THE STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
&
DEPARTMENT OF HUMAN SERVICES,
CHILDREN'S HEALTH AND REHABILITATION

REQUEST FOR
AN AMENDMENT TO
The Children's Extensive Support Waiver

Submitted: March, 2002
Orig waiver extended from 10/1/98 to July 1, 1999

TO: THE SECRETARY OF THE UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

UNDER: SECTION 1915(c) OF THE SOCIAL SECURITY ACT

To be effective July 1, 2001

Version - 11/1/90

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Section 1915(C) Waiver Format

Amended 3/2002

1. The State of **Colorado** requests a Medicaid home and community based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

   This is a request for a model waiver.

   a. ____ yes
   b. X no

   If yes, the State assures that no more than 200 individuals will be served on this waiver at any one time.

   This waiver is requested for a period of (check one):

   a. ____ 3 years (Initial waiver)
   b. **X** 5 years (Renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following level(s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

   a. ____ Nursing facility (NF)

   b. **X** ICF for the mentally retarded or persons with related conditions (ICF/MR)

   c. ____ Hospital

   d. ____ NF (served in hospital)

   e. ____ ICF/MR (served in hospital)

3. This waiver is limited to the following target group of recipients:

   a. ____ aged (age 65 and older)

   b. ____ disabled

   c. ____ aged and disabled

d. ____ mentally retarded

e. **X** developmentally disabled

(a) "Developmental Disability" means a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial handicap of the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

(b) "Person with a developmental disability" means a person determined by a community centered board to have a developmental disability and shall include a child with a developmental delay.

(c) "Child with a developmental delay" means:
(I) A person less than five years of age with delayed development as defined by the Department of Human Services; or
(II) A person less than five years of age who is at risk of having a developmental disability as defined by the Department of Human Services and meets the ICF/MR level of care.

f. ____ mentally retarded and developmentally disabled

g. ____ chronically mentally ill

4. Additional targeting restrictions (specify):

a. **X** Eligibility is limited to the following age groups:
From birth up to the child's 18th birthday.

b. ____ Eligibility is limited to individuals with the following disease(s) or condition(s):

c. **X** Other
All of the following (i. - v.) must be met in order for a child to be eligible for the Children's Extensive Support Waiver

i. The child must be less than eighteen years of age;

ii. The child must be determined to have a developmental disability which includes developmental delay under five (5) years of age and meet the ICF/MR level of care;

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iii. **The child must live at home with their family. - *"Living at home with family"* will include a child with a developmental disability who is living in an out-of-home placement at the time of application, but where the family has expressed their desire to have the child live at home when the child is enrolled in the Children's Extensive Support Waiver. When the child is enrolled in the waiver, the services and supports will be available to the child and the family for a reasonable time prior to the child actually residing in the home as long as the child isn't otherwise eligible for other Medicaid benefits during that time. The Children's Extensive Support Review Committee will review and approve (1) any plan and the timelines needed to move a child back into his/her family home and (2) any services and/or supports requested during the time a child is not residing in the family home.**

iv. **The child demonstrates a behavior or has a 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 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(s) or medical condition which, without intervention will result in a life threatening condition/situation ("Significant Pattern" is defined as a behavior or medical condition that is harmful to self or others, is evidenced by actual events, and the events occurred within the past six months); or**
- **A significant pattern of serious aggressive behaviors toward self, others or property ("Significant Pattern" is defined as a behavior or medical condition that is harmful to self or others, is evidenced by actual events, and the events occurred within the past six months); or**
- **Constant vocalizations such as screaming, crying, laughing, or verbal threats which cause emotional distress to family caregivers.**

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"Constant" is defined as an occurrence on average of fifteen minutes of each waking hour

v. The above conditions shall be evidenced by parent(s) statements/data that is coorborated 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(s) or prevention(s) the intensity and frequency of the behavior or medical needs would resume to a level that would meet the criteria listed above.**

Evidence shall include documentation from medical records, professional evaluations or assessments, educational records, insurance claims, behavioral pharmacology reports, police reports, social services reports, or observation by a third party on a regular basis.

d. _____ This waiver is limited to mentally retarded/developmentally disabled individuals who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L.100-203 to require active treatment at the level of care of an ICF/MR.

5. A waiver of the statewideness requirements set forth in section 1902 (a)(1) of the Act is requested.

a. **X** yes
b. _____ no

If yes, waivers will apply ~~to individuals only in the following geographic areas or political subdivisions(specify)~~ **as indicated in Item #14 of this application**:

6. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to waiver recipients.

7. The State requests that the following home and community based services, as described and defined in appendix B.1 of this request, be included under this waiver:

a. _____ Case management
b. _____ Homemaker
c. _____ Home health services
d. **X** ~~Personal care services~~ **(Personal Assistance Services)**
e. _____ Respite care
f. _____ Adult day health

g. _____ Habilitation

_____ Residential habilitation

_____ Day habilitation

_____ Prevocational services

_____ Supported Employment Services

_____ Educational services

h. __**X**__ ~~Environmental modifications~~ **(Home Modification Services)**

i. _____ Skilled nursing

j. _____ Transportation

k. __**X**__ Specialized medical equipment and supplies

l. _____ Chore services

m. _____ Personal Emergency Response Systems

n. _____ Companion Services

o. _____ Private Duty Nursing

p. _____ Extended State plan services:
Check all that apply:

_____ Physician services

_____ Home health care services

_____ Physical therapy services

_____ Occupational therapy services

_____ Speech, hearing and language services

_____ Prescribed drugs

_____ Other (specify):

q. __**X**__ Other services (specify): **(Professional Services)**
Community Connection Services)

8. The State of **Colorado** assures that adequate standards for each provider of services under the waiver exist. The State further assures that all provider standards will be met.

