



Home and Community-Based Services - Children's Habilitation Residential Program (HCBS-CHRP) Waiver Frequently Asked Questions

April 2022

Eligibility and Enrollment

- **Question: How do we help a family enroll in the CHRP waiver?**
 - ✓ **Answer:** Direct them to their local [Community Centered Board - Case Management Agency \(CCB-CMA\)](#) for all enrollment and non-financial eligibility. The CCB will assist with enrollment paperwork and complete the Inventory for Client and Agency Planning (ICAP) assessment. They will also conduct the DD determination and assess for functional eligibility prior to enrollment.
- **Question: Is it expected that the therapeutic and medical costs for a child enrolled in CHRP will be reimbursed only through Health First Colorado? Can private insurance of the parent/ guardian be used as well?**
 - ✓ **Answer:** Health First Colorado (Medicaid) is the payer of last resort. If a family/child has private insurance (Third Party Insurance/Liability), the family should always utilize private insurance before Medicaid. If needed medical services are unavailable or insufficient to cover care and costs through TPL then Health First Colorado may be accessed for covered services. If TPL is used first, Medicaid can supplement or be used in conjunction with TPL services.
- **Question: Does the ULTC 100.2 assessment need to be completed within ten (10) days upon referral as is the requirement for other waivers?**
 - ✓ **Answer:** Yes, the ULTC 100.2 assessment needs to be completed within ten (10) days of verification of Medicaid eligibility or submission of a Medicaid application, in compliance with contract requirements. This timeline does not occur until after a Developmental Disability Determination has been completed for the youth.
- **Question: Is Supplemental Security Income (SSI) eligibility required?**
 - ✓ **Answer:** No, financial SSI eligibility is not required for HCBS-CHRP eligibility. However, an application to the Social Security Administration (SSA) for disability



determination is needed. The County will determine if a disability application is needed while the SSA disability determination is pending. Note: if a child/youth needs to access Habilitation services, they will need to have income to pay for room and board so SSI will likely be necessary if there is no other income source.

[View more information about the SSA disability application](#)

- **Question: What is the County’s role in eligibility?**
 - ✓ **Answer:** For children/youth not in Child Welfare, financial eligibility shall be determined by the County Eligibility Technician, sometimes referred to as the Income Maintenance Technician (IMT). For children in Child Welfare, they are automatically eligible for Medicaid, so the Child Welfare Case Worker completes the eligibility. (See next question for more detail)

- **Question: How will the Community Centered Board-Case Management Agency (CCB-CMA) be made aware of Medicaid eligibility if the child/youth is in child welfare?**
 - ✓ **Answer:** The county child welfare workers should be in touch with the CMA during the eligibility and enrollment process. When a child/youth is in Child Welfare, it is the County Child Welfare Case Worker who completes the Medicaid eligibility. This is done through the Trails system (Child Welfare case management software) and not the Colorado Benefits Management System (CBMS). The County Child Welfare Case Worker will provide the case manager a screen shot of the Medicaid eligibility from the Trails system.

- **Question: CCB-CMAs must provide HCBS-CHRP case management, but Single-Entry Points do not?**
 - ✓ **Answer:** At this time, CCB-CMAs will be the only entities authorized to provide Targeted Case Management for the HCBS-CHRP waiver.

- **Question: How is eligibility criteria differentiated between the HCBS-CHRP and the HCBS-Children’s Extensive Supports (CES) waiver?**
 - ✓ **Answer:** This is determined by the child’s/youth’s needs. Considerations:
 1. Does the child/youth have Extraordinary Needs that are medically complex and/or behaviorally complex support needs as defined by 10 CCR 2505-10 8.508? Documentation by the Medical Professional identified in the definition must be provided.*
 2. Does the Extraordinary need put the child/youth at risk of/or in need of out of home placement (need for Habilitation Service)?*



3. Would the child/youth benefit from Intensive or Transition Support Services, like Wraparound, to remain in the family home or transition back to the family home?
4. Would the child have greater benefit from the services available in the HCBS-CHRP waiver or the HCBS-CES waiver?

* Numbers 1 and 2 must be met for HCBS-CHRP eligibility. Numbers 3-4 are additional considerations.

