

Children's Extensive Support Waiver Application Packet

Department of Human Services
Children's Health and Rehabilitation Services and Developmental Disabilities Services
July 2002

To be used for initial application and annual reviews

The information contained in this packet **must** demonstrate the child meets the eligibility criteria for the CES waiver as follows:

The child demonstrates a behavior or has a medical condition that requires direct human intervention, more intense than a verbal reminder, redirection or brief observation of medical status, at least once every two hours during the day and on weekly average of once every three hours during the night. The behavior or medical condition must be considered beyond what is typically age appropriate and due to one or more of the following conditions:

A. *Significant pattern* of self-endangering behavior or medical condition which, without intervention will result in a life threatening condition/situation.

Definition of Significant pattern:

- ✓ The behavior or medical condition is *harmful to self or others*.
- ✓ Is evidenced by *actual events*.
- ✓ The events occurred within the past *six months; or*

B. A *significant pattern* of serious aggressive behaviors toward self, others or property.

- ✓ The behavior or medical condition is *harmful to self or others*.
- ✓ Is evidenced by *actual events*.
- ✓ The events occurred within the past *six months; or*

C. *Constant* vocalizations such as screaming, crying, laughing or verbal threats which cause emotional distress to caregivers.

- ✓ Definition of Constant: On average of 15 minutes each waking hour.

The above conditions shall be evidenced by parent statement/data which is corroborated by written evidence that:

- ✓ The child's behavior(s) or medical need(s) have been demonstrated; or
- ✓ It can be established that in the absence of existing intervention or prevention the intensity and frequency of the behavior or medical need would resume to a level that would meet the criteria listed above.

Evidence shall include, but not be limited to:

- ✓ Medical records, professional evaluations and assessments, educational records, insurance claims, Behavior Pharmacology reports, police report, social services reports; or
- ✓ Observation by a third party on a regular basis;

Information about the child:

Name:	Social Security Number:
Date of Birth:	Height and Weight:

Information about the parents/guardians and physician:

Names:	Address:
Phone Number:	Physician name and number:

Information about the Community Centered Board

Community Centered Board:	Case Manager/Resource Coordinator:
Date of DD Eligibility by CCB:	Case Manager/Resource Coordinator Phone:

Child's current living situation: (check one)

_____ Lives with biological or adoptive parent(s) in the family home.

_____ Lives with unpaid relative other than the biological or adoptive parent(s). Please describe:

_____ Lives with paid caregiver or in a congregate setting, (i.e., foster care, RCCF, DD funded group home, nursing facility, ICF/MR) hospital, etc. but would return to the family home with CES Waiver Services and supports. Please describe:

CES Application Packet

Daytime activities

Today's Date:

Time	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
8:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
9:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations ○
10:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
11:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

Time.	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
12:00 noon			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
1:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
2:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
3:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

CES Application Packet

Late Afternoon and Evening Activities

Today's Date:

Time	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
4:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
5:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
6:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
7:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

Time	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
8:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
9:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
10:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
11:00 p.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

CES Application Packet

Night and Early Morning Activities

Today's Date:

Time	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
12:00 midnight.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
1:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
2:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
3:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

Time	Behavioral/Medical Condition needing intervention	What was the intervention and who did it?	Meets targeted criteria
4:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
5:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
6:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations
7:00 a.m.			<ul style="list-style-type: none"> ○ A-Life threatening behavior or medical condition ○ B-Aggressive behavior ○ C-Constant vocalizations

For Annual Review only
Services Utilized as a result of CES

Pages 9-12 are to be completed ONLY for annual reviews and ONLY if the child is NOT experiencing any behavioral/medical condition(s) that can be used as qualifying criteria DUE TO interventions provided by CES.

Personal Assistance Services:

<p>Child Care Services: The temporary care of a child that is necessary to keep a child in the home and avoid institutionalization.</p>	<p>Description of service:</p>	<p>Behavior/medical condition this helps to modify:</p>
<p>Personal Supports: Personal supports shall include assistance with bathing and personal hygiene, eating, dressing and grooming, bowel and bladder care, menstrual care, transferring, basic first aid, giving medications, operating and maintaining medical equipment for a child who cannot perform these functions alone due to the developmental disability or medical condition.</p>	<p>Description of service:</p>	<p>Behavior/medical condition this helps to modify:</p>
<p>Household Services: Household services shall include assistance in performing housekeeping tasks that, due to the needs of the child with a developmental disability, are above and beyond the tasks generally required in a home and/or increase the parent(s) ability to provide care needed by the child with a developmental disability.</p>	<p>Description of service:</p>	<p>Behavior/medical condition this helps to modify:</p>

Environmental Engineering:

