

# Children's Home and Community Based Services (CHCBS) Waiver

## Training for Case Managers

January 2022



# What you will learn

- Basics
  - Eligibility and targeting criteria
  - Services
- Enrollment Process
  - Completing an assessment
    - Utilization Review process
- Services
  - Case Management
    - Monitoring and billable tasks
  - In Home Support Services (IHSS) - service delivery option
    - Health Maintenance
- Transition to adult waiver



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# CHCBS Waiver

# Waiver Eligibility

Eligibility

- Financial
  - County Human/Social Services Office
    - Income and Resources
- Level of Care
  - Case Management Agency
    - Level of Care Assessment
- Targeting Criteria
  - Case Management Agency/Utilization Review Contractor
    - Waiver Criteria

# CHCBS Functional Targeting Criteria

- Assists children who:
  - Age birth - up to 18<sup>th</sup> birthday
  - Living at home with parent(s) or guardian and, due to medical concerns, is at risk of institutional placement and can be safely cared for in the home
- Members need to be aware that they may meet targeting criteria for multiple waivers

[10 CCR 2505-10 8.506.6.A.](#)

# Level of Care

- Hospital Level of Care
  - Member's needs are similar to that of a person in a hospital
  - They have acute care needs or their condition is unstable and unpredictable
- Nursing Facility Level of Care
  - Member's needs are similar to that of a person in a nursing facility
  - They require regular medical care, in home services at least once every 30 days, and oversight of a physician to maintain stability
- Important to ensure the child meets level of care requirements for CHCBS waiver before providing it as an option to the child/family

# Medically Fragile

- Medically Fragile: is in need of intermittent medical/nursing care; may require recurrent skilled nursing intervention.
- The individual will generally exhibit one or more of the following:
  - Massive sensory deprivation;
  - Severe motor dysfunction;
  - Neurological or degenerative disease with associated medical/nursing needs;
  - Congenital anomalies or genetic disorders requiring medical/nursing supervision;
  - Uncontrolled seizure disorders;
  - Respiratory distress syndrome with resultant and recurrent apnea;
  - Immature survival reflexes requiring life support;
  - Profound brain damage resulting from near drowning or other trauma;
  - Failure-to-thrive syndrome with physiological developmental delay
  - And more...

# Medically Fragile

- The individual will require procedures including but not limited to the following:
  - Tube insertion and/or feeding (nasogastric, lavage, gastrostomy, etc.);
  - Suctioning (nasal or tracheal);
  - Oxygen therapy;
  - Intermittent positive pressure breathing (IPPB);
  - Wound irrigation, drainage and dressing;
  - Catheterization and catheter care;
  - Apnea monitoring;
  - Positioning and skin care;
  - Special diets.

(Colorado Department of Public Health and Environment)



# Financial Eligibility for HCBS

- Counties must make this determination
- Don't assume you know that the applicant may be denied
- Let the process occur which will give the applicant access to their appeal rights



# Services

- Case Management Services
- Health Maintenance Activities delivered through In-Home Support Services (IHSS)
  - Dependent on the child's level of skilled care needed
- Access to all Health First Colorado State Plan benefits that are not duplicative



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# Case Management

Rule Section [10 CCR 2505-10 8.506.4.B.](#) and [10 CCR 2505-10 8.393.1.M](#) and [10 CCR 2505-10 8.486](#)

- Applies to all Case Managers in CCBs, SEPs and Private CMA
  - Intake/screening/referral
  - Assess/reassess the child's health and social needs
  - Support Planning
  - Ongoing case management
    - Monitoring to assure participant protections and quality assurance
  - Continued Stay Review
  - Case Closure/Transfers

# In-Home Support Services

- In-Home Support Services (IHSS) is a service delivery option that allows the member to direct and manage the attendants who provide care with the added support of an agency.
- Through IHSS, the member can select, train and manage attendants of their choice to best fit their unique needs.

