitations</p>	<p>Unit of service is fifteen (15) minutes. Upper payment limit of \$11.28.</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>Supported employment services delivered on a one-to-one basis and the hours spent by a participant performing paid employment and day training shall not exceed:</p> <ol style="list-style-type: none"> 1. Forty (40) hours per week; or 2. One-hundred sixty (160) units per week <p>For SCL Person-Centered Job Selection funding, the participant may access up to one-hundred twenty (120) units</p> <p>For SCL Job Development Services, the participant and their employment specialist may access up to ninety (90) units.</p> <p>For SCL Job Acquisition and Stabilization Services, the participant and their Supported Employment Specialist may access up to eight-hundred (800) units.</p> <p>For SCL Long-Term Employment Supports, the participant and their SE Specialist may access up to twenty-four (24) units of Supported Employment per month.</p> <p>Any combination of day training, community access, personal assistance, or any hours of paid community employment or on-site supported employment service, shall not exceed sixteen (16) hours per day.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: Yes</p> <p>Note: Need to ensure Kentucky Vocational Rehab services have been exhausted before use of supported employment.</p>
<p>Requires Cabinet-Level Review</p>	<p>Yes</p>
<p>Service Indicators</p>	<p>Participant expresses desire for employment and requires support.</p> <p>Case manager will assess participant's individual readiness level.</p> <p>Community interaction and integration.</p> <p>Evidence of participant progress toward goal achievement as a result of the supported employment.</p> <p>Vocational Rehabilitation options have been explored and exhausted.</p>

Supports for Community Living Waiver (SCL) Crosswalk

Service Name	Technology Assisted Residential (T2031)
Summary at a Glance	<p>Use of technology to reduce staff and foster independence for participants in need of twenty-four (24) hour support.</p> <p>Residential support is still available up to twenty-four (24) hours a day based on the participant's needs.</p>
Definition	<p>Technology Assisted (TA) Residential Supports are targeted for participants who require up to twenty-four (24) hour support but are able to increase their independence with reduced need for onsite staff. The use of technology is to assist the participant to reside in the most integrated setting appropriate to his/her needs as determined with the team in the PSCP. TA Residential Supports must also include, to the extent required, protective oversight and supervision, non-medical transport, personal assistance, and the provision for or arrangement for necessary medical and health care services that are integral to meeting the daily needs of recipient. The intent of this service is to increase independence without undue risk to a person's health and safety. Careful consideration must be given regarding a person's medical, behavioral, and psychiatric condition(s) when considering this service.</p> <p>Use of available technology to reduce the need for residential staff support in the home may be utilized if there is an individualized plan developed to promote increased independence based on the participant needs as determined by the SIS, a screening tool to measure health risk and the participant's circle of supports. The SIS would indicate how often the monitoring is needed and an estimate of how much time during a twenty-four (24) hour period would be devoted to the monitoring. Because the SIS is designed to review life domains, typical of most individuals living in the community, the tool would be able to validate whether the support needed is an actual person or technology. It would further offer information on frequency and daily support time required. Individual plans of care will also identify three to five (3-5) questions from the SIS assessment to support the service request, a support team would have valuable information from the SIS to determine if a support could be provided via technology. A screening tool to measure health risk is used to determine where a participant is likely to be most</p>

Supports for Community Living Waiver (SCL) Crosswalk

	<p>vulnerable in terms of the potential for health risks. It is understood that the greatest vulnerability to health risk is exhibited or experienced among those participants whose services are periodic or less intense than for someone who needs daily nursing care.</p> <p>Technology assisted residential supports includes a communication system linking the waiver participant's home to a centralized monitoring station. This may include the use of electronic sensors, speakers and microphones, video cameras (not in bedrooms or bathrooms), smoke detectors, temperature detectors, and personal emergency response systems. These devices link each participant's home to remote staff that provides electronic support. The participant's privacy will be ensured through planning by the person-centered team and incorporated into their PCSP.</p> <p>The residential provider must have a plan in place to ensure staff are available to be on site if needed twenty-four (24) hours a day seven (7) days a week and demonstrate the ability to respond timely to emergencies, and to assess the situation, and ensure health, safety, and welfare. In the case of a true emergency the monitoring staff would utilize the 911 response system. A recipient who is able to live in a technology assisted environment shall be capable of calling 911 in an emergency. Provider staff should be able to respond on site within fifteen (15) minutes for any situation that requires an on-site response. Technology supported assistance is not intended for a recipient who requires one to one, hands-on assistance. This is intended for someone who may need reminders related to ADLs, or the security of staff either on-site or remotely and have the ability to either call or use the computer button to alert staff to their needs.</p> <p>TA Residential Support is available up to twenty-four (24) hours a day based on the person's individual needs; therefore, if an individual experiences a change in support needs or status, the provider shall immediately adjust supervision (up to and including going on-site to the residence) to meet acute needs and shall reassess the appropriateness of these supports and adjustments shall be made to meet chronic support needs. If an individual receiving technology assisted residential has a change in support where they no longer require this communication system and are able to live more</p>
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Supports for Community Living Waiver (SCL) Crosswalk

