

Community Living Waiver: What You Need to Know from Beginning to End

WHAT IS IT, WHAT DOES IT COVER, WHO QUALIFIES,
HOW TO APPLY, & WHAT HAPPENS NEXT



What is it?

The Community Living (CL) waiver aims to provide supports to individuals to remain in the community, rather than institutional settings. It is the most comprehensive of Virginia's Developmental Disabilities waivers and provides the most intensive supports to those with higher needs. A wide variety of services are covered under this waiver and you can access multiple services at a time. An individual must have this waiver to access group home or sponsored residential care with Heart Havens.

What is covered?

- Residential Support Services
 - Group home residential support
 - Sponsored residential support
 - Supported living residential support
 - Shared living
 - In-home supports
- Day Support and Employment Services
 - Group day services
 - Community engagement
- Community coaching
- Supported employment (individual and group)
- Workplace assistance
- Personal Care and Support Services
 - Personal assistance services
 - Companion services
 - Respite care
- Care Coordination
 - Support coordination/case management
- Crisis and Medical Support
 - Community Based Crisis Supports
 - Center-based crisis supports
 - Crisis Support services
- Additional Support Services
 - Assistive technology
 - Environmental modifications
 - Electronic home-based support
 - Benefits Planning Services
 - Employment and Community transportation
 - Transition services
 - Community Guide



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- Medical and Behavioral
 - Skilled nursing
 - Private duty nursing
 - Therapeutic Consultation
 - Personal Emergency Response System

Who qualifies?

In order to qualify for the CL waiver, an individual must meet criteria in four different categories which include diagnostic, functional, level of care, financial eligibility, and residency. For diagnostic criteria, the individual must have been diagnosed with a developmental disability that originated before age 22 that is likely to continue indefinitely. Functional criteria for CL waiver is met when an individual requires support in at least three of the following areas: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living. An individual receiving the CL waiver must also meet intermediate care facility level of care which means that they require active treatment and continuous supervision. For financial eligibility, an individual must meet Medicaid financial criteria including income and resources limits. Financial eligibility is determined after an individual has been found to meet other criteria and a waiver slot is available for them. Another key caveat is that once you are approved for services, you must be willing to accept and enroll in services within 30 days or the waiver will not be awarded.

How to apply?

In order to apply for any waiver services, you must go through your local community service board (CSB). If you are unsure about your locality, you can find a map and links to all Virginia CSBs [here](#).

When contacting the CSB, request a screening for DD waivers, which will also include a Support Intensity Scale (SIS) assessment and a Virginia Individual Developmental Disability Eligibility Survey (VIDES) that

will be completed by the CSB to determine needs and eligibility. You may need to submit a form to formally request a screening.

What if the waiver is denied?

In the event you are notified that the waiver was denied, it's important to get details on why so you can assess if further information needs to be provided to support the application. You can also request an formal appeal with the CSB.

You're approved... to wait.

Unfortunately, the need for DD services in Virginia far outweighs the waivers available. As a result, there is a waiting list to access a slot for all waiver services, not just the CL waiver. When someone is approved for waiver services, they are automatically added to the DD Waiver Statewide Waiting List. Each individual is assigned a priority status on the waiting list, based on their level and urgency of need. Individuals with the highest need are assigned a Priority One Status and are the ones who would receive a waiver slot first. Individuals that receive a Priority One status are reviewed by a group of independent community volunteers called the Waiver Slot Assignment Committee (WSAC). WSAC reviews the documentation for urgency of need and determines which individuals receive the available waiver slots. It is important to keep the CSB updated on any changes that could impact priority status and potentially be able to access services sooner due to a change in the urgency of support needs or circumstances. For some, the wait can regrettably be years long.

In the meantime...

There may be some services available while an individual is on the waitlist. If the individual already has Medicaid in place, they may be eligible for other Medicaid services or support coordination services through the CSB. Talk with the CSB to explore your options.