# In-Home Support Services

- CHCBS participants may be eligible to receive IHSS Health Maintenance Activities (HMA) services. CHCBS participants are not eligible for IHSS Personal Care or Homemaking.
- Participants may receive HMA through an IHSS Agency and Personal Care services through the state plan option.
- An individual may still access medically necessary Nursing/Therapy/CNA and Personal Care services as long as there is no duplication with IHSS HMA.

# Health Maintenance Activities

- Health Maintenance Activities are defined as those routine and repetitive skilled health-related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if they were physically able, or that would be carried out by family members or friends if they were available.

# Health Maintenance Activities

- These activities include:
  - Skilled tasks typically performed by a Certified Nursing Assistant (CNA) or licensed nurse that do not require the clinical assessment and judgment of a licensed nurse.
  - HMA tasks can include g-tube feeding and maintenance, trach or vent care, and medical management needs such as blood pressure and blood sugar checks among many other needs.
- Consumer Direct of Colorado (CDCO) provides monthly Case Manager trainings in participant-directed programs including IHSS. CDCO's website also has additional resources and information.  
[consumerdirectco.com/case-manager-ihss-resources/](https://consumerdirectco.com/case-manager-ihss-resources/)

# Health Maintenance Activities

## Do NOT include:

- Tasks that require the clinical judgement and assessment skills of a nurse
- Companionship and protective oversight
- Travel or transportation
- Services that are duplicative



# State Plan Benefits

- Individuals enrolled in CHCBS are eligible to receive State Plan Benefits that are not duplicative of those available in the waiver. State Plan Benefits must be utilized prior to accessing waiver services.
  - Doctor visits
  - Labs, X-rays
  - Prescriptions
  - Personal Care through EPSDT
  - Etc.

# State Plan Benefits

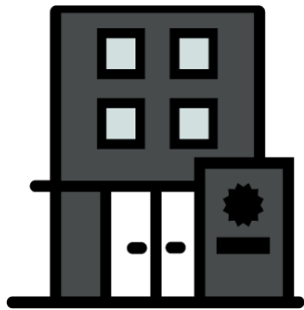
- If a child doesn't qualify for CHCBS, but qualifies for Health First Colorado, State Plan Benefits may be able to meet their skilled care needs:
  - Long-Term Home Health
  - EPSDT
  - Pediatric Personal Care

# Agency Roles



State Department

## Level of Care Targeting Criteria



Case Management Agency

## Financial Eligibility

- Income and Resources



County Eligibility Office

## Review Targeting Criteria and Utilization



Utilization Review/Management Contractor (URUM)

Waiver Eligibility

# Case Management Agencies

## 22 Single Entry Points (SEPs) serve adults and children

- Determines eligibility for PACE, Nursing Facilities, and HCBS waivers targeted to aging members and/or members with various disabilities (BI, CLLI, CMHS, EBD, SCI waivers); provides case management for those waivers
  - Some SEPs provide case management for CHCBS waiver

## 20 Community Centered Boards (CCBs) serve adults and children

- Determines eligibility for programs targeted to members with intellectual and developmental disabilities (IDD) (CES, CHRP, DD, SLS waivers); may provide case management for those waivers
  - Some CCBs provide case management for CHCBS waiver

## 4 Private Case Management Agencies serve children enrolled in CHCBS waiver only

- Provides case management for CHCBS waiver

# CMA Approved to Provide CHCBS

## CCBs

- DDRC
- Eastern CO Svcs. for DD
- Foothills Gateway
- Imagine!
- Inspiration Field
- North Metro Comm. Services
- Southeastern Dev. Services

## CCB/SEP

- Community Connections
- Rocky Mtn. Human Services
- Starpoint
- The Resource Exchange

## SEPs

- Adult Care Mgmt. Inc.
- Delta County HS
- Garfield County DHS
- Jefferson County HS
- Las Animas County DHS
- Montrose County DHHS
- Pueblo County DSS
- Rocky Mtn. Health Plans

## Private CMAs

- Access and Ability
- A Rise Above
- A Special Needs Connection
- Nursing & Therapy Svcs. of Colorado (NTSOC)