9. Eligibility. In addition to meeting targeting criteria indicated in items 2 and 3 of this request, an individual must meet the Medicaid eligibility criteria set forth in appendix C of this request.

10. A waiver of section 1902 (a) (10) (C) (i) (III) of the Act is requested to use institutional deeming rules when determining eligibility for the individual.

    a. _____ yes
    b. X no

11. An individual written plan of care will be developed by qualified individuals for each recipient under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

12. Waiver services will not be furnished to recipients while they are inpatients of a hospital, NF, or ICF/MR.

13. Federal financial participation will not be available in expenditures for the cost of room and board, except when provided as part of respite care in a facility approved by the State that is not a private residence. Meals provided under any waiver service (or combination of services) will not constitute a "full nutritional regimen" (3 meals a day).

14. The State will refuse to offer home and community-based services to any any recipients for whom it can reasonably be expected that the average cost of home and community-based services(Factor D) furnished to the recipients would exceed 13% of the average cost (Factor G) of the level of care referred to in item 2 of this request. The maximum cost per WFY for any individual will not exceed $35,000.

    a. **X** yes
    b. _____ no

15. The Medicaid agency provides the following assurances to HCFA:

    a. Necessary safeguards have been taken to protect the health and welfare of the recipients of the services. Those standards include:

        1. adequate standards for all types of providers that provide services under the waiver (see Appendix B);

        2. assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these

requirements will be met on the date that the services are furnished; and

3. assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

c. When a recipient is determined to be likely to require a level of care indicated in item 2 of this request, the recipient or his or her legal representative will be:

1. informed of any feasible alternatives under the waiver; and

2. given the choice of either institutional or home and community-based services.

d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to beneficiaries who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice or the provider(s) of their choice.

e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

f. The agency's actual total expenditures for home and community-based and other Medicaid services provided to individuals under the waiver will not, in any year of the waiver period, exceed the amount that would be incurred by Medicaid for these individuals in the setting(s) indicated in item 2 of this request, in the absence of the waiver.

g. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the recipients. The information will be consistent with a data collection plan designed by HCFA.

h. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify

for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a. X yes
b. ____ no

16. The agency will NOT provide for an independent assessment of its waiver ~~(except as HCFA may otherwise specify for particular waivers)~~ that evaluates the quality of care provided, access to care, and cost-effectiveness. ~~The results of the assessment will cover all but the last fiscal year of the waiver, and will be submitted to HCFA 90 days prior to the expiration of the approved waiver.~~

17. The State of Colorado assures that it will have in place a formal system by which it ensures the health and welfare of the recipients, through monitoring of the quality control procedures described in this waiver document. Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures the State will ensure the quality of services furnished under the waiver and the State plan to waiver recipients. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiency.

18. An effective date of **July 1, 2001** is requested.

19. The State contact person for this request is Jay Kauffman who can be reached by telephone at (303) 866-7455.

20. This document, together with Appendices A through F, and all attachments, constitutes the State of Colorado's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be made in writing and will be submitted by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____

Print name: _____

Title: _____

Date: _____

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APPENDIX A - ADMINISTRATION

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LINE OF AUTHORITY FOR WAIVER OPERATION

Check one:

_____ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

X The waiver will be operated and overseen by **Colorado Department of Human Services, Developmental Disabilities Services and the Office of Children's Health and Rehabilitation**, a separate agency of the State. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

_____ The waiver will be operated and overseen by _____, a separate division within the Medicaid agency. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file in the Medical Assistance Unit at the Medicaid agency.

The waiver program will formally interact with the following programs funded under other State or Federal authorities (specify):

The Department of Health Care Policy and Financing, Colorado Medicaid State Plan Services, EPSDT, and Children's Health and Rehabilitation.

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1

DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver:
(All services available under the *Children's Extensive Support Waiver* are only those services not otherwise available under Medicaid EPSDT coverage, Medicaid State Plan benefits, third party liability coverage, or other state funded programs, services or supports.)

a.___ Case management: services which will assist waiver recipients in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the recipient's plan of care.

____ yes
____ no

Additionally, case managers shall initiate and oversee the process of assessment and reassessment of recipient level of care and the review of plans of care at such intervals as are specified in appendices C & D of this request.

____ yes
____ no

___ Other Service Definition (specify):

Educational and professional qualifications of case managers are specified in Appendix B-2.

b.____ Homemaker: services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the

State for the provision of these activities. These standards are included in Appendix B-2.

____ Other Service Definition (Specify):_____

c. ____Home health aide services: services defined in 42 CFR 440.70 with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan. Provider qualifications are specified in Appendix B-2.

