



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

CHRP Waiver Support Need Level Review and Negotiated Rate Request Form - Questions Outline

February 2024

Purpose

This document is intended to provide Case Management Agencies and Providers with an outline of the questions included in the [Children's Habilitation Residential Program Waiver \(CHRP\) Support Need Level Review and Negotiated Rate Request Google Form](#) so they can plan accordingly prior to filling out the form.

Form Questions

Case Management Agency Information

- Agency Name
- Agency Contact Name (Case Manager, Supervisor, Director, etc.)
- Agency Contact Email Address
- Agency Contact Phone Number
- Agency Supervisor or Director Approving this Request (Name and Contact Information)

Member Information

- Member FIRST Name
- Member LAST Name
- Member STATE ID Number
- Member Date of Birth
- Current Service Plan Start and End Date
- interChange PPA Number (Bridge PPA)
- Current CHRP Service Plan Utilization (waiver services being utilized/utilization of each service)
- Current Non-Waiver Services (State Plan, Child Welfare, Natural Supports, etc.)
- Date of Member's First ICAP Assessment

- Date of Member's Most Recent ICAP Assessment
- Member's Current ICAP Level

Request Information

- Has a Support Need Level Review or Negotiated Rate been approved for this member in the past?
 - ✓ If so, please provide the Support Need Level or Negotiated Rate previously approved, date span of approval, and level of care (Foster, Group, or RCCF).
- Member's Current ICAP Level
- Who initiated this Support Need Level Review or Negotiated Rate request?
- Member's Current Residential Setting
- What residential setting is needed for the member?
- What CHRP Habilitation setting type is being pursued for this Support Need Level Review or Negotiated Rate request?
- Requested Support Need Level: _____
- If requesting a Negotiated Rate for RCCF/Level 6, Foster Home/Level 7 or Group Home/Level 7, please enter the desired daily rate of reimbursement:
 - ✓ For example: \$675/day. Failure to provide a daily rate will result in delayed processing of the request. If not requesting a negotiated rate, please enter N/A.
- What CHRP Habilitation setting type is being pursued for this Support Need Level Review or Negotiated Rate request?
- What services are covered by this cost increase?
- What other Habilitation options have been tried?
- Is the agency required to hire additional staff, provide special training, or complete a specialized procedure in order to serve the member? Please describe the training and/or # of hired staff needed.
- How does the current Support Need Level or Negotiated Rate fail to meet their needs.
 - ✓ Please provide specific areas of growth, development, behavior or needs. Additionally, include any new information or changes since the last request if applicable.
- What is the plan for the member's services and supports if an increased Support Need Level or Negotiated Rate is approved?
- What is being done to mitigate this member needing a higher level of care?

Member's Needs

- What has been done to meet the individual's needs? How is it being financed?
- Are the member's current needs captured within the 100.2?

- What information is missing from the 100.2 and the current ICAP? (educational needs, psychiatric and mental health issues, medical concerns, behavioral support issues, etc.)
- What staffing ratios does the member need? Please include both daytime and overnight needs.
- How many critical incident reports and/or hospitalizations (including ED and admissions) have occurred in the past 6 months?
- Please explain any extenuating circumstances or other factors not yet discussed.

Supporting Documentation

- Has a copy of the member's ICAP been uploaded to the Case Management Agency SharePoint site?
- Has supporting documentation been emailed to hcpf_chrp@state.co.us?
 - ✓ Failure to submit supporting documentation could result in a denial. Supporting documentation may include, but is not limited to:
 - A copy of the psychological evaluation
 - A copy of the IEP - current status
 - A copy of ABA therapy care plan
 - A copy of other therapies including mental health and behavioral therapy
 - A copy of recent critical incidents reports (hospital notes that may include incidents of behavior)
 - A copy of nursing notes from the hospital
 - A copy of recent medication changes
- If 'No' is selected above, please explain why there is no documentation available to submit.

Submitting the Form

Use the [CHRP Support Need Level Review and Negotiated Rate Request Google Form](#) to submit a request for a Support Need Level Review or Negotiated Rate for CHRP Habilitation services to the Colorado Department of Health Care Policy and Financing (HCPF).

For efficient processing, ensure that you thoroughly respond to each question and email the necessary supporting documentation to hcpf_chrp@state.co.us. **Lack of sufficient information or incomplete responses could result in a denial.**

If you encounter any difficulty completing the online form, please direct questions to hcpf_chrp@state.co.us for additional support.