# CMA Contact Information

- [Community Centered Boards Contacts Page](#)
- [Single Entry Point Agencies Contacts Page](#)
- [Private Case Management Agencies Contacts Page](#)

# Other Resources

For more on waiver basics check out these other resources:

- HCBS Waivers 101
- Waiver Charts
- Waiver Flow Charts

[hcpf.colorado.gov/long-term-services-and-supports-training](https://hcpf.colorado.gov/long-term-services-and-supports-training)

[hcpf.colorado.gov/childrens-home-and-community-based-services-waiver-chcbs](https://hcpf.colorado.gov/childrens-home-and-community-based-services-waiver-chcbs)

# Case Management for CHCBS

Rule Sections [10 CCR 2505-10 8.506](#) and [10 CCR 2505-10 8.393](#) and  
[10 CCR 2505-10 8.486](#)



# Initial Referral

- Case Management Agency shall begin assessment activities within 10 calendar days of receipt of individual's information.
- Assessment activities shall consist of at least one face-to-face contact with the child, or document reason(s) why such contact was not possible.
- With Department approval, contact may be completed by the case manager at an alternate location, via the telephone, or using virtual technology methods, if necessary.

[10 CCR 2505-10 8.506.4.B.3.a.](#)

# Assessment

- Person-centered assessment process
  - Case Managers are expected to engage with the child as much as possible if they are able to articulate their needs and goals
- Use ULTC 100.2 Assessment - [8.401](#)
- Identify needs, preferences, goals for the participant
  - Goals should be those of the child, not the parent/caregiver
- Inform the parent(s) or guardian of their freedom of choice between institutional and home and community-based services, and providers and document these choices have been offered - [8.486.51.B](#) and [8.506.4.B.7](#)

# Assessment

- Inform the parent(s) or guardian of the purpose of the CHCBS 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
- Verify that the child meets the eligibility requirements outlined in Client Eligibility, Section [8.506.6](#)
  - Targeting Criteria
  - Level of Care Criteria (Functional)
  - Financial Criteria - County determined

# Age Appropriate Guidelines

- Consider what the parent or other caregiver is doing that is **above and beyond** the requirements of another child the same age without a disability or impairment.
- Resource:
  - [Age Appropriate Guidelines Document](#)
    - Provides definitions and guidelines for age groups of children for each ADL

# Bathing Example

## Considerations for a child from a birth to 59 months:

- A child younger than 12 months is dependent on a caregiver for bathing.
- A child 12-24 months can typically sit-up in the bath and begin to participate, however, the child still requires assistance and supervision.
- A child 24-59 months typically participates in bathing, however, still requires assistance and supervision.

## Considerations for a child from 5 to 18 years:

- A child 5-18 years old typically is able to bathe and does not require assistance, supervision, and/or help transferring in and out of the tub.
- A child may score if the child has a unique medical reason or cognitive impairment that impacts bathing, needs adaptive equipment or skilled/medical care during bathing.

Please remember that all children under 4 years of age need some assistance in bathing.

# Where to Document Needs

- Per Informational Memo - [IM 19-060](#)
  - Within the assessment, case managers shall include information that demonstrates targeting criteria for the CHCBS waiver.
  - This includes identifying elements of the youth's care and/or condition that would demonstrate medical fragility.
  - This can be documented in the activities of daily living narratives, in the demographic summary narrative, and/or by providing additional documentation (medical provider's notes, etc.)