____ Other Service Definition (Specify):_____

d. X Personal care services: Personal Assistance Services ~~assistance with eating, bathing, dressing, personal hygiene, activities of daily living. May include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bedmaking, dusting and vacuuming, which are essential to the health and welfare of the recipient.~~

Personal Assistance Services

Child care services:

- The temporary care of a child which is necessary to keep a child in the home and avoid institutionalization.

Personal supports:

- Personal supports may 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.

Household services:

- Assistance in performing housekeeping tasks which, 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 .

X ~~Personal care providers~~ Personal Assistance Service Providers and Professional Service Providers must meet State standards for this service. These standards are included in Appendix B-2.

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1. Services provided by family members. Check one:

_____ Payment will not be made for personal care services furnished by a member of the recipient's family.

__X__ Personal care providers may be members of the recipient's family. Payment will not be made for services furnished to a minor by the recipient's parent (or step-parent), or to a recipient by spouse. Check one:

__X__ Family members who provide personal care services must meet the same standards as providers who are unrelated to the recipient. These standards are found in Appendix B-2.

_____ Standards for family members providing personal care services differ from those for other providers of this service. The standards for family members are found in Appendix B-2.

2. Supervision of personal care providers will be furnished by:

_____ A registered nurse, licensed to practice nursing in the State

__X__ Administrative Case management agency

_____ Other (specify):_____

3. Frequency or intensity of supervision:

__X__ As indicated in the plan of care

_____ Other (specify):_____

4. Relationship to State plan services. Check one:

_____ Personal care services are not provided under the approved State plan.

_____ Personal care services are included in the State plan but with limitations. The waivered service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix F of this waiver request.

_____ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

_____ Other Service Definition (Specify):_____

e. ____ Respite care: services given to individuals unable to care for themselves; provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. FFP will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s):

_____ Recipient's home or place of residence

_____ Foster home

_____Facility approved by the State which is not a private residence.

The State will apply the following limits to respite care provided in a facility.

_____ Respite care provided in a facility which is not a private residence shall be limited to _____ hours or _____ days per recipient per waiver year.

_____ Respite care will be provided in accordance with the plan of care. There are no set limits on the amount of facility-based respite care which may be utilized by a recipient.

Respite care will be provided in the following type(s) of facilities.

_____ Hospital
_____ NF
_____ ICF/MR
_____ Group home
_____ Licensed respite care facility
_____ Other (specify):_____

Qualifications of the providers of respite care services are included in Appendix B-2. Applicable Keys amendment standards are included in Appendix B-3.

_____ Other Service Definition (Specify):_____

f. ____ Adult day health: services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the client. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the recipients' plans of care will be furnished as component parts of this service.

Transportation between the recipient's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services.

_____ yes
_____ no

Qualifications of the providers of Adult Day Health services are contained in Appendix B-2.

_____ Other Service Definition (Specify):_____

g. ____ Habilitation: services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

_____ Residential habilitation assistance with acquisition, retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of administering a facility or group home, or the costs of facility maintenance, upkeep, and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the recipient's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

_____ Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the recipient resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week, unless provided as an adjunct to other day activities included in the recipient's plan of care. Day habilitation services shall focus on enabling the individual to attain his or her maximum functional level, and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

These services are necessary to prevent the institutionalization of the recipient. The qualifications for the providers of each listed "other" service are found at Appendix B-2. The cost-effectiveness of each service is demonstrated in Appendix F.

_____ Prevocational services: Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Education of the Handicapped Act. Services aimed at preparing an individual for paid or unpaid employment, but which are not job task oriented. Includes teaching such concepts as compliance, attending, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.

Check one:

_____ When compensated, clients are paid at less than 50 percent of the minimum wage.

_____ Clients will not be compensated for prevocational services.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the client's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and,

2. The client has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

_____ Educational Services, which consist of special education and related services as defined in sections (16) and (17) of the Education of the Handicapped Act, to the extent to which they are not available under a program funded by that Act. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and

2. The client has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

_____ Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by waiver clients, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by waiver recipients as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

_____ Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and

2. The client has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer of beneficiaries to encourage or subsidize employer's participation in a supported employment program;

2. Payments that are passed through to beneficiaries of supported employment programs; or

3. Payments for vocational training that is not directly related to a beneficiary's supported employment program.

Transportation will be provided between the recipient's place of residence and the site of the habilitation services, or between

habilitation sites (in cases where the recipient receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

_____ yes
_____ no

Qualifications of the providers of habilitation services are found at Appendix B-2.

_____ Other Service Definition (Specify):_____

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h. X Environmental Engineering (Maximum Benefit is limited to $10,000 per person for the current waiver span), except on a case by case basis the state may authorize additional funds.

Home Modification Services

Home modification services 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 a developmental disability to help ensure the child's safety, security and accessibility in the home and community. Home modifications services 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. Services shall exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, etc. All services shall be provided in accordance with applicable State of local building codes.

Assistive Technology Services:

- Assistive technology services 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.

- Assistive technology services includes 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 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 the state**); devices that make learning easier such as adapted games, toys or computers; and devices that control the environment such as switches.

- Recreational equipment, such as, a floatation 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 a developmental disability.