- **Question: Is there a waiting list for HCBS-CHRP?**
 - ✓ **Answer:** There is not currently a waiting list for this waiver.
- **Question: Does the CCB-CMA need to notify HCPF of new HCBS-CHRP enrollments?**
 - ✓ **Answer:** No, the CCB-CMA does not need to notify HCPF of new enrollments. However, the CCB-CMA should notify HCPF by the beginning of each fiscal year the number of HCBS-CHRP participants who will be transitioning to HCBS-DD.
- **Question: Is there a third-party review for eligibility criteria like HCBS-CES?**
 - ✓ **Answer:** No, there is not a third-party review. The CCB-CMAs determine if eligibility criteria are met.
- **Question: If the Professional Medical Information Page (PMIP) is used to document the diagnosis that meets the Extraordinary Needs definition, can the PMIP be signed by a Registered Nurse?**
 - ✓ **Answer:** The PMIP must always be signed by a licensed Physician, Psychiatrist, Psychologist, Nurse Practitioner, or Physician’s Assistant even for the purposes of documenting Extraordinary Needs.
- **Question: How current must the documentation of the diagnosis be that is used to determine if the “Extraordinary Needs” requirement is met?**
 - ✓ **Answer:** Documentation of a diagnosis that meets the “Extraordinary Needs” criteria must be from within the last twelve (12) months or attested to by a Physician, Psychiatrist, Psychologist, Nurse Practitioner, or Physician’s Assistant annually.
- **Question: In the eligibility criteria, a ‘complex medical support need’ is part of the criteria. Does a chronic medical condition that is expected to be permanent or last longer than 12 months qualify?**
 - ✓ **Answer:** Yes, a chronic medical condition may meet the eligibility criteria for complex medical support need. The condition must be expected to last at least



12 months, require skilled care, and without intervention may result in a severely life altering condition.

- **Question: Where should it be documented that the child/youth met the targeting criteria for “extraordinary needs that put the child at risk of, or in need of, out of home placement”?**
- ✓ **Answer:** This may be documented in the Benefits Utilization System (BUS) in the Assessment Demographic section of the ULTC 100.2. Additional documentation should be listed in each ADL that the extraordinary needs impact.

| | |
|--|---|
| <p>*Location of Assessment</p> <p><input type="radio"/> Applicants Private Residence/Home</p> <p><input type="radio"/> Nursing Home</p> <p><input type="radio"/> Hospital/Other Health Care Facility</p> <p><input type="radio"/> Assisted Living</p> <p><input type="radio"/> Agency Office</p> <p><input type="radio"/> Relatives Home</p> <p><input type="radio"/> Telephone</p> <p><input type="radio"/> Other <input type="text"/></p> | <p>*Present at Interview</p> <p><input type="radio"/> Applicant Only</p> <p><input type="radio"/> Caregiver(s) Only</p> <p><input type="radio"/> Applicant and Caregiver(s)</p> <p><input type="radio"/> Applicant and Others</p> <p><input type="radio"/> Other <input type="text"/></p> |
| <p>*Most of the interview information was provided by</p> <p><input type="radio"/> Applicant</p> <p><input type="radio"/> Caregiver</p> <p><input type="radio"/> Medical Record</p> <p><input type="radio"/> Facility Staff</p> <p><input type="radio"/> All of the Above</p> <p><input type="radio"/> Other <input type="text"/></p> | <p>*Living Environment</p> <p><input type="checkbox"/> Safe</p> <p><input type="checkbox"/> Safe with feasible modifications</p> <p><input type="checkbox"/> Services can not be delivered here</p> <p><input type="checkbox"/> Client needs to move so services can be delivered</p> <p><input type="checkbox"/> Client needs to move to a safer environment</p> <p><input type="checkbox"/> Special home assessment needed</p> <p><input type="checkbox"/> Unknown</p> |
| <p>*Eligibility Assessment Summary</p> <div style="border: 1px solid gray; height: 100px; width: 100%;"></div> <p style="text-align: center;"> <input type="button" value="Save"/> <input type="button" value="Clear"/> </p> | |

- **Question: If a child/youth is residing out of state, can the CCB work on components of eligibility or enrollment while the child/youth is still out of state?**
- ✓ **Answer:** Yes, as long as the child/youth intends to return to Colorado. Functional eligibility assessments and ICAP assessments can be completed virtually. Wraparound planning services can be used within 30 days of the transition into the State. Case Managers must see the child/youth as soon as possible after their return to CO to verify the information previously provided for the assessments conducted while the child/youth was out of state. Case Managers must complete comprehensive documentation of the need to conduct assessments while the child/youth is out of state in the Departments prescribed system.