# Where to Document Needs

- Information regarding medical complexities and medical fragility should be documented in the corresponding Activity of Daily Living (ADL) that the condition impacts
  - For example:
    - If a child has G-Tube, this can be documented in the Eating ADL and potentially the Bathing ADL
    - If a child requires ongoing multiple respiratory treatments throughout the day, this can be documented in the Transferring or Mobility ADL, indicating how, without the treatments the activities would be impacted
  - Medical complexities and medical fragility **cannot** only be included within the score of the Memory/Cognition section of the ULTC 100.2 unless they specifically are impacted by the child's memory/cognition functioning

# Personal Goals

- Reflect what brings the member joy and fulfillment and how to do that more independently
- Can include developmental milestones, but then also explain what member will be able to do after reaching that milestone
- For members who do not communicate verbally or who are too young to express a personal goal, caregivers and parents can help identify what those members' personal goals are
- Resource:
  - [Person-Centered Plan Development - FAQ](#)



# Personal Goals Examples

## Good examples for non-verbal, younger children:

- Madison wants to be able to reach her toys independently. Being able to crawl will help her reach her goal.
- Antonia wants to be able to play with her siblings. Being able to sit up on her own will help her reach her goal.
- Javier wants to take walks with his dog. Being able to walk on his own will help him reach his goal.

## Good examples for verbal, older children:

- Olivia wants to be able to go to Disneyland with her family.
- Austin wants to be able to do chores to earn money for a new Xbox.
- Tony wants to learn to ride a bicycle.
- Naleah wants to be able to go to the mall with her friends.

## Examples of Insufficient or non-member goal:

- Child wants to continue to live at home.
- Child wants to be more independent.
- Gino's mother would like to see Gino increase his coping skills.

# Support Planning

- Develop the Support Plan in accordance with Sections [8.506.4.B.7.](#) and [8.486.50](#)
- Monitoring to assure participant protections and quality assurance
  - Monthly - review of effectiveness of services which may include: [\(8.506.4.B.7.b\)](#)
    - Interview with child, family, guardian and provider (includes quarterly check in, CSR)
    - Review of cost data
    - Review of written reports received
    - Making updates as needed
    - IHSS often requires more frequent contacts
  - Quarterly - contact member/family by phone at least once each quarterly period [\(8.393.1.M.1.a\)](#)
    - Discuss health and safety of individual, quality of services provided, utilization of services

# Support Planning

- 6 months - Review contact with the member/family ([8.393.2.G.7](#))
  - Does documentation indicate that ULTC 100.2 and Service Plan have been reviewed and updated, if needed?
  - Was provider contacted regarding services?
- Annual face-to-face meeting to complete Continued Stay Review (CSR) ([8.393.1.M.1.b](#))
- Documentation of each contact or change in services
- Develop a Cost Containment Record in accordance with Section [8.506.12](#) at the time that the Support Planning is completed.
  - [CHCBS Cost Containment Form](#)

# Cost Containment

- [8.506.12.F](#) - The Case Manager will submit the Cost Containment Record to the Utilization Review Contractor 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 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 does not constitute approval of Medicaid reimbursement for authorized services identified within the record.

# What is Monitoring?

To observe and check the progress or quality of (something) over a period of time; keep under systematic review



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# Monitoring for CHCBS

## Monitoring Includes:

- Conversations between case manager and member/family about satisfaction with services
- Review goals from Service Plan and member's progress toward goals
- Review utilization of authorized services
- Examples of documentation that assist with monitoring:
  - Critical Incident Reports (CIR)
  - Provider Progress Notes
  - Medical Records / Hospital Admissions
- And more...

## Monitoring Does NOT Include:

- Mass communications (emails/letters) asking member/family to contact you with questions or requesting information
- Attempts to reach member/family with no contact (attempts should still be documented)

# Monitoring for CHCBS

- Regular monitoring can:
  - Reveal child's needs have changed and require an increase or decrease in services provided
  - Reveal changes to the PAR may be needed
  - Provide an opportunity to provide referrals to community resources with the child/family
  - Provide other information
  - Etc.