<p>Home modification services:</p> <ul style="list-style-type: none"> A. May include those services which assess the need for, arrange for and provide modifications and/or improvements to the family home of a child with developmental disabilities to help ensure the child's safety, security and accessibility in the home and community. B. Include devices and services to make daily living easier, such as adapted showers or toilets, adaptations that make places accessible such as ramps and railings, and reinforcing or fencing for the child's protection C. Shall exclude those adaptations or improvements to the home that are not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, square footage, etc. All services shall be provided in accordance with applicable State or local building Codes 	<p>Description of service</p>	<p>Behavior/medical condition</p>
<p>Assistive Technology:</p> <ul style="list-style-type: none"> A. May include the evaluation of the child's need for assistive technology related to the disability; helping to select and obtain appropriate devices; designing, fitting and customizing those devices; purchasing, repairing or replacing the devices, and training the child and/or family to use the devices effectively B. Include devices and services that will help a child with a developmental disability and the child's family to overcome barriers related to the disability that they face in their daily lives. This may include the use of devices to help the child move around such as wheelchairs, wheelchair adaptations, and adaptations for vans (e.g., lifts for vans, or roof storage for wheelchairs), devices that help the child communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by DDS/CHRS); 	<p>Description of service</p>	<p>Behavior/medical condition</p>

devices that make learning easier such as adapted games, toys or computers; and devices that control the environment such as switches.		
Recreational equipment: Includes equipment such as a flotation collar for swimming, a bowling ramp, various types of balls with internal auditory devices and other types of equipment appropriate for the recreational needs of a child with developmental disabilities.	Description of service	Behavior/medical condition

Specialized Medical Equipment and Supplies: shall be provided only if these services are not available under Medicaid EPSDT coverage, Medicaid State Plan benefits, other third party liability coverage or federal or state funded programs, services or supports

<p>Other Equipment and Supplies:</p> <p>A. Kitchen equipment required for the preparation of special diets if supplies such as eating utensils, etc., required by a child with a developmental disability and related to the disability.</p> <p>B. General care items such as distilled water for saline solutions, supplies such as eating utensils, etc. required by the child with a developmental disability and related to the disability.</p> <p>C. Specially designed clothing (e.g., Velcro) if the cost is over and above the costs generally incurred for a child's clothing</p>	Description of service	Behavior/medical condition
---	------------------------	----------------------------

Professional Services: shall be provided only if these services are not available under Medicaid EPSDT coverage, Medicaid State Plan benefits, other third party liability coverage or federal or state funded programs, services or supports

Counseling and therapeutic services including individual and/or group counseling, behavioral or other therapeutic interventions related to the child's disability, needed to sustain the overall functioning of the child with a developmental disability		
Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the child's needs. This includes acquisition of information for family members of children with developmental disabilities from support organizations and special resource materials		

(e.g., publications designed for parents of children with developmental disabilities).		
Diagnostic, evaluation and testing services necessary to determine the child's health and mental status and the related social, psychological and cognitive needs and strengths, including genetic counseling and family planning.		
Personal care functions requiring assistance by an RN, LPN, Certified Nurse Aide or Home Health Aide and not otherwise available under Medicaid EPSDT coverage, third party liability coverage, or other state funded programs, services or supports. These services may also include operating and maintaining medical equipment.		

Community Connections Services:

Explores community services appropriate to the individual in the community, natural supports available to the individual, match and monitor community connections to enhance socialization and community access capability		
Recreational and Leisure Activities (for the child with a developmental disability) shall include recreational programs that allow the child with a developmental disability to experience typical community leisure time activities, increase their ability to participate in these activities and develop appropriate physical and psychological-social skills. (This benefit shall be limited to \$500.00 per year)		

Case Manager/Resource Coordinator:

Please list in detail, all the documentation used to support the information in this application. These documents must be available if requested by the RN Program Coordinator, Children’s Health and Rehabilitation (CHRS), or Developmental Disabilities Services (DDS). Please do not send documents with the application.

Type of document or source of information	Date of document or source of information	Who prepared the document or provided the information?

Checklist

____ Initial Application Packet

____ Annual Review

____ ULTC 100.2

____ ULTC 100.2

____ CES Application Form

____ CES Application Form

I certify, to the best of my knowledge, all information on this application is true and complete.

Signature Date

(Circle one) Parent Legal Guardian

I certify, to the best of my knowledge, all information on this application is true and complete.

Signature (Case Manager/Resource Coordinator) Date Community Centered Board

Please Print Your Name

When this application packet is complete, please send to:

Pam Guess, RN Program Coordinator
Children's Extensive Support Waiver
Dual Diagnosis Management
220 Venture Circle
Nashville, TN 37228
Phone 1-877-431-1388 ext. 327
FAX: 1-877-431-9568