Inventory for Client and Agency Planning and Support Level Reviews

- **Question: Does the Inventory for Client and Agency Planning (ICAP) assessment scoring dictate over-all plan levels or Service Plan Authorization Limits (SPAL)?**



- ✓ **Answer:** There are no SPALs or an overall spending limit for HCBS-CHRP. The ICAP assessment score correlates to a Support Need Level 1-6 for Habilitation services only.
- **Question:** Will the Department of Health Care Policy & Financing (HCPF) review all ICAP assessments completed and the resulting Support Need Levels?
 - ✓ **Answer:** HCPF will not review all ICAP assessments/Support Need Levels. Upload copies of scanned the ICAP assessments in the Case Management folder on the CCB SharePoint site.
- **Question: What is the process to request a change in Support Level?**
 - ✓ **Answer:** To request a change in Support Need Level, the CCB-CMA must complete and submit a [Support Need Level Review form](#) to HCPF per [Operational Memo OM 19-026](#). Support Level Reviews are also required to access Support Level 6 reimbursement in any placement.
- **Question: What is the process to request a change in Support Need Levels for Residential Child Care Facility (RCCF) placements?**
 - ✓ **Answer:** To request a change in Support Need Level for RCCF, the CCB-CMA must complete and submit a Support Need Level Review form and complete the [CHRP RCCF Negotiated Support Need Level Request \(Google Form\)](#) and submit to HCPF per [Operational Memo OM 20-104](#).
- **Question: Is the Support Need Level 6 a specific amount or negotiated amount?**
 - ✓ **Answer:** The Foster Care Home and Group Home Support Need Level 6 is a set reimbursement rate on the HCBS-CHRP rate schedule. Only the RCCF rate for Support Need Level 6 is negotiated based on the individual needs of the member.
- **Question: Does an ICAP Assessment need to be done if the child/youth is not accessing Habilitation services?**
 - ✓ **Answer:** Yes, an ICAP is required per the waiver and regulations for all HCBS-CHRP participants.
- **Question: How many respondents should there be for the ICAP?**
 - ✓ **Answer:** There must be at least one (1) respondent, in addition to the assessor. The respondent should be an individual who has known the child/youth for at least three (3) months and sees him or her on a day to day basis.
- **Question: Who do CCB-CMA's contact to request more ICAP assessment forms?**
 - ✓ **Answer:** Complete the [ICAP Assessment Request form](#) to request more assessments.



- **Question: How do I interpret the ICAP score into a Support Need Level?**

✓ **Answer:** The following chart displays the ICAP scores and equivalent Support Level.

| Support Level | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------|-------|-------|-------|-------|-----|---|
| ICAP Score | 60-79 | 40-59 | 20-39 | 10-19 | 1-9 | Support Need Level Request required for all placements |

Provider Enrollment

- **Question: How do we enroll as CHRP Providers?**

✓ **Answer:** See the Department’s [Provider Enrollment](#) page. Add Provider Type 36 (HCBS Waivers) and CHRP Specialty 619. Current Medicaid providers will need to complete a new application to add HCBS services in the Provider Portal. Current HCBS providers can add CHRP Specialty 619 in the provider portal. Our enrollment team will reach out to providers during the enrollment process to finalize their requested services.

- **Question: If I am a current Child Placement Agency or Foster Care parent, is training required to be a CHRP Habilitation Provider?**

✓ **Answer:** Yes. The training requirements and provider qualifications change depending on the type of service you want to provide. See the service categories below for service specific training requirements and provider qualifications. For traditional CPA/Foster Care Homes, the Colorado Department of Human Services requires completion of 32 hours of ongoing training a year for CHRP providers. Communicate with your licensing organization to discuss CHRP Habilitation. Additionally, all Medicaid Waiver providers will need to comply with [Settings Final Rule](#).

- **Question: Are there specialties for CHRP services?**

✓ **Answer:** No, there are no specialties at this time. Enrollment specialties are descriptions and codes for your Provider Type. Respite, Habilitation, Massage Therapy are examples of Provider Type specialties. All interested providers should enroll with our one CHRP Provider Type (619). Once a provider adds the CHRP Specialty (619) to their provider profile and meets all enrollment criteria, the CHRP team will reach out to the provider to confirm the specific services to be provided.

