

Children’s Extensive Support Waiver Enrollment Desk Reference Guide

Eligibility Criterion for CES

The child must meet ALL of the following:

1. The child has not reached his/her 18 th birthday; and
2. The child is living at home with his/her biological, adoptive parent(s) or guardian, or is in an out-of-home placement including an ICF/MR, hospital or nursing facility and can be returned home with the provisions of CES services; and
3. The child, if age five or older, has a developmental disability; or if less than five years of age, has a developmental delay, as determined by a CCB; and
4. The child meets SSI criteria for a disability as determined by Disability Determination Services; and
5. The quality and quantity of medical services and supports identified in the Individualized Plan (IP) are provided pursuant to a physician’s order to meet the needs of the child in the home setting; and
6. The income of the child shall not exceed 300% of the current maximum SSI allowance; and
7. The resources of the child shall not exceed the maximum SSI allowance; and
8. Enrollment of a child under this rule shall result in an overall savings when compared to the ICF/MR cost as determined by the State; and
9. The Utilization Review Contractor (URC) certifies that the child meets the Level of Care for ICF/MR placement
10. The child demonstrates a behavior / medical condition that requires direct human intervention, more intense than a verbal reminder, re-direction or brief observation of medical status, at least once every two hours during the day and on a weekly average of once every three hours during the night. The behavior or medical condition is beyond what is typically age appropriate and due to one or more of the following conditions: <ul style="list-style-type: none">(a) A significant pattern* of self-endangering behavior(s) or medical condition which, without intervention will result in a life threatening condition/situation; or(b) A significant pattern* of serious aggressive behaviors toward self, others or property; or(c) Constant (on average of fifteen (15) minutes of each waking hour) vocalizations such as screaming, crying, laughing, or verbal threats which cause emotional distress to family caregivers. <p>* Significant Pattern is defined as a behavior or medical condition that is harmful to self or others is evidenced by actual events, the events occurred within the past six months.</p>
11. Conditions shall be evidenced by parent statement/data that is corroborated by written evidence that: <ul style="list-style-type: none">(a) The child’s behavior(s) or medical need(s) have been demonstrated; or(b) In the instance of an annual reassessment, it can be established that in the absence of the existing interventions or preventions provided through the CES waiver that the intensity and frequency of the behavior or medical need would resume to a level that would meet the criteria listed above.(c) Evidences shall include but not be limited to any of the following: medical records, professional evaluations and assessments, educational records, insurance claims, Behavior Pharmacology. Clinic reports, police reports, social services reports, or observation by a third party on a regular basis.
12. Waiver services must be used at least once every 30 days.

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Initial Enrollment

Step 1: When a referral for CES is received.

A. Arrange for a case manager to be assigned; and
B. Inform the parent(s) or guardian of the purpose of the CES Program, the eligibility process, the minimum documentation required and the necessary agencies to contact; and
C. Begin assessment activities within ten (10) calendar days of receipt of the referral; and
D. Arrange for and complete at least one (1) face-to-face contact with the child, or document reason(s) why such contact was not possible, within thirty (30) calendar days of receipt of the referral; and
E. Refer the child, as needed, to the County Department of Social/Human Services to determine eligibility for Medicaid or other services and benefits as appropriate, the EPSDT Program, and deliver services in coordination with the County Department; and
F. Ensure that the child has been determined to meet the eligibility criteria for developmental disabilities services;
G. If necessary, ensure the family has obtained a denial letter for SSI benefits; and
H. If there is no opening in CES and the child must be placed on the wait list the CCB shall follow the waiting list protocol. (See “Managing the Statewide Waiting List”, page 21 of the CES manual)
I. If there is an opening in the CES waiver the CCB shall assist the parent(s) or guardian in completing the CES Application Packet and submit the completed CES Application Packet, and all necessary paperwork to the Utilization Review Contractor for Level of Care determination and CES targeting criteria. (See “When There is an Opening in CES”, page 22 of the CES manual)