# In-Home Support Services (IHSS) Monitoring

- Contact member or authorized representative once a month for first three months
- Contact member or authorized representative quarterly, after first three months
- Contact member or authorized representative when change in AR occurs and once a month for 3 months after change

[10 CCR 2505-10 8.552.7.H](#)





# In-Home Support Services (IHSS) Monitoring

- Contact IHSS Agency semi-annually to review Care Plan, services, and supervision provided by Agency
- Document and keep record of:
  - IHSS Care Plans
  - In-home supervision needs as recommended by physician
  - Independent Living Core Services offered/provided by IHSS Agency
  - Additional supports provided by the IHSS Agency

[10 CCR 2505-10 8.552.7.H](#)



# Documentation

- Consistent documentation should be an easy-to-follow account of all work case manager has done specific to that member
- CHCBS [8.506.4.B](#) Case Management:
  - Case Management Agencies will complete all administrative functions of an individual's benefits as described in HCBS-EBD Case Management Functions, Section [8.486](#).

# Documentation

- When to document/enter log notes:
  - Document that choice of case management agency/provider was given to family - [8.506.4.B.7.b b.](#)
  - When reviewing IHSS
  - Increase/decrease in services
  - Critical Incident Reports (CIRS)
  - New support plan
  - Monthly contact or reviews of data, reports, etc.
  - Quarterly contact
  - 6-month contact - review of support plan
  - CSR visits
  - When a [CMA and Eligibility Information Sharing Form \(DSS-1\)](#) financial request was sent or is still pending
  - Attempted and received communications with the member/family
  - Any Notice of Action (803) sent
  - And more... anything that shows interaction with this member or case

# Billable Tasks

- Any case management functions as outlined in [8.486](#) and [8.390](#)
- Unacceptable billable tasks - billing for sending or receiving emails, sending mass emails to members on a caseload

# Records Maintenance

- Ensure adequate records are maintained

Member records shall contain:

- Name, address, phone number and other identifying information for the member and the member's parent(s) and/or legal guardian(s)
- Name, address and phone number of child's Case Manager
- Name, address and phone number of the member's primary physician
- Special health needs or conditions of the member
- Documentation of specific services provided
- Etc.

[10 CCR 2505-10 8.506.9.3](#)

# Prior Authorization Request (PAR)

- Case Manager shall complete and submit a PAR form within one calendar month of determination of eligibility for the waiver
- All units of service requested shall be listed on the Support Plan
- Case Manager shall submit a revised PAR if a change in the Support Plan results in a change in services

[10 CCR 2505-10 8.506.10](#)

# Utilization Review Contractor

- CHCBS waiver reviews are conducted by the Utilization Review Contractor (URC) to determine that the individual meets the additional targeting criteria for eligibility outlined in [10 CCR 2505-10 8.506.6](#).
- The URC is trained by the Department to review and ensure the targeting criteria for CHCBS identified in the approved waiver application and the Code of Colorado Regulations (CCR) is met, before waiver enrollment is authorized.
- Case managers submit CHCBS reviews for all initial enrollments and CHCBS Cost Containment reviews when there is a change in the daily cost per day for the individual +/- \$50.

# Utilization Review Contractor

- For the CHCBS waiver, within the Level of Care (LOC) assessment, case managers shall include information that demonstrates targeting criteria for the CHCBS waiver.
  - This includes identifying elements of the youth's care and/or condition that would demonstrate medical fragility.
  - This can be documented in the activities of daily living narratives, in the demographic summary narrative, and/or by providing additional documentation (medical provider's notes, etc.) to the URC for review.
- Resource:
  - [Utilization Review/Management \(UM\) Training and Resources](#)



# Utilization Review for IHSS

- The URC conducts Utilization Review/Utilization Management (UR/UM) activities for IHSS authorizations requesting skilled health maintenance activities (HMA).
- This process includes a review of all Prior Authorization Requests (PARs) that include HMA for IHSS.
- The last step of authorizing IHSS HMA services is to submit a request for review to the URC to assure there is no duplication of services, the appropriate level of service is authorized to meet the care needs, and the individual's needs and/or support plan warrant the costs.