- **Question: If I want to enroll as a Wraparound Facilitator, how do I demonstrate my facilitator’s credentials?**



- ✓ **Answer:** Upon completion of Wraparound Facilitator trainings, upload documents to the Provider Portal, including: a resume/Curriculum Vitae that documents relevant trainings, a document of Bachelors of Arts/Bachelors of Science (BA/BS) degree (or a combination of education with experience), and facilitator certification documents.

If you are working with a coach to complete your final certification, include the name of your coach. You will need to upload your certification when complete to the Provider Portal.

Ongoing Case Management

- **Question: How do PASA catchment areas affect CHRP providers?**
 - ✓ **Answer:** PASA catchment areas are not used for CHRP services. See the [CHRP Provider List](#) for the services areas for CHRP providers.
- **Question: Will Human Rights Committee (HRC) reviews be required?**
 - ✓ **Answer:** Yes, per the waiver requirements, Mistreatment, Abuse, Neglect, and Exploitation investigations are to be reviewed by the HRC. There are no other requirements for HCBS-CHRP and HRC reviews.
- **Question: How will CCB-CMA's be informed of approved HCBS-CHRP Service Agencies?**
 - ✓ **Answer:** See the [CHRP Provider List](#) maintained by the Department.
- **Question: Will the CCB-CMA have the option to provide case management for Targeted Case Management (TCM) if the child/youth is living in a residential placement outside of their service area? Will there be exceptions to the quarterly face to face monitoring requirements in this instance?**
 - ✓ **Answer:** A CCB-CMA may provide case management to a child/youth outside of their service area, however, the quarterly face to face monitoring requirement will still apply. If a child/youth is living outside of the current CCB-CMA service area, then work with the CCB-CMA where the child/youth is living and their support team to determine if a transfer to the area's designated CCB-CMA should be completed.
- **Question: What is the appeal process for service denials? Will 803s be used for notice of denied services?**



- ✓ **Answer:** Yes, the same appeals process as for other HCBS waivers and the 803 will be used. Regulatory requirements for appeals may be found at [10 CCR 2505-10 8.057](#) Recipient Appeals.
- **Question: Can CCB-CMAs refuse a requested transfer to their service area for a HCBS-CHRP participant? At what point should the transfer occur?**
 - ✓ **Answer:** A CCB-CMA may not refuse a requested transfer. The transfer should be completed when requested by the decision-making party and when in the best interest of the child/youth.
- **Question: Can youth in HCBS-CHRP transition to the HCBS-DD?**
 - ✓ **Answer:** Yes, an individual that has been enrolled in HCBS-CHRP may bypass the waiting list and enroll directly from HCBS-CHRP into HCBS-DD once the youth has reached age 18 or after. The youth must transition into the HCBS-SLS, HCBS-DD or other adult waiver by their 21st birthday.
- **Question: Will CCB-CMAs be required to complete the DD Section of the Service Plan?**
 - ✓ **Answer:** No, the DD Section of the Service Plan is not required.

Waiver Services

General

- **Question: Where are CHRP rates and procedure codes found?**
 - ✓ **Answer:** CHRP rates and procedure codes are on the Department’s [Provider Rates and Fee Schedule page](#).
- **Question: Can a child or youth enroll in CHRP if they plan to stay in the family home or are returning to the family home?**
 - ✓ **Answer:** Yes, children/youth can enroll even if they are still in the family home upon enrollment into CHRP. CHRP services can be used to maintain placement in their family home and prevent out of home placement.
- **Question: How are CHRP referrals sent to the providers?**
 - ✓ **Answer:** CHRP referrals are generated and sent by the child/youth’s CCB-CMA to the email addresses provided in the [CHRP Provider List](#).
- **Question: Are CHRP Providers required to be in compliance with the HCBS Settings Final Rule?**



- ✓ **Answer:** Yes, all CHRP providers are expected to be in compliance with the HCBS Settings Final Rule. See The Department’s [Settings Final Rule page](#) for resource documents and requirements.
- **Question: What CHRP services require Electronic Visit Verification (EVV)?**
 - ✓ **Answer:** The only CHRP service that requires EVV is ‘In-home Respite’ for providers who bill S5150 and S5151.

