

Adult Waiver Programs for People with Intellectual and Developmental Disabilities

There are two adult Medicaid-funded Waiver programs for individuals with developmental disabilities: Supported Living Services (SLS) waiver and HCBS-DD waiver services.

In order to qualify for these programs, individuals must meet the developmental disability criteria as well as the standard functional (daily living skills) and financial criteria required for all waiver programs. The level of funding and consequent supports available through either program is determined by a standardized Supports Intensity Scale (SIS) assessment that is completed prior to enrollment.

The **Supported Living Services waiver** offers a variety of services that are meant to augment existing natural, community, and other supports. Services are provided on an intermittent basis with the frequency and duration of the service determined by each individual’s primary support needs and the level of available funding as determined by the SIS assessment. Individuals enrolled in the SLS waiver may live with their family members or independently in the community and are responsible for their own room and board (housing, food, etc). It is good option for individuals who have a strong natural support system and/or only need support in a few areas of daily living.

Services available through the SLS waiver include:

- Personal Care* - Homemaker* - Respite* - Mentorship*	- Day Habilitation* - Supported Employment* - Transportation*	-Behavioral Services -Individual & Group Counseling -Therapy (Massage, Hippo, & Movement)	-Home Accessibility -Vehicle Modifications -Assistive Technology -Specialized Medical Equipment	-Vision -Dental -Specialized Medical Equipment
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Refer to the Description of SLS services page for more detail regarding each of the services listed above

*Services with an asterisk next to them and in bold can be provided by a family caregiver

The **HCBS-DD waiver** offers 24/7 support in all areas of daily living regardless of available natural and community supports. The level of direct support provided is dependent upon each individual’s needs with some individuals requiring 24-hour supervision and others only needing a few hours of staff support per day or week with available emergency backup.

Residential setting options within the comprehensive waiver include: host homes, individual apartments, congregate apartments, group homes, and the family home. Room and board is covered through the comprehensive waiver using both waiver funding and the individual’s SSI/SSDI funds, unless the individual remains in the family or their own home. Day program options within the comprehensive program are the same as those available through the SLS program.

There are several protections within the comprehensive waiver to ensure the individual’s health and safety and protect their basic rights. This includes oversight of medical issues by a staff nurse, review of restrictive procedures or rights suspension by an independent committee, training on and reporting of any incidents of mistreatment, abuse, neglect, or exploitation.

Services available through the **HCBS-DD** waiver include:

-Residential Habilitation*	-Day Habilitation* -Supported Employment* -Transportation*	-Behavioral Services -Individual & Group Counseling	-Vision -Dental -Specialized Medical Equipment
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Refer to the Description of HCBS-DD services page for detail regarding each of the services listed above

*Services with an asterisk next to them and bolded can be provided by a family caregiver

Service Provider Selection Process

If you already know which Program Approved Service Agency you’d like to receive services from, you can contact the agency directly or ask your Resource Coordinator to contact them to determine whether or not they are able provide the requested service. It is important to understand that agencies are not obligated to provide services so even if you’d prefer a specific agency that agency may not be able to provide services to you.

If you do not have a specific agency in mind or the agency that you’d prefer is not able to provide the service, your Resource Coordinator can give you a list of Program Approved Service Agencies (PASAs) if you want to contact providers independently. Or, if you need assistance identifying potential providers, you can request that your RC complete a Request for Proposal (RFP). The RFP is a document that summarizes your support needs and preferences (without any personal identification) so that provider agencies can determine if they can meet your needs. The RFP is distributed to all PASAs (unless otherwise requested) and then those agencies send a response to your Resource Coordinator if they think they can meet your needs. Your Resource Coordinator will let you know which agencies they receive a positive response from and share those responses with you. You can then either contact the agencies directly or request that the agencies contact you to discuss what they can offer.

It is helpful if you can prioritize what is most important to you before you start contacting services agencies in order to determine which agency might be the best fit. Your RC can provide you with a list of general questions to help you with the interview process.