# Utilization Review for IHSS

- Regardless of a +/- \$50 change in Cost Containment, all CHCBS waiver members who have Health Maintenance Activities (HMA) through IHSS will need to submit an IHSS HMA review to the URC at Continued Stay Review (CSR)
- Quick Reference for HMA (IHSS) and CHCBS

	HMA Increases	HMA Decreases	Non-HMA Service Changes	CSR with HMA
If change does NOT result in +/- \$50	Case manager submits for HMA review only	Case manager does not need to submit for any review	Case manager does not need to submit for any review	Regardless of changes that have occurred, case managers submits for HMA review
If change results in +/- \$50	Case manager submits for HMA review and CHCBS Cost Containment review	Case manager submits for CHCBS Cost Containment review	Case manager submits for CHCBS Cost Containment review only	Regardless of changes that have occurred, case managers submits for HMA review

# Approval of IHSS

- Case Manager notified by Utilization Review Contractor of approval
- Next steps
  - Provide notice to family - Notice of Action (803) only if URC did not provide a full approval and denied some of the requested services
  - Support planning

# Denial of IHSS

- Services are authorized based upon the needs identified in the Level of Care (LOC) assessment
- If a service is not a demonstrated need as demonstrated by the LOC, a case manager or the URC may deny the service
- Next steps
  - Provide notice to family - Notice of Action (803)
  - Assist family with understanding the appeal process, if requested

# Notice of Action 803

- If any adverse action includes service decreases or a service denial occurs, the case manager will send the member a Notice of Action (803) to inform the member of the regulatory guidelines that are applicable to the denial and the member's appeal rights
- Case managers also send a Notice of Action (803) when a member is initially approved for a waiver through the Level of Care assessment
- A member may appeal the decision to the Office of Administrative Courts (OAC) if they disagree with the Notice of Action
- Case Managers must represent the Department's rules and regulations in appeals and does not represent the member
- View [Notice of Action \(803\) and Appeals Training](#) for more in-depth information [8.057](#)

# Transferring Cases

## Transferring agency responsibilities

- Contact the receiving case management agency by telephone and provide notification that:
  - The child is planning to transfer, per the parent(s) or guardian choice
  - Negotiate an appropriate transfer date
  - Forward the case file and other pertinent records and forms to the receiving case management agency within five (5) working days of the child's transfer
- If the transfer is inter-county, notify the income maintenance technician to follow inter-county transfer procedures in accordance with the Colorado Department of Human Services, Income Maintenance Staff Manual [9 CCR 2503-5 Section 3.560 Case Transfers](#)

# Transferring Cases

## Receiving agency responsibilities

- Conduct a face-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 member (e.g., natural disaster, pandemic, etc.)
- Review and revise the Support Plan and the Prior Approval Cost Containment Record and change or coordinate services and providers as necessary
- Ensure all transfer case management activities are documented in the Log Notes

# Growing out of CHCBS

- Some children will be found eligible at a young age and as they grow and develop will become no longer eligible for the waiver due to improvement in their functional ADL's based on Age-Appropriate Guidelines.
- "My child's medical needs were so complex early on. With services and time, he was able to gain more independence with managing his conditions. Graduating from CHCBS is a huge milestone for our family."



# What does this mean for Case Management?

- Monitor child's progress throughout the year
- Document noticed improvements in the child's functioning/condition
- Work to find alternative resources for the family outside of Medicaid

# Transitioning from CHCBS

- Transitioning from CHCBS into adult services or waivers takes some advance preparation and planning by both the family and case manager
- This checklist provides step-by-step guide one year or more before transition:

➤ [Transition from Children's Waivers to Adult Waivers Checklist](#)

**Transition from Children's Waivers to Adult Waivers Checklist**

Parent/Guardian,  
In preparation for your child to transition from Home and Community Based Services (HCBS) waivers for children to those for adults, we encourage you to work with your child's case manager through the following items.