Residential Habilitation

- **Question: Who is responsible for finding a Habilitation provider when a child is in Child Welfare and HCBS-CHRP?**
 - ✓ **Answer:** The Community Centered Board-Case Management Agency (CCB-CMA), the Regional Accountable Entity (RAE) care coordination, and Child Welfare should work together to find a provider.
- **Question: What happens when a residential provider cannot be found, who is ultimately the responsible party?**
 - ✓ **Answer:** The legally responsible party for the child is ultimately responsible.
- **Question: Who can be paid providers for the Habilitation services?**
 - ✓ **Answer:** Habilitation can be provided through a Certified Foster Care Home, Kinship Foster Care Home, a certified and licensed Group Facility or Group Home, a Host Home for children/youth over the age of 18, or an RCCF. Provider qualifications are listed in the [CHRP Waiver Full Text document](#). Parents, legal guardians, and legally responsible parties may not be Habilitation providers for children/youth under 18. For youth over 18 receiving Habilitation in a Host Home, a parent or other relative may be the Habilitation provider.
- **Question: How do I become a CHRP Habilitation provider, such as a Foster Care or Kinship Provider?**
 - ✓ **Answer:** Interested individuals may contact an approved Child Placement Agency or their county for further information. Foster Care Providers can start with CPAs on the [CHRP Provider List](#) for further information.
- **Question: What are the routine and annual documentation requirements for CHRP Habilitation Services?**
 - ✓ **Answer:** Service Providers for all CHRP services must maintain records to substantiate claims for reimbursement in accordance with [Department regulations](#).



- **Question: What is the minimum and maximum length of stay in a Habilitation placement?**
 - ✓ **Answer:** Habilitation is a service designed to be person-centered and family oriented. HCPF does not have requirements for minimum or maximum length of stays in a Habilitation placement. Lengths of stay in out of home placements should be solely based on the individual member’s needs and treatment plan.

- **Question: Can Long-Term Home Health be used by HCBS-CHRP participants if they are receiving Habilitation services?**
 - ✓ **Answer:** Long-Term Home Health services may only be used concurrent with Habilitation services if they are not duplicative of waiver services.

- **Question: Do children need special approval to be designated as a Support Level 6?**
 - ✓ **Answer:** Yes. The CCB-CMA must submit a Support Need Level Review Form to HCPF per [Operational Memo OM 19-026](#) and [Operational Memo OM 20-104](#).

- **Question: Are the Foster Care / Group Homes rates negotiable for Support Need Level 6?**
 - ✓ **Answer:** No, only RCCF Support Need Level 6 rates are negotiable.

- **Question: Who completes the appeal request to exceed capacity limits for Foster Care Homes?**
 - ✓ **Answer:** The Service Agency completes the appeal request to the Colorado Department of Human Services (CDHS). CDHS and HCPF will make a joint decision on the request and CDHS will notify the Service Agency. The capacity limits can be found in the Department of Health Care Policy and Financing Code of Colorado Regulations at [10 CCR 2505-10 Section 8.508.100.C.1.a-c](#).

- **Question: What is the process to request appeals for CHRP capacity limits in a Foster Care / Group Home?**
 - ✓ **Answer:** The appeal process can be found in the Colorado Department of Human Services Code of Colorado Regulations [12 CCR 2509-8 Section 7.701](#).

- **Question: For the Habilitation capacity limits, do the “Non HCBS-CHRP participants” apply to any child in the home or just children/youth in Child Welfare?**
 - ✓ **Answer:** The limits only apply to children/youth in the home that are in Child Welfare.



- **Question: Can adults and children live together in a Foster Care Home / Host Home?**
 - ✓ **Answer:** There may be one (1) HCBS-CHRP participant and two (participants in either the HCBS-Developmental Disabilities (DD) or Supported Living Services (SLS) waiver; or two (2) HCBS-CHRP participants and either 1 HCBS-DD or HCBS-SLS participant. The total maximum of three (3) may not be exceeded. There is no appeals process. The foster home shall meet all Foster Care regulations as stated in [12 CCR 2509-8 7.710.33](#), which includes background checks, fingerprints, reference checks, etc. for all adults over the age of 18 years.

- **Question: Can HCBS-DD participants live in the same group home as HCBS-CHRP participants?**
 - ✓ **Answer:** HCBS-DD and HCBS-CHRP participants may not live in the same group home.

- **Question: What are the capacity limits for Residential Child Care Facilities (RCCF)?**
 - ✓ **Answer:** There are no capacity limits for CHRP children/youth within an RCCF at one time. The RCCF may not exceed the total number of residents it is licensed to serve.