This service is necessary to prevent the institutionalization of the recipient. The cost effectiveness of this service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

_____ Other Service Definition (Specify):_____

i. ____ Skilled nursing; services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. The provision of this service will prevent institutionalization of the recipient. Licensure and certification standards for the providers of skilled nursing services are included in Appendix B-2. The cost-effectiveness of this service is demonstrated in Appendix G.

_____ Other Service Definition (Specify):_____

j. ____ Transportation: service offered in order to enable waiver recipients to gain access to waiver and other community services and resources, required by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the recipient's plan of care. By enabling recipients to gain physical access to community services, institutionalization can be avoided. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. In no case will family members be reimbursed for the provision of transportation services under the waiver. Qualifications of the providers of this service are included in Appendix B-2. The cost-effectiveness of this service is demonstrated in Appendix G.

_____ Other Service Definition (Specify):_____

k. __**X**__ Specialized Medical Equipment and Supplies:

(Specialized medical equipment and supplies services will be provided only if these services are not available under Medicaid EPSDT coverage, Medicaid State Plan benefits, other third party liability coverage or other federal or state funded programs, services or supports.)

Other Equipment and Supplies:

- Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods.

- General care items such as distilled water for saline solutions, supplies such as eating utensils, etc., required by a child with a developmental disability and related to the disability.

- Specially designed clothing (e.g. velcro) for children if the cost is over and above the costs generally incurred for a child's clothing.

The cost-effectiveness of this service is demonstrated in Appendix G. Provider qualifications are included in Appendix B-2.

_____ Other Service Definition (Specify):_____

l. ____ Chore Services. Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access inside the home for the recipient, and shoveling snow to provide access and egress. Chore services are necessary to prevent institutionalization of the client. These services will be provided only in cases where neither the client, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. The cost effectiveness of chore services is demonstrated in Appendix G. Provider qualifications are found in Appendix B-2.

m. ____ Personal Emergency Response Systems (PERS). PERS is an electronic device which enables certain high-risk patients to secure help in the event of an emergency. The client may also wear a portable "help" button to allow for mobility. The system is connected to a patient's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS serves to prevent institutionalization of these individuals. The cost effectiveness of this service is demonstrated in Appendix G.

n. ____ Companion Services. Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the client. This service is provided in accordance with a therapeutic goal in the plan of care, and is not merely diversional in nature. This service is necessary to prevent institutionalization. Provider qualifications are located in Appendix B-2. The cost effectiveness of this service is demonstrated in Appendix G.

o. ____ Private Duty Nursing. Private Duty Nursing services consist of individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of the State's Nurse Practice Act. These services are provided to an individual at home. Private Duty Nursing services are necessary to prevent institutionalization. The cost effectiveness of this service is demonstrated in Appendix G. Provider qualifications are found in Appendix B-2.

p. ____ The following services, available through the approved State plan, will be provided, except that the limitations specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of service(s) and cost-effectiveness are demonstrated in

Appendix G. Service expansions are necessary in order to provide the amount of care necessary to prevent institutionalization.

Check all that apply:

_____ Physician services

_____ Home health care services

_____ Physical therapy services

_____ Occupational therapy services

_____ Speech, hearing and language services

_____ Prescribed drugs

_____ Other(specify):_____

q. **X** Other Services (specify): (Professional Services)
(Community Connection Services)

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

Counseling and therapeutic services:

- 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. 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.

Professional care services:

- Any 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 Connection Services

Community Connection Services:

- The Community Connector will explore community services appropriate to the individual in their 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)

- Recreational programs that will 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. (Limited to $500 per year).

The cost effectiveness for the providers of each listed “other” service are found in Appendix B-2. The cost-effectiveness of each services is demonstrated in Appendix G.

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APPENDIX B-2 **Amended 03/2002**

PROVIDER QUALIFICATIONS
LICENSURE AND CERTIFICATION CHART

The following chart illustrates the requirements for the provision of each service under the waiver.

	SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
B-1-d.	Personal Assistance Services	See #1,2,3,4,5		**HCPF rules & regulations Chapter 8.503**	
B-1-h.	Home Modification Services	See #1,2,3,4,6		**HCPF rules & regulations Chapter 8.503**	
B-1-k.	Specialized Equipment and Supplies	See #1,2,3,4,6		**HCPF rules & regulations Chapter 8.503**	
B-1-q.	Professional Services	See #1,2,3		**HCPF rules & regulations Chapter 8.503**	
B-1-q.	Community Connection Services	See #1,2,3,4		**HCPF rules & regulations Chapter 8.503**	

PROVIDER QUALIFICATIONS

1. Community Centered Board means a private corporation, for profit or not for profit, which, when designated pursuant to C.R.S. 27-10.5-105, as amended, provides case management services to persons with developmental disabilities, is authorized to determine eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services and supports under C.R.S. 27-10.5, as amended, and provides authorized services and supports to such persons either directly or by purchasing such services and supports from service agencies.

   Qualifications: Designation as required by **Developmental Disabilities Services Rules and Regulations 16.210**

   Qualifications of staff: As required by **Developmental Disabilities Services Rules and Regulations 16.246.**

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2. Service agency (including sole propriatorships) for the purpose of this application, means any publicly or privately operated program, organization, or business providing services or supports for persons with developmental disabilities.