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Initial Enrollment

Step 2: Paperwork to be submitted to URC (only when an opening has been confirmed by the state CES program manager)

Document Needed	Pages	Submit to Whom	By When	Where Can I find a copy?	
ULTC-100	First Page	Utilization Contractor	Review	Within 30 days of notification from state CES program manager of opening	Appendix A of the CES manual
LTC-102	Two Pages	Utilization Contractor	Review	Within 30 days of notification from state CES program manager of opening	Appendix A of the CES manual
Application Packet	Pages 1-8, 13 and 14	Utilization Contractor	Review	Within 30 days of notification from state CES program manager of opening	Appendix A of the CES manual

If child is denied:

- Contact the parent(s) or guardian within ten (10) calendar days and explain their appeal rights.
- Refer the child to the County Department of Social/Human Services or other community agencies for possible services, as appropriate, within ten (10) working days of notification of denial.

If child is approved:

- Go to step 3

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Initial Enrollment

Step 3: Paperwork to be submitted to DDS Medicaid Section

Document Needed	Pages	Submit to Whom	By When	Where Can I find a copy?
1. Certified ULTC-100	First Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Received from URC
2. Approved LTC-102	Two Pages	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
3. CES App. Packet	Pages 1-8, 13 and 14	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
4. Individual Choice Statement	One Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
5. Individualized Plan		DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Agency Document
6. IP Cover Sheet	One Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
7. IP Summary Sheet	One Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
8. SSI Denial Letter	One Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	From Disability Determination Services
9. County Notification Form	One Page	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	Appendix A
10. Medicaid ID #, to be added to documents.	NA	DDS Medicaid Section	Within 30 calendar days of receiving the Cert.ULTC-100	From DSS

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Continued Stay Review

Step 1: Paperwork to be submitted to URC

Document Needed	Pages	Submit to Whom	By When	Where Can I find a copy?
1. LTC-102	Two Pages	Utilization Review Contractor	30 days prior to expiration date of Certified ULTC-100	Appendix A
2. Application Packet	Pages 1-8, 9-12 may need pages 13 & 14.	Utilization Review Contractor	30 days prior to expiration date of Certified ULTC-100	Appendix A
May be needed: ULTC-100	First Page	Utilization Review Contractor	30 days prior to expiration date of Certified ULTC-100	Appendix A

Step 2: Paperwork to be submitted to DDS Medicaid Section

Document Needed	Pages	Submit to Whom	By When	Where Can I find a copy?
1. Certified ULTC-100	One Page	DDS Medicaid Section	15 days prior to the expiration of ULTC-100	Received from URC
2. LTC-102	Two Pages	DDS Medicaid Section	15 days prior to the expiration of ULTC-100	Appendix A
3. CES Application Packet	Pages 1-8, 13 and 14	DDS Medicaid Section	15 days prior to the expiration of ULTC-100	Appendix A
4. IP Cover Sheet	One Page	DDS Medicaid Section	Annually	Appendix A
5. IP Summary Sheet	One Page	DDS Medicaid Section	Within 30 days of SOS	Appendix A

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Resources

State CES Program Manager:
Sheila Peil
Children's Health and Rehabilitation Services
3824 West Princeton Circle
Denver, CO 80236
Sheila.peil@state.co.us
PHONE: 303-866-7467
FAX: 303-866-7470

Utilization Review Contractor:
Audrey Starbuck
Colorado Foundation for Medical Care
P. O. Box 173000
Denver, CO 80217-0300
astarbuck@cfmc.org
PHONE: 303-695-3300 ext. 3316
FAX: 303-695-3376

DDS Medicaid Section:
Developmental Disabilities Services
Attn: Phyllis Blackford
Kelley Moore
3824 West Princeton Circle
Denver, CO 80236
Phyllis.blackford@state.co.us
PHONE: 303-866-7456
Kelley.Moore@state.co.us
PHONE: 303-866-7457