- **Question: If I am a Habilitation provider, can I also provide Child and Youth Mentorship?**
 - ✓ **Answer:** Yes. As long as the provider meets all Child and Youth Mentorship Direct Support Professional qualifications. Existing providers, inform the HCPF Enrollment Specialists or the HCPF_CHRP@state.co.us email inbox of your intention to provide this service.

- **Question: Do Host Home placements for youth over 18 need to be certified as a foster care home?**
 - ✓ **Answer:** No. Once the youth turns 18 years, the placements do not need to be certified as a foster care homes. If the youth resides in a Host Home, the homes must meet all requirements as defined in 10 CCR 2505-10 8.600. However, if the youth is in county custody, it is the determination of the County.

- **Question: Do all Habilitation placements require Personal Needs Funds (PNF)? Who pays the PNF?**
 - ✓ **Answer:** PNF should be paid to the child/youth every month while the child is in a CHRP Habilitation placement. The PNF payor depends on who the Representative Payee is, as guardians or kin, may be the payee and thus responsible for the PNF payment. All agencies, including foster care and host homes, RCCFs, Group Facilities, and Qualified Residential Treatment Programs (QRTPs), are encouraged to have a PNF processes in place for distribution of PNF.



Respite

- **Question: Can Respite be used during school breaks?**
 - ✓ **Answer:** Respite services may be authorized if the need for Respite meets the service definition (i.e. “For the temporary relief of the primary caregiver”).
- **Question: Can Respite be utilized for a child/youth living a Foster Care Home?**
 - ✓ **Answer:** Habilitation and Respite may not be billed on the same day.
- **Question: How are Respite “days” defined? How shall case managers calculate the number of days Respite is authorized to determine if the limit of 28 days is reached?**
 - ✓ **Answer:** Respite is reimbursed on a 15-minute increment (1 unit = 15 minutes) up to 10 hours. At 10 hours Respite is reimbursed on a per diem unit. Any Respite usage, even one unit or one hour, equals one Respite “day.” For example, even if only one unit is authorized on a particular day, that shall count as one of the 28 days allowed for Respite. Case managers shall count the number of days in which Respite is authorized.
- **Question: Is the Respite 28 day maximum for the calendar year or service plan year?**
 - ✓ **Answer:** Regulations state, “No more than 7 consecutive days per month and not to exceed 28 days in a calendar year.” For example, if a child has a service plan effective 7/1/21 - 6/30/22, they can receive 28 days of respite from 7/1/21 - 12/31/21 and another 28 days would be available from 01/01/2022 - 12/31/2022.
- **Question: Which children are eligible for Respite Services?**
 - ✓ **Answer:** All CHRP enrolled children/youth may access Respite as determined by their needs and Service Plan.
- **Question: What providers are allowed to provide Respite services?**
 - ✓ **Answer:** Respite can be provided by a CPA, Specialized Group Facilities, RCCFs, Foster Homes (including Kinship Foster Care Homes), a Provider Licensed Child Care Center, and by a Program Approved Service Agency (PASA) approved to provide Respite in the Child’s Extensive Support (CES) waiver.
- **Question: Can family members be paid providers for respite?**



- ✓ **Answer:** Yes, relatives or family members can become providers if they meet provider qualifications. Parents or legally responsible parties may not be paid providers for Respite.
- **Question: Can Respite be used when a child is in residential placement?**
 - ✓ **Answer:** Respite and Habilitation services may not be accessed or billed on the same day. Respite services may not be used to pay a Habilitation provider for “respite” when the child/youth is temporarily in another placement.

Intensive or Transition Support Services

- **Question: Can Intensive & Transition Supports be used while a child is in a residential placement?**
 - ✓ **Answer:** Yes. Intensive Support Services may be used to maintain stabilization, prevent Crisis situations, and de-escalate Crisis. It can be used to maintain current residential placement or maintain stability at home. Transition Support Services is to support the child/family when transitioning from out-of-home placement back to the home or stepping down to a lower level of care.
- **Question: Do I need to enroll each employee as a Wraparound Facilitator or Child and Youth Direct Support Professional if my agency wants to provide these services?**
 - ✓ **Answer:** No, enroll as an agency. Upload the Wraparound Facilitator and/or Child and Youth Direct Support Professional credentials for at least one employee for Wraparound Facilitator and/or Child and Youth Direct Support Professional to the Provider Portal. It is your agency’s responsibility to maintain credentials for all employees providing these services in their records for auditing purposes.
- **Question: What are the provider qualifications for Wraparound Facilitators and Child and Youth Mentorship direct support professionals?**
 - ✓ **Answer:** See the provider qualifications for Wraparound Facilitators and Child and Youth Mentorship Direct Support Professionals listed in the [CHRP Waiver Full Text document](#) under Appendix C: Participant Services in the Intensive Support and Transition Support Services pages.
- **Question: Are there unit limits for Intensive Support and Transition Support services?**
 - ✓ **Answer:** Intensive Support and Transition Support services do not have limits and are based on the needs of the child/youth.