   Qualifications: The requirements enumerated in **Developmental Disabilities Services** Rules and Regulations 16.220 through 16.233 must be met.

3. Professional for the purpose of this application, means any person performing an occupation that is regulated by the State of 'Colorado and requires State licensure and/or certification.

   Qualifications: Any person performing a professional service must possess any and all license(s) and/or certification(s) required by the State of Colorado for the performance of that profession or professional services.

4. Individual, for the purpose of this application, includes such persons as a co-worker, neighbor, or eligible family member not living in the same household as the person receiving services.

   Qualifications: Any person providing a service or support must BE AGE APPROPRIATE AND receive training commensurate with the service or support to be provided and must meet any applicable state licensing and/or certification requirements.

5. Family member, for the purpose of this application means a sibling or extended blood relative, living in the same household as the person receiving services. Family members may only be used as service providers for personal care under personal assistant services and on an exception basis when no other qualified providers are available or it is clearly demonstrated to be the most cost effective and efficient means to provide the service. It is expected that family members who are paid on an exception basis as providers should be able to demonstrate a lower overall cost to provide such services; therefore, a different rate may be paid from that of other agency service providers for the same service. Reimbursement to eligible family members living in the same household as the person receiving services for services provided may not exceed $6,000 per fiscal year. Specifically excluded as service providers are parent(s) of a minor and spouse of the recipient.

   Qualifications: any family member paid to provide a service must be age appropriate and have experience, knowledge or receive training commensurate with the service to be performed. In addition, family members must meet any requirements for special licensure and or certification, if required under Colorado statutes.

6. Vendor, for the purpose of this application, means the supplier of a product or service to be purchased for a recipient of services under this waiver.

   Qualifications: In order to be approved as a vendor, the product or service to be delivered must meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. In addition, such expenses must be pre-approved by the Community Centered Board and for expenses over $1,000 the vendor must be chosen through a bid process and the lowest bid must be chosen or proper justification for selection of a vendor with a higher bid must be documented.

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State of **Colorado** assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

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APPENDIX B-3

KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

a. KEYS AMENDMENT ASSURANCE:

The State of **Colorado** assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. APPLICABILITY OF KEYS AMENDMENT STANDARDS

Check one:

__**X**__ Home and community-based services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

_____ Keys amendment standards are provided for the following:

FACILITY TYPE	WAIVER SERVICE(S)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

c. COPIES OF KEYS AMENDMENT FACILITY STANDARDS

A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

APPENDIX C - ELIGIBILITY REQUIREMENTS AND PROCEDURES

APPENDIX C-1

MEDICAID ELIGIBILITY GROUPS SERVED

a. Individuals receiving services under this waiver would be eligible for Medicaid if institutionalized and would require institutionalization at a level specified in item 2 of this request in the absence of this waiver.

b. To receive services under this waiver, the individual must meet the following Medicaid eligibility criteria (check all that apply):

1. _____ SSI recipients

2. _____ AFDC recipients

3. __X__ The special home and community-based optional categorically needy group specified in section 1902(a)(10((A)(ii)(VI) of the Act, to permit the agency to cover individuals who would be eligible for Medicaid if they were in a facility specified in item 2 of this request. This group is eligible for Medicaid in the home or community-based setting solely because they require and receive services under this waiver.

4. __X__ Special income level

   The special income level used in this waiver is (check one):

   A. __X__ 300 percent of SSI

   B. _____ Less than 300 percent of SSI. The special income level for this waiver is (specify): _____.

5. _____ Individuals eligible under section 1924 of the Social Security Act.

6. _____ Medically needy.

7. _____ Other (specify):_____.

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APPENDIX C-2

POST ELIGIBILITY PROCEDURES AND CALCULATIONS

a. Post eligibility treatment of income rules will be applied for individuals eligible under a special income level (whose eligibility is not established under section 1924 of the Act) as specified in (check one):

1. **X** 42 CFR 435.726 (for use only by States which do not use the 209(b) option).

2. _____ 42 CFR 435.735 (for use only by States which have elected the 209(b) option).

3. _____ Not applicable. This waiver will not serve individuals eligible under a special income level.

b. For individuals receiving home and community based services who are subject to the post eligibility rules (~~and whose eligibility is not established under section 1924 of the Act~~), the payment for home and community-based services will be reduced by the amount that remains after deducting the appropriate amounts from the individuals income, in the following order (fill in a dollar or percentage amount):

1. An allowance for the needs of the individual: **300% of SSI**

2. An allowance for the needs for the spouse at home: N/A

3. An allowance for family members other than spouses: N/A

4. Incurred expenses for medical or remedial care not covered under the State plan (including the cost of Medicare and other health insurance premiums):

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APPENDIX C-3

SPOUSAL IMPOVERISHMENT - **Amended 03/2002**

a. Under section 1924 of the Act, the income and resource eligibility rules for individuals under this waiver who have community spouses are as specified in the approved State plan.

b. For waiver recipients whose eligibility is established under section 1924 of the Act, the post-eligibility treatment of income will be in accordance with section 1924(d) of the Act as specified in the approved State plan. After the recipient is determined to be eligible for Medicaid, in determining the amount of the spouses income applicable to payment, there shall be deducted from the income the following amounts in the following order (fill in the amount):

The Personal needs allowance for the recipient of waiver services is __**300% of SSI**_____

APPENDIX D - ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

APPENDIX D-1-a

INITIAL EVALUATION

1. Initial evaluation of level of care is performed for deinstitutionalized individuals:

_____ Within_____days after a request for such evaluation by the individual or legal representative, or referral by other competent authority (such as doctor, discharge planning team, social worker, etc.)

