

8.506 CHILDREN'S HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAM

8.506.4 Benefits

8.506.4.A Home and Community-based Services under the CHCBS waiver shall be provided within Cost Containment, as demonstrated in Section 8.506.12.

8.506.4.B Case Management:

1. Case Management Agencies must follow requirements and regulations in accordance with state statutes on Confidentiality of Information at Section 26-1-114, C.R.S.
2. Case Management Agencies will complete all administrative functions of a Client's benefits as described in HCBS-EBD Case Management Functions, Section 8.486.
3. Initial Referral:
 - a. The Case Management Agency shall begin assessment activities within ten (10) calendar days of receipt of Client's information. Assessment activities shall consist of at least one (1) face-to-face contact with the child, or document reason(s) why such contact was not possible. Upon Department approval, contact may be completed by the case manager at an alternate location, via the telephone or using virtual technology methods. Such approval may be granted for situations in which face-to-face meetings would pose a documented safety risk to the case manager or Client (e.g. natural disaster, pandemic, etc.
 - b. At the time of making the initial face-to-face contact with the child and their parent/guardian, assess child's health and social needs to determine whether or not program services are both appropriate and cost effective. Upon Department approval, contact may be completed by the case manager at an alternate location, via the telephone or using virtual technology methods. Such approval may be granted for situations in which face-to-face meetings would pose a documented safety risk to the case manager or Client (e.g. natural disaster, pandemic, etc.
 - c. Inform the parent(s) or guardian of the purpose of the Children's HCBS Waiver Program, the eligibility process, documentation required, and the necessary agencies to contact. Assist the parent(s) or guardian in completing the identification information on the assessment form.
 - d. Verify that the child meets the eligibility requirements outlined in Client Eligibility, Section 8.506.6.
 - e. Submit the assessment and documentation ~~of the enrollment application~~ to the URC to ensure the targeting criteria and functional eligibility criteria are met. Minimum documents required:
 - i. ~~Initial Enrollment Form~~
 - ii. Department prescribed Professional Medical Information Page
 - f. Submit a copy of the approved ~~initial enrollment form~~ certification to the County Department for activation of a Medicaid State Identification Number.

- g. Develop the Support Planning document in accordance with Section 8.506.4.B.7.
- ~~h. Develop a Cost Containment Record in accordance with Section 8.506.12 at the time that the Support Planning is completed.~~
- i. Following issuance of a Medicaid ID, submit a Prior Authorization Request in accordance with Section 8.506.10.

4. Continued Stay Review

- a. Complete a new Assessment of each child, at a minimum, every twelve (12) months and before the end of the eligibility period approved ~~by the URC~~. Upon Department approval, assessment may be completed by the case manager at an alternate location, via the telephone or using virtual technology methods. Such approval may be granted for situations in which face-to-face meetings would pose documented safety risk to the case manager or Client (e.g. natural disaster, pandemic, etc.).
- b. Submit the assessment and documentation to the URC to ensure the targeting criteria and functional eligibility criteria are met.
- ~~c. Review and revise the Support Planning document in accordance with Section 8.506.4.B.7.~~
- ~~e. Calculate expected costs to the Medicaid Program, as set forth in Section 8.506.12, for the redetermination period.~~
- d. Notify the county technician of the renewed Long-term Care certification.

5. Discharge/Withdrawal

- a. At the time that the Client no longer meets all of the eligibility criteria outlined in Section 8.506.6 or chooses to voluntarily withdraw, the case management agency will:
 - i. Provide the child and their parent/guardian with a notice of action, on the Department designated form, within ten (10) calendar days before the effective date of discharge.
 - ~~ii. Submit a Department designated Discharge form to the URC.~~
 - iii. Submit PAR termination to the Department's Fiscal Agent.
 - iv. Notify County Department of termination.
 - v. Notify agencies providing services to the Client that the child has been discharged from the waiver.

6. Transfers

- b. Receiving agency responsibilities

- i. Conduct a fact-to-face visit with the child within ten (10) working days of the child's transfer. Upon Department approval, contact may be completed by the case manager at an alternate location, via the telephone or using virtual technology methods. Such approval may be granted for situations in which face-to-face meetings would pose a documented safety risk to the case manager or Client (e.g. natural disaster, pandemic, etc.), and
- ii. Review and revise the Support Planning document ~~and the Prior Approval Cost Containment Record~~ and change or coordinate services and providers as necessary.

8.506.10 Prior Authorization Requests

8.506.10.A The Case Manager shall complete and submit a PAR form within one calendar month of determination of eligibility for the waiver.

8.506.10.B All units of service requested shall be listed on the Support Planning document.

8.506.10.C The first date for which services can be authorized is the latest date of the following:

1. The financial eligibility start date, as determined by the financial eligibility site.
2. The assigned start date on the certification page of the Assessment.
3. The date, on which the Client's parent(s) and/or legal guardian signs the Support Planning document or Intake form, as prescribed by the Department, agreeing to receive services.

4. The start date for services shall not be prior to the submission of the assessment to the URC to ensure the targeting criteria and functional eligibility criteria are met.

8.506.10.D The PAR shall not cover a period of time longer than the certification period assigned on the certification page of the Assessment.

8.506.10.E The Case Manager shall submit a revised PAR if a change in the Support Planning document results in a change in services.

8.506.10.F The revised Support Planning document shall list the service being changed and state the reason for the change. Services on the revised Support Planning document, plus all services on the original document, shall be entered on the revised PAR.

8.506.10.G Revisions to the Support Planning document requested by providers after the end date on a PAR shall be disapproved.

8.506.10.H The Long-Term Care Notice of Action Form (LTC-803) shall be completed in the Information Management System (IMS) (as defined at 8.519.1.Z) for all applicable programs at

the time of initial eligibility, when there is a significant change in the individual's payment or services, an adverse action, or at the time of discontinuation.

8.506.11 Reimbursement

8.506.11.A Providers shall be reimbursed at the lower of:

1. Submitted charges; or
2. A fee schedule as determined by the Department.

8.506.12 Cost Containment

8.506.12.A The Department is responsible for ensuring that, on average, services delivered to the child are within the Department's cost containment requirements for the respective level of institutional care. Cost Containment includes:

1. Waiver benefit services and units, as defined at 8.506.2.
2. State Plan benefit services and units.

8.506.12.B The case manager must ~~identify costs~~ ensure cost effectiveness as part of the Support Planning ~~document~~ process. ~~This Cost Containment Record shall be on a Department prescribed form and include all estimated:~~

1. ~~Waiver benefit services and units, as defined at 8.506.2.~~
2. ~~State Plan benefit services and units.~~

8.506.12.C The costs of the benefit services ~~identified in the Cost Containment Record~~ shall be totaled and divided by the number of days remaining before the end of the child's current enrollment period.

8.506.12.D The cost per day for the child shall be compared against the Department designated cost per day of institutional care to determine cost effectiveness.

~~8.506.12.E The Case Manager will revise the child's Cost Containment Record anytime that a significant change in the Support Planning document results in an increase or change in the services to be provided.~~

~~8.506.12.F The Case Manager will submit the Cost Containment Record to the URC for approval at the time of the child's initial enrollment onto the CHCBS waiver, or any time that a revision to the Cost Containment Record increases by a Department prescribed amount.~~

8.506.12.G Approval of the Cost Containment Record by the ~~Demonstrated cost effectiveness by~~ Department only ensures that the cost of the services does not exceed the equivalent cost of the appropriate institutional care.

8.506.12.H Approval of the Cost Containment Record form ~~Cost effectiveness~~ does not constitute approval of Medicaid reimbursement for authorized services identified within the record.