**One Year or More Before Transition**

- Develop goals with your child for how he/she will live as an adult
- Outline milestones required to meet your child's goals
- Begin to consider which programs and service delivery options might be best for your child

**60 Days Before Transition**

- Apply for adult waivers that will best meet your child's needs

Adult Waivers offered by Single Entry Point Agencies (SEP)	Adult Waivers offered by Community Centered Boards (CCB)
<input type="checkbox"/> Brain Injury Waiver	<input type="checkbox"/> Developmental Disabilities Waiver
<input type="checkbox"/> Community Mental Health Services Waiver	<input type="checkbox"/> Supported Living Services Waiver
<input type="checkbox"/> Elderly, Blind and Disabled Waiver	
<input type="checkbox"/> Spinal Cord Injury Waiver	

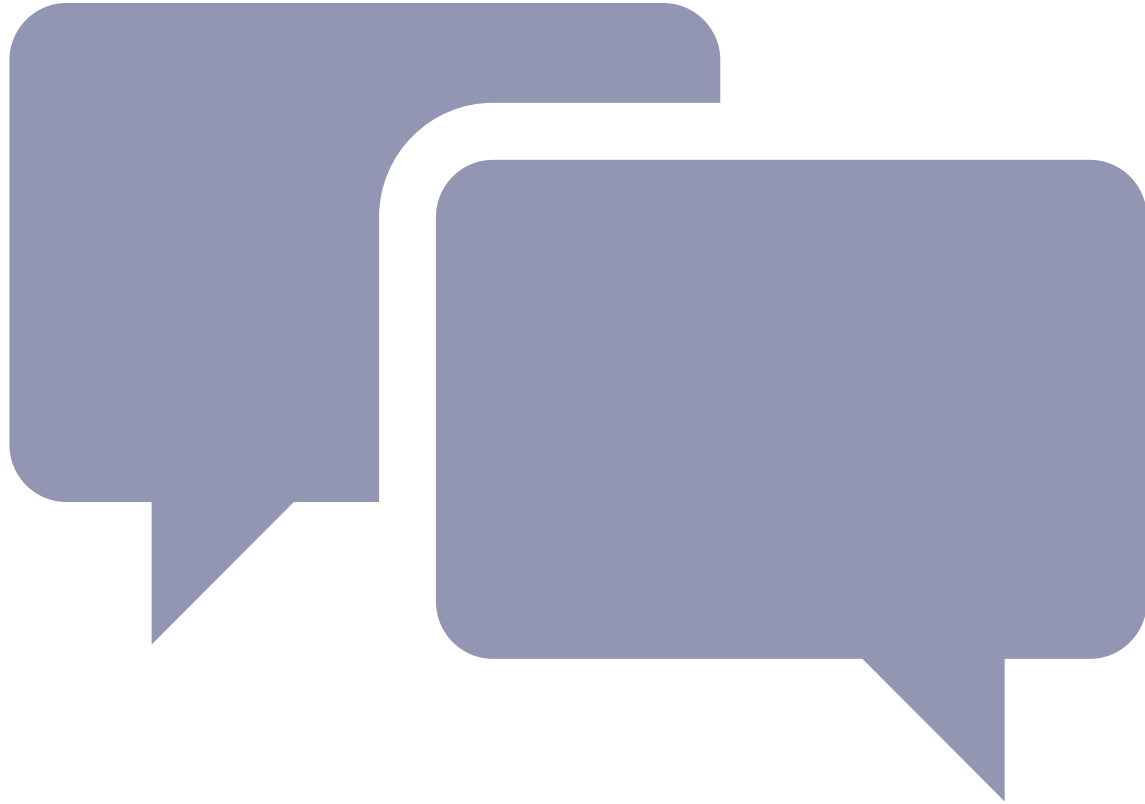
# Other Resources

For more in-depth training resources and information:

- Age-Appropriate Guidelines Training
- Monitoring of HCBS Waivers Training
- In-Home Support Services Training
- Utilization Review Training
- And more...

[hcpf.colorado.gov/long-term-services-and-supports-training](https://hcpf.colorado.gov/long-term-services-and-supports-training)

[hcpf.colorado.gov/long-term-services-and-supports-programs](https://hcpf.colorado.gov/long-term-services-and-supports-programs)



# Questions?

# Contact Info

[HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us)

# Thank you!