_____ At the time of discharge from the institutional setting

__X__ As part of the institutional discharge planning process

_____ Other (specify):_____.

2. Initial evaluation of level of care is performed for diverted individuals:

____ Within ___ days after a request for such evaluation by the individual or legal representative, or referral by other competent authority (such as doctor, discharge planning team, social worker, etc.)

_____ Upon application for nursing home or hospital admission

__X__ As part of the long term care pre-admission screening process required by this State

_____ Other (specify):_____.

_____ Not applicable. This waiver will not serve diverted individuals.

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APPENDIX D-1-b

QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

Check one:

1. __X__ Initial evaluation of level of care is performed for waiver and institutionalized individuals through a common Pre-Admission Screening (PAS) system. The educational/professional qualifications for evaluators are the same for waiver applicants and applicants for nursing facilities.

2. _____ The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants differ from those of individuals performing this function for applicants for nursing facilities.

   a. The educational/professional qualifications of persons performing initial level of care evaluations for deinstitutionalized individuals are (specify):

   b. The educational/professional qualifications of persons performing initial level of care evaluations for diverted individuals are:

      ____ Same as for deinstitutionalized

      ____ Different than procedures for deinstitutionalized (specify)_____.

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the recipient will take place (at a minimum) according to the following schedule (specify):

Individualized Plans (IPs) will be reviewed at least annually and modified as necessary or appropriate. Failure to have a "continued stay review" on an annual basis will result in a break in service eligibility.

A description of the procedure(s) used to ensure the performance of reevaluations according to the above schedule is attached.

IPs and continued stay review expiration dates are entered into the PAR file in the MMIS and DD billing system. If an updated plan or a continued stay review is not submitted the DD billing system will not allow a claim to be generated nor will the MMIS allow a claim to be processed.

b. QUALIFICATIONS OF EVALUATORS PERFORMING REEVALUATIONS

Check one:

X The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

_____ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. (Specify.)_____.

c. PROCEDURES FOR DIVERTED RECIPIENTS

The following is a more detailed description of the evaluation and screening procedures used in connection with diverted recipients to assure that the provision of waiver services will be limited to persons who would otherwise receive a level of care indicated in item 2 of this waiver request.

Check one:

X The evaluation and screening procedures used for diverted individuals are the same as those used for the deinstitutionalized.

_____ Evaluation and screening procedures used for diverted individuals differ from those used for deinstitutionalized persons. Attached is a description of the differences.

_____ Not applicable. This waiver is limited to deinstitutionalized individuals.

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APPENDIX D-3

Amended 3/2002

MAINTENANCE OF RECORDS

a. A description of the State's procedure for maintaining records of evaluations and reevaluations of level of care is attached.

Evaluations and re-evaluations of level of care are conducted by the Utilization Review Contractor (URC). The URC utilizes the Eligibility Determination - Children's Extensive Support Waiver review document in the evaluation/re-evaluation process. Copies of these documents are maintained by the case management agency, the URC, and Developmental Disabilities Services (DDS). The submission of this documentation to Developmental Disabilities Services is required before enrollment of an individual to the Waiver is authorized. Re-evaluations by the URC for ICF/MR level of care and waiver eligibility are performed every 12 months. If the URC renders an adverse waiver eligibility determination the client or their representative may request that the application be referred to Developmental Services and Children's Health and Rehabilitation (CHR) for review. If DDS/CHR confirms the decision by the URC the individual will be notified of their appeal rights under Health Care Policy and Financing rules and regulations. If DDS/CHR finds the child eligible the child shall be enrolled in the waiver. Failure by the case management agency to complete and submit the annual re-evaluation form and the LTC-102, will cause a break in payment authorization for waiver services for the recipient. These breaks in payment authorization shall be the sole financial responsibility of the case management agency and shall not affect the continued delivery of waiver services to the individual. Service costs during a break in payment authorization will not be reported as costs for this waiver program.

These records will be maintained in the following locations (check all that apply):

____ By the Medicaid agency in its central office

____ By the Medicaid agency in district/local offices

__**X**__ By the agency designated in Appendix A as having primary authority for the daily operation of the waiver program

__**X**__ By the Administrative case management agency

__X__ By the person(s) or agencies designated as responsible for the performance of evaluations and reevaluations

____ By service providers

____ Other (specify):_____.

b. Written documentation of all evaluations and reevaluations will be maintained as described in this appendix for a minimum period of 3 years.

COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

Check one:

1. __X__ Forms used to evaluate level of care for waiver recipients, and the criteria by which the level of care decision is made are the same as for the institutionalized applicants and recipients.