	<p>independently, the person-centered team should consider other service options including Residential Support Level II provided in the recipient's own home or Shared Living.</p> <p>The agency providing residential supports is responsible to ensure that all staff, including remote monitoring staff, are trained on each recipient's individual programmatic and medical needs prior to providing the support. The agency is also required to arrange for or provide non-medical transport between the participant's place of residence and other service sites and community locations.</p> <p>TA Residential Supports are furnished in a provider owned residence or a person's own home with no more than three persons receiving these supports in a residence. If this service is used for multiple individuals in a home, it will be individualized based on their identified needs. Provider owned or leased residences where residential services are furnished must be compliant with the Americans with Disabilities Act (ADA) based on the needs of the participant supported.</p> <p>Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. Payment is based on a per day rate that incorporates both remote and on-site monitoring as detailed in the participant's PCSP.</p>
Limitations	Unit of service is twenty-four (24) hours. Upper payment limit of \$86.90.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	Participant will feel safe in home and exercise increased level of independence with minimal supervision.

Service Name	Transportation Services (T2003)
Summary at a Glance	Transportation services to gain access to waiver and other community services, activities, resources, and organizations when other non-medical transport is not available.

Supports for Community Living Waiver (SCL) Crosswalk

Definition	<p>Transportation services enable waiver participants who choose to use participant-directed services to gain access to waiver and other community services, activities, resources, and organizations typically utilized by the general population. Transportation services are only provided as independent waiver services when non-medical transport is not otherwise available as an element of another waiver service. Whenever possible, family, neighbors, friends or community agencies, which can provide this service without charge, are to be utilized. Transportation services are not intended to replace available formal or informal transit options for participants. The need for Transportation services and the unavailability of other resources for non-medical transport must be documented in the PCSP.</p> <p>Transportation services exclude non-medical transport to and from Community Access services that entail activities and settings primarily utilized by people with disabilities. Persons receiving Residential Services are not eligible to receive participant-directed transportation services.</p>
Limitations	SCL: N/A
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: Yes</p> <p>Other Service: Yes</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Most cost effective, reasonable non-medical transport service.</p> <p>Community resource availability.</p> <p>Caregiver non-medical transport availability.</p> <p>Honor participant preferences/needs.</p> <p>If participant has residential service, the residential service must demonstrate inability to provide this support.</p>

Service Name	Vehicle Adaptation (T2039)
Summary at a Glance	Services that enable participants to interact more independently with their environment, including

Supports for Community Living Waiver (SCL) Crosswalk

	hydraulic lifts, ramps, special seats, and other interior modifications related to vehicle access and safety.
Definition	<p>Vehicle Adaptation services enable participants to interact more independently with their environment thus enhancing their quality of life and reducing their dependence on physical support from others. These adaptations are limited to a waiver participant's or his or her family's privately-owned vehicle and include such things as a hydraulic lift, ramps, special seats, and other interior modifications to allow for access into and out of the vehicle as well as safety while moving.</p> <p>The SCL waiver is the payer of last resort for vehicle adaptations. The need for Vehicle Adaptation must be documented in the PCSP. Repair or replacement costs for vehicle adaptations of provider owned vehicles are not allowed. Vehicle adaptations will not be replaced in less than three years except in extenuating circumstances and authorized by the Cabinet.</p>
Limitations	Limited to \$6,000.00 per five (5) years per participant.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: Yes</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Participant must have vehicle that has capability to be adapted.</p> <p>Adaptation will enable participant to complete certain tasks without physical support from others (e.g. adaptive light switches per documented need in PCSP).</p> <p>Adaptation will enable participant to have increased interaction within the community.</p>