COLORADO CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

Services and Supports Desk Reference

1570 Grant Street
Denver, CO 80203-1818
303-866-2858
colorado.gov/hcpf/CCT.com
EMAIL: CCT@hcpf.state.co.us

Services and Supports Desk Reference

Assistive Technology, Extended

HCPCS PROCEDURE CODE

T2029

Target Pop	Mod
EBD	UC
EBD PD	UC
BI	UC
MI	UC
SLS	UC
DD	UC

PROCEDURE CODE DESCRIPTION

Specialized Medical Equipment, not otherwise specified.

SERVICE RATE

N/A

SERVICE DEFINITION

Devices, items, pieces of equipment, or product system used to increase, maintain, or improve functional capabilities of clients and training in the use of the technology when the cost is not otherwise covered through the State Plan durable medical equipment benefit or home modification waiver benefit or available through other means.

MINIMUM DOCUMENTATION REQUIRED

- Assessment completed by Occupational Therapist/Physical Therapist/Speech Therapist or other approved professional
- Prior Authorization Request approvals
- Training of client and/or support system

NOTES

Training for assistive technology can be provided by independent living skills providers when appropriate. Assessment by approved professional needs to take into account the clients ability to use and integrate the device into their daily life.

EXAMPLE ACTIVITIES

- Adaptive cooking utensils
- Communication devices such as PDAs
- Environmental control units

APPLICABLE POPULATION(S)

- ☒ Elderly
- ☒ Physically Disabled
- ☒ Developmentally Disabled
- ☒ Mentally Ill

UNIT

- ☐ Encounter
- ☐ Day
- ☐ Month
- ☐ 15 Minutes
- ☐ 30 Minutes
- ☐ 1 Hour
- ☒ Other

CAP

Minimum:
Maximum: $1,000.00 Lifetime Maximum

ALLOWED MODE(S) OF DELIVERY

- ☒ Face-to-Face
- ☐ Video Conf
- ☐ Telephone
- ☐ Individual
- ☐ Group (HQ)
- ☐ Family (HR)
- ☐ Family (HS)
- ☐ On-Site
- ☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit is defined as one purchase as each type of assistive technology will have a unique price which is the negotiated market cost of the product.

MINIMUM STAFF REQUIREMENTS

- ☐ Peer Specialist
- ☐ Less Than Bachelor's Level (HM)
- ☐ Bachelor's Level (HN)
- ☐ Unlicensed Master's Level (HO)
- ☐ LCSW (AJ)/LSW/ LMFT/ LPC
- ☐ Unlicensed EdD/ PhD/PsyD (HP)
- ☐ Licensed EdD/ PhD/PsyD (AH)
- ☐ QMAP
- ☐ Psych Tech
- ☐ LPN/LVN (TE)
- ☐ RN (TD)
- ☐ APRN (SA)
- ☐ RxN (SA)
- ☐ PA (PA)
- ☐ MD/DO (AF)
- ☒ Other- Approved vendor of requested product

ADDITIONAL STAFF REQUIREMENTS

N/A

Assistive Technology, Extended				
PLACE OF SERVICE (POS)				
☐ CMHC	☐ Cust Care	☐ NF	☐ Inpt PF	☐ Other POS
☐ Office	☒ Grp Home	☐ SNF	☐ ER	
☐ Outpatient Hospital	☒ Home	☐ Temp Lodging	☐ PF-PHP	
☐ ACF	☐ ICF-ID	☐ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must be certified as required by §8.487. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Caregiver Education

HCPCS PROCEDURE CODE

S5110

Target Pop	Mod
EBD 65+	UC
EBD-PD	UC
MI	UC
BI	UC
SLS	UC
DD	UC

PROCEDURE CODE DESCRIPTION

Home care training, family; per 15 minutes

SERVICE RATE

$12.19

SERVICE DEFINITION

Educational and coaching services that assist clients and family members to recruit other family members and friends to form an informal caregiver network to share caregiving responsibilities.

MINIMUM DOCUMENTATION REQUIRED

- Log notes;
- Training curriculum;
- Individual data form;
- Caregiving schedule;
- Telephone tree of caregivers;
- Assessment notes;
- Record of completion of training by caregivers.

NOTES

Training for crucial informal support network on service availability, appropriate expectations, health and safety issues, problem-solving, caregiving, best practices and models for organizing and coordinating informal support networks. Training will include assisting the client, family and other informal supports with implementing the strategies and techniques into their daily routine of caregiving. Strategies and techniques are intended to facilitate greater structure of supports and a community of care for client and caregivers to mitigate stress and conflict and to share responsibility for caregiving. Models such as Share the Care™, Caring for You, Caring for Me: Education and Support For Family & Professional Caregivers, Coping with Caregiving, and American Red Cross Family Caregiving Program may be used.
Taking into consideration the client's preferences for support, and at the direction of the client, this service is designed to help clients and family members and friends who provide caregiver responsibilities.

EXAMPLE ACTIVITIES

Training activities might include helping clients and caregivers identify:

- What does caregiving look like for your family member or loved one?
- What does caregiving look like for the caregivers?
- How do caregivers identify client needs?
- How do clients ask for help for what they need?
- How to do clients match people with the assistance or support they need?
- What do clients expect of their caregivers?
- What tasks will the caregiver be expected to perform?
- What does the caregiving schedule look like and how does it fit the needs of both the client and the caregiver? Daily? Weekly? Monthly? Yearly?