2. _____ Forms and/or criteria used in determining level of care for waiver applicants/recipients differ from those used for institutionalized individuals. Attached are copies of the forms used by the State to evaluate level of care. Also attached are copies of the criteria used to determine level of care.

3. _____ A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of a recipient's need for a level of care indicated in item 2 of this request is attached to this appendix.

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APPENDIX D-4

FREEDOM OF CHOICE AND FAIR HEARING

1. When a recipient is determined to be likely to require a level of care indicated in item 2 of this request, the recipient or his or her legal representative will be:

   a. informed of any feasible alternatives under the waiver; and

   b. given the choice of either institutional or home and community-based services.

2. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to beneficiaries who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice or the provider(s) of their choice.

3. A copy of the form(s) used to document freedom of choice and to offer a fair hearing is attached to this Appendix. Also attached to this appendix is a description of the agency's procedure(s) for informing eligible recipients (or their legal representatives) of the feasible alternatives available under the waiver and allowing recipients to choose either institutional or home and community-based services, and the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

   Copies of the forms are attached (See 40-A, 40-B(1)(2) and 40-C(1)(2)).

As part of the enrollment process, the case management agency is required to explain the individual choice statement on the attached form. Waiver services are not authorized by the State unless the parent/guardian indicates that he/she wishes for his/her child to participate in the Waiver program and signs the choice statement.

Case management is required to ensure that the parent/guardian is provided with a complete explanation of the choices involved with enrollment to the Waiver program. Case management is required to ensure that the parents/guardians are aware of the choice option and that questions about enrollment are answered. If a parent/guardian wishes to seek the advice of others prior to signing the choice form, the case management agency is required to cooperate with the individual or agency selected.

If an individual is denied access to the waiver for any reason they will be informed of their rights to a fair hearing in accordance with 42 CFR Part 431, Subpart E.

FREEDOM OF CHOICE DOCUMENTATION

The form used to document recipient freedom of choice between institutional and home and community-based services is attached to this Appendix.

Specify where copies of this form are maintained:

In the child’s file and the Case Management Agency.

In the child’s file at Developmental Disabilities Services.

APPENDIX E - PLAN OF CARE

APPENDIX E-1 **Amended 3/2002**

PLAN OF CARE DEVELOPMENT

a. Specify the minimum qualifications of the individuals responsible for the preparation of the plans of care.

Bachelor’s degree from an accredited college or university; or

five (5) years experience in the field of developmental disabilities; or

2 year degree plus 2 years of experience in the field of developmental disabilities;

b. The following is a description of the process by which the initial plan of care is developed for deinstitutionalized individuals.

The Individualized Plan is developed as part of the individual's transition planning process, up to 30 days before deinstitutionalization AND IS NON-DUPLICATIVE OF THE DISCHARGE PLANNING PROCESS. The process would be the same as the process described below to answer Question c.

c. The following is a description of the process by which the initial plan of care is developed for diverted individuals.

Case Management Agency develops a Individualized Plan (IP) in collaboration with the individual (where appropriate), the parents or guardians and medical providers. The IP will include a assessment of the individuals medical needs that can be provided while the individual continues to reside in the family home. The IP must be signed by the Case Management Agency, the individual’s parents or guardians.

The Case Management Agency will coordinate the efforts needed to comply with all the requirements of the IP for the Children's Extensive Support Waiver Services.

- Case Management Agency completes all the forms necessary to enroll the individual into the Children's Extensive Support Waiver Program. These forms and a copy of the IP will be sent to Developmental Disabilities Services.

- **Developmental Disabilities Services** will certify that all necessary information is provided in the IP, and that all documentation has been completed. Then the individual will be enrolled in the Medicaid Children's Extensive Support Waiver Program.

- The **Utilization Review Contractor** will redetermine the individuals eligibility for the Children's Extensive Support Waiver services annually. Also, the IP will be reviewed at least annually and updated or modified as appropriate.

d. The following is a description of the process by which ongoing plans of care are developed for individuals served on the waiver.

Individualized Plans are reviewed at least annually and modified as necessary or appropriate. The review and modification process is the same as the development process described above.

e. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify the location(s) where copies of the plans of care will be maintained.

1. Child's file at the Case Management Agency.
2. Child's file at the Department of Human Services, **Developmental Disabilities Services**.
3. Child's physician.
4. Child's parents or guardian.

f. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the recipients. The following is a description of the process by which the State will ensure that plans of care reviewed at designated intervals. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure what the services furnished are consistent with the

nature and severity of the recipient's disability. Attached is an indication of the minimum schedule under which these reviews will occur.

The Case Management Agency will assure that the Individualized Plan will be reviewed as necessary or appropriate, at least annually. Failure to review the Individualized Plan annually shall result in the loss of Medicaid funding for services provided under the Children's Extensive Support Waiver.

