

# Proposed Changes to the Community and Employment Supports (CES) Waiver

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# Brief overview



The Community and Employment Supports (CES) waiver is a program that allows children and adults to remain in their homes and communities rather than living in an institution.

Clients on this program have a diagnosis of Autism, Cerebral Palsy, Seizure Disorder/Epilepsy, Down Syndrome, Spina Bifida, or an Intellectual Disability established by significant intellectual limitations that exist concurrently with deficits in adaptive behavior that are manifested before the age of 22.

Currently the waiver serves approximately 5,400 children and adults and the most utilized service is Supportive Living which allows a direct support professional to assist clients in their homes and communities.

The waiver cost approximately \$300 million annually with the federal share currently at 71.62% and the state share currently at 28.38%.

DHS projects that once all new slots are filled by the end of year 3, the total approximate annual cost will be \$442 million.



# Adding new waiver slots



- ❑ DDS is adding sufficient new waiver slots over the next three years to serve the 3,204 clients who were on the waiting list as of December 2021
- ❑ The slots are not a one-to-one match due to annual attrition
- ❑ DDS is adding 200 additional slots for children in foster care

# Changes to Services to clients



## HCBS Supervision and Monitoring

- This new service provides assistance and monitoring of the waiver client in his or her home. Currently, the most utilized service for clients on the waiver is Supportive Living; however, SL is a training service. HCBS Supervision and Monitoring is more appropriate to utilize when a client is asleep but is unsafe to be left alone due to an elopement risk or a safety risk.

## HCBS Enabling Technology

- This new service provides equipment to oversee, monitor and supervise a waiver client. It can be used to ensure client safety while promoting independence. Examples include alarms, sensors, technology to address health concerns, etc.

## Increasing group home bed capacity from 4 to 8 to address trends in institutionalization we are seeing due to the pandemic and workforce shortage

## Allowing family members to be paid staff

- Currently, a family member, who is not the legal guardian, can be paid direct care staff to an adult on the waiver if they meet the requirements. This designation can be seen throughout the waiver with the “Relative” box checked.
- DDS is adding “Legally Responsible Person” and “Legal Guardian” as options as well. All “staff” will have to meet the waiver requirements and be approved by the member’s PASSE.

# Technical changes, clarifications, and corrections



- ❑ Clarifying responsibilities for provider certification between DHS and the PASSEs
- ❑ Clarifying internal roles within DHS for the eligibility approval process
- ❑ Clarifying the meaning of “administration” of medication
- ❑ Changing terminology to be consistent throughout the waiver
- ❑ Clarifying which clinicians may provide tasks under Consultation services
- ❑ Correcting requirements for Care Coordinator qualifications

# Eliminating duplication and unnecessary restrictions



- Eliminating experience requirements for direct support professionals and replacing them with training requirements that mirror what we have allowed during the COVID-19 pandemic
- Improving language about Supported Employment by replacing prescriptive language with examples
- Removing Crisis Intervention because it is a service already available under the PASSE program to all members
- Removing language that overly restricts who can receive Respite Services and where

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