- **Question: Can a Child and Youth Mentorship provider for Intensive Support and Transition Support services take the child/youth into the community?**
 - ✓ **Answer:** Yes, as long as the activity is in alignment with the service definition and the identified need documented in the Service Plan.

Wraparound Facilitator Plan and Wraparound Monitoring / Follow-Up

- **Question: How is Wraparound Prevention and Monitoring defined?**
 - ✓ **Answer:** The service requirements are listed in [10 CCR 2505-10 8.508](#) under “Follow-Up Services” as part of the service definitions for Intensive Support services and Transition Support services. Prevention and Monitoring should be utilized and billed after the primary Wraparound Plan has been written and implemented. Prevention and Monitoring should be discussed during the initial Wraparound Plan and utilized after the plan has been implemented and/or transition to a lower level of care has occurred or is in progress.
- **Question: If I want to enroll as a Wraparound Facilitator, how do I demonstrate my facilitator’s credentials?**
 - ✓ **Answer:** Upon completion of Wraparound Facilitator trainings, upload documents to the Provider Portal, including: a resume/Curriculum Vitae that documents relevant trainings, a document of Bachelors of Arts/Bachelors of Science (BA/BS) degree (or a combination of education with experience), and facilitator certification documents.

If you are working with a coach to complete your final certification, include the name of your coach. You will need to upload your certification when complete to the Provider Portal.
- **Question: Where do we find High-Fidelity Wraparound Coaches that can assist us to become credentialed?**
 - ✓ **Answer:** Visit the “[Getting Started with Wraparound](#)” page on the Cross Systems Training Institute website. This page also has links to the High-Fidelity Wraparound web-based training and High-Fidelity Wraparound guidelines.
- **Question: When utilizing an outside agency coach or Family Support Partner, how are they paid?**
 - ✓ **Answer:** The cost for any staff other than the Wraparound Facilitator is not billable to Medicaid.



Child and Youth Mentorship (CYM)

- **Question: Who can be a Child & Youth Mentor Direct Support Professional (DSP)?**
 - ✓ **Answer:** A Child & Youth Mentorship DSP must be employed by a Service Agency type approved in the CHRP waiver and must meet provider qualifications as listed in the waiver. Relatives, parents, and legally responsible parties may not be paid Child and Youth Mentorship providers.

- **Question: What training is required to become a Child & Youth Mentorship Direct Support Professional?**
 - ✓ **Answer:** A direct support professional needs to submit training certifications or documentation of at least 40 hours of training in Crisis Prevention, De-escalation, Intervention, and other topics. See the [CHRP Waiver Full Text document](#) within Appendix C: Participant Services in the Intensive Support and Transition Support Services for specifics. Agencies may either develop their own training or use existing trainings from outside agencies.

- **Question: What does protective oversight encompass during Child and Youth Mentorship services?**
 - ✓ **Answer:** Protective oversight allows providers to accompany youth to activities or implement therapeutic goals outside of the line of sight of parents/caregivers. Providers should always consider age/developmental appropriateness of activities. Child and Youth Mentorship should not replace Respite and is not in lieu of parental responsibilities. Child and Youth Mentorship should not be scheduled during routine therapy or medical appointments unless it is specific to a goal of Child and Youth Mentorship.

- **Question: Can I bill Child and Youth Mentorship to cover the expenses of a Youth Peer Support Specialist/Mentor for Wraparound?**
 - ✓ **Answer:** Yes. The Youth Peer Support Specialist or Mentor needs to meet all Child and Youth Mentorship Direct Support Professional qualifications and needs to be billed by an approved provider. Additionally, maintain supporting documentation of how the Youth Peer Support Specialist meets the service definition of the Child and Youth Mentorship service on file.