APPENDIX E-2

MEDICAID AGENCY APPROVAL

a. The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

In accordance with Colorado Revised Statutes Title 26-4-624 (1.5) and the Memorandum of Understanding between the Colorado Department of Health Care Policy and Financing and the Colorado Department of Human Services, **Developmental Disabilities Services**, the Individualized Plan(IP) for the individual under the Children's Extensive Support Waiver is reviewed by the DEPARTMENT OF HUMAN SERVICES, **Developmental Disabilities Services**. If the IP meets requirements, it is approved. The individual's name, Medicaid ID #, and the next review date are entered into the Prior Authorization Review (PAR) File in the Medicaid Management Information System (MMIS). Once authorized, claims for Children's Extensive Support Waiver services for the individual can be processed for payment. If the annual review due date of the IP for continued stay review is received and approved, the PAR File will be updated and claims will continue to process through MMIS. If the annual review is not completed in a timely manner, the PAR File will not be updated and claims for the Children's Extensive Support Waiver services will no longer be billable. A sample of all IPs will also be reviewed by the Colorado single State Medicaid Agency.

b. Specify the qualifications of the person within the Medicaid agency who is responsible for plan of care approval.

Bachelor’s degree from an accredited college or university; or

five (5) years experience in the field of developmental disabilities; or

2 year degree plus 2 years of experience in the field of developmental disabilities;

STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

a. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, frequency and duration of each service, and the type of provider to furnish each service.

b. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

Amended 03/2002

The State does not prescribe a specific format to be used by the case management agencies, therefore, two examples are attached.

As required by **Developmental Disabilities Services** Rules and Regulations: The Individualized Plan(IP) shall:

- Identify the unique strengths, abilities, preferences, desires and needs of the person receiving services and their family, as appropriate;
- Identify the specific services and supports appropriate to meet the needs of the eligible person, and family, as appropriate:
- Document decisions made by the interdisciplinary team (IDT) including but not limited to, rights suspension, the existence of appropriate services and supports the actions necessary for the plan to be achieved and a description of the services and supports funded by the Department to be provided in sufficient detail as to provide for a clear understanding by the service agency(ies) of expected responsibilities and performance:
- Describe the results to be obtained from the provision of services and supports identified in the IP;
- Document the authorized services and supports funded by the Department and the projected date of initiation;
- Have a listing of the IDT participants and their relationship to the person receiving services; and,
- Contain a statement of agreement with the plan signed by the person receiving services or other such person legally authorized to sign on behalf of the person and a representative of the community centered board.
- Community centered boards shall complete and attach an IP cover page specified by the Department for all IPs.
- Copies of the IP shall be disseminated to all persons involved in implementing the IP including the person receiving services, their legal guardian, authorized representative and parent(s) of a minor, and the Department or others as necessary and appropriate.
- The IP shall remain in effect for a period not to exceed one year without review, and shall be reviewed and amended more frequently by the IDT, as determined necessary and appropriate by IDT members in order that the IP accurately reflects the eligible person’s current needs and circumstances. The community centered board shall coordinate the scheduling of such reviews.

Amended 03/2002

APPENDIX F - AUDIT TRAIL

APPENDIX F-1

DESCRIPTION OF PROCESS

SEE ATTACHED: Audit Trail and Billing Process and Records

a. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.

b. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

c. Method of payment (check one):

X Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

_____ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will providers is attached to this Appendix.

_____ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

_____ Other (Describe in detail.)_____.

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APPENDIX F-2

BILLING PROCESS AND RECORDS RETENTION

a. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

1. When the client was eligible for Medicaid payment on the date of service;

2. When the service was included in the approved plan of care;

3. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the client was eligible to receive the services, and the services are not available to the client through a program funded under section 602(16) or (17) of the ~~Education of the Handicapped~~ **Individuals with Disabilities Education** Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

_____ yes.

__**X**__ no. These services are not included in this waiver.

SEE ATTACHED: Audit Trail and Billing Process and Records

b. A description of all records maintained in connection with an audit trail is attached. This description details the records maintained by the Medicaid agency, the agency designated in appendix A to oversee the daily operation of the waiver (if applicable), and providers.

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c. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

Version - 11/1/90

Audit Trail and Billing Process and Records

The following is a description of the audit trail and a description of the billing process and record retention for Children's Extensive Support Waiver claims under the Medicaid Management Information System (MMIS) claims processing system.

1. Under this system, the State maintains documentation of the provider's eligibility to furnish specific Children's Extensive Support Waiver services which includes copies of the Medicaid Provider agreements, copies of Medicaid certifications, verification of applicable State licenses, and any other documentation (such as other national accreditation's) which demonstrates that the provider meets all standards established by the State for the provision of these services.

2. Under the claims processing system, each agency directly providing Children's Extensive Support Waiver services will be required to maintain documentation of services provided. This documentation varies depending on the specific service provided. The following is a brief description of the record-keeping requirements for services or supports.

   Billing for services/supports is based on documentation of the need for the services/supports and documentation of the provision of those services/supports during the period of time in which a person is enrolled in the Children's Extensive Support Waiver.

   Documentation can be achieved using various forms completed by the Case Management Agency, such as the IP, enrollment request forms, applications for Medicaid, etc. and/or bills from providers, or receipts of the services/supports provided. On-going services and supports provided under the IP are documented in the child's case record file maintained at the case management agency.

3. Under the current MMIS billing process, provider claims are submitted to the Medicaid Fiscal Agent for reimbursement. The MMIS system is designed to meet federal certification requirements for claims processing.