- **Question: How many units are available for Child and Youth Mentorship?**
 - ✓ **Answer:** There is no set minimum or maximum number of units. The team should discuss the number of hours/units needed during the Wraparound Plan or Service Plan meeting. The number of hours/units needed should be communicated to the CCB-CMA and be substantiated by the child’s and family’s needs.



- **Question: Does Child & Youth Mentorship need to be utilized with Wraparound?**
 - ✓ **Answer:** CYM does not need to be utilized with Wraparound. If the service is utilized without Wraparound in place, an Inter-disciplinary Team meeting can be held with the service provider and member to discuss mentorship goals and needs.

Community Connector

- **Question: Who can be a Community Connector provider? What are the provider types?**
 - ✓ **Answer:** The approved Service Agency and provider types for Community Connector are listed in the CHRP waiver. Providers must meet the provider qualifications listed in the waiver. Relatives or family members can be paid providers of this service. Parents or legally responsible parties may not provide this service.
- **Question: Can Community Connector be billed while a client is receiving residential services?**
 - ✓ **Answer:** Yes, Community Connector services are allowed while receiving Habilitation. However, the direct provider for Habilitation services (e.g. the Foster Care Home provider or the RCCF staff) may not also be the direct provider for the Community Connector Services.
- **Question: What is the hour maximum of Community Connector services per week?**
 - ✓ **Answer:** The Community Connector service does not have a weekly limit. The service limit for Community Connector is 1040 units or 260 hours per Service Plan Year.

Professional Services (Hippotherapy, Movement Therapy, Massage Therapy)

- **Question: For Hippotherapy services, can the reimbursement be used to cover barn/facility fees?**
 - ✓ **Answer:** The Hippotherapy reimbursement may not be used to pay for barn/facility fees as these fees are not included in the service definition.
- **Question: Can a family member of the child be hired as a Massage Therapy provider?**
 - ✓ **Answer:** No, the CHRP waiver does not permit a family member to provide Massage Therapy services.



Child Welfare

- **Question: Will there be a referral form for counties to send to CCB-CMAs for potential HCBS-CHRP?**
 - ✓ **Answer:** HCPF will not mandate that CCB-CMAs and counties use a referral form. Counties and CCB-CMAs should work together to identify a process for referrals and on-going communication.

- **Question: Who is the final decision maker for the child/youth when they are in Child Welfare?**
 - ✓ **Answer:** This depends on the child/youth’s individual situation. In some cases, it will be the County Child Welfare Case Worker, if they have custody of the child. In other cases, there may be additional parties involved in decision making such as a Guardian Ad Litem or parent(s). CCB-CMAs will need to work with the County Child Welfare Case Worker to determine who the decision maker is on an individual basis. CCB-CMAs are not legally responsible for youth in CHRP.

- **Question: In the near future, Child Welfare is changing Residential Child Care Facilities (RCCF) to Qualified Residential Treatment Provider (QRTP), will this impact the placement of a child/youth enrolled in HCBS-CHRP?**
 - ✓ **Answer:** No, it will not. At this time, HCPF plans to continue to use the RCCF provider type, which includes QRTPs, so CHRP children/youth will continue to be able to use the QRTP provider type.

- **Question: What financial role will counties continue to have? Will the CCBs have a financial role?**
 - ✓ **Answer:** This is to be determined on an individual basis for children/youth in Child Welfare based on their individual need. CCB-CMAs will not be responsible to provide reimbursement to service agencies for HCBS-CHRP services.

- **Question: Will County Child Welfare Case Workers continue to use the Individual Choice Statement?**
 - ✓ **Answer:** No. According to HCBS-CHRP waiver requirements, CCB-CMAs will ensure choice during the Service Planning process.

Miscellaneous

- **Question: Would HCBS-CHRP reimburse an out of state RCCF?**
 - ✓ **Answer:** No, the waiver services may only reimburse for services provided in the State of Colorado.



- **Question: For children/youth in out of state placements, what is the role of the CCB-CMA in bringing them back in state?**
 - ✓ **Answer:** The role would be the same as it is for anyone applying for and enrolled in a HCBS waiver.
- **Question: Where can we direct families with children/youth who have Medicaid who were adopted while in Foster Care, have complex behavioral support needs but do not meet the Developmental Disability criteria?**
 - ✓ **Answer:** To the Regional Accountable Entity (RAE) for their county of residence to explore options for Medicaid State Plan services.

For more information contact

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