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☒ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☒ 15 Minutes
☐ 30 Minutes
☐ 1 Hour
☐ Other

CAP

Minimum:
Maximum: 30 hours or 120 units

Caregiver Education

ALLOWED MODE(S) OF DELIVERY			UNIT AND LIMITATIONS EXPLANATION
☒ Face-to-Face	☐ Individual	☒ Family (HS)	The unit designation is 15 minutes and allows the facilitator to conduct trainings, as well as follow-up telephone check-ins with the family. Having a 15 minute unit ensures that time spent with clients can be billed appropriately, as training and check-ins may not occur in hour increments.
☐ Video Conf	☐ Group (HQ)	☒ On-Site	
☒ Telephone	☐ Family (HR)	☐ Off-Site	

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist	☐ Unlicensed Master's Level (HO)	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ QMAP	☐ RN (TD)	☐ PA (PA)
☐ Less Than Bachelor's Level (HM)	☐ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Licensed EdD/ PhD/PsyD (AH)	☐ Psych Tech	☐ APRN (SA)	☐ MD/DO (AF)
☒ Bachelor's Level (HN)			☐ LPN/LVN (TE)	☐ RxN (SA)	☐ Other_____

ADDITIONAL STAFF REQUIREMENTS

Bachelor's degree in Health and Human services or related field. Documentation on file that trainer or facilitator has completed training in proven caregiver education model.

PLACE OF SERVICE

☐ CMHC	☐ Cust Care	☐ NF	☐ Inpt PF	☐ Other POS
☒ Office	☒ Grp Home	☐ SNF	☐ ER	_____
☐ Outpatient Hospital	☒ Home	☒ Temp Lodging	☐ PF-PHP	
☐ ACF	☐ ICF-ID	☐ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must meet certifications as required in §8.487.20 and submit training curriculum or education model to Department on how to organize an informal support network into a cohesive caregiving team.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555Colorado Choice Transitions, A Money Follows The Person Demonstration

Community Transition Services

HCPCS PROCEDURE CODE

T2038
Coordinator

Target Pop	Mod
EBD 65+	UC
EBD PD	UC
BI	UC
MI	UC
SLS	UC
DD	UC

A9900
Service Items

Target Pop	Mod
EBD 65+	UC
EBD PD	UC
BI	UC
MI	UC
SLS	UC
DD	UC

PROCEDURE CODE DESCRIPTION

Community Transition, waiver; per service

SERVICE RATE

Transition Coordinator - $2,000
Service Items - $1,500

SERVICE DEFINITION

Services that are provided by a Transition Coordination Agency and include items essential to move a client from a nursing facility and establish community-based residence. Community transition services include the cost of coordination activities such as assisting client in filling out subsidized housing application, security and utility deposits, moving expenses, one-time pest eradication, one-time cleaning expenses, and essential household furnishings such as beds, linens, utensils, pots and pans, and dishes. Items for entertainment and convenience are not included.

MINIMUM DOCUMENTATION REQUIRED

- Community Transition Services Referral Form
- Release of information (confidentiality) Form
- Transition Assessment
- Transition Plan
- Client log notes
- Authorization Request Form
- Community Transition Report
- Monthly Referral Log
- Signed CCT Informed Consent form

NOTES

Services provided by a Transition Coordination Agency (TCA) to help an individual relocate to a community setting upon discharge from a Long Term Care (LTC) facility. Services extend from initial referral to CTS to 30 days after discharge from facility.
CTS include the purchase of items essential to move a client from a Skilled Nursing Facility, Institute for Mental Disease, or Intermediate Care Facility – for Individuals with Intellectual Disabilities to establish a community-based residence. Examples include security and utility deposits, moving expenses, one-time pest eradication one-time cleaning expenses and essential household items such as beds, linens, utensils, pots and pans, dishes, etc.

EXAMPLE ACTIVITIES

- Coordination of transition team
- Assessment of community needs
- Accessing community resources
- Assistance with non-Medicaid applications
- Assistance with setting up household – purchasing essential items

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☒ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☐ 15 Minutes
☐ 30 Minutes
☐ 1 Hour
☒ Other

CAP

Minimum: per transition
Maximum: per transition

ALLOWED MODE(S) OF DELIVERY

UNIT AND LIMITATIONS EXPLANATION

Community Transition Services			
☒ Face-to-Face	☐ Individual	☐ Family (HS)	
☐ Video Conf	☐ Group (HQ)	☐ On-Site	
☐ Telephone	☐ Family (HR)	☐ Off-Site	

MINIMUM STAFF REQUIREMENTS					
☐ Peer Specialist	☐ Unlicensed Master's Level (HO)	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ QMAP	☐ RN (TD)	☐ PA (PA)
☒ Less Than Bachelor's Level (HM)	☐ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Licensed EdD/ PhD/PsyD (AH)	☐ Psych Tech	☐ APRN (SA)	☐ MD/DO (AF)
☐ Bachelor's Level (HN)			☐ LPN/LVN (TE)	☐ RxN (SA)	☐ Other

PLACE OF SERVICE				
☒ CMHC	☐ Cust Care	☒ NF	☐ Inpt PF	☐ Other POS
☐ Office	☐ Grp Home	☒ SNF	☐ ER	
☐ Outpatient Hospital	☒ Home	☐ Temp Lodging	☐ PF-PHP	
☐ ACF	☒ ICF-ID	☒ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must meet certification as required in §8.487.20 and §8.553.4.B. Requires DHCPF approval.	§5.487.20 HCBS-EBD Provider Agencies General Certification §8.553.4.B Community Transition Services §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Dental Services

HCPCS PROCEDURE CODE

D2999

Target Pop	Mod 1	Mod 2
EBD 65+	UC	KG
EBD-PD	UC	KG
BI	UC	KG
MI	UC	KG
DD	UC	KG
SLS	UC	KG

PROCEDURE CODE DESCRIPTION

ADA Current Dental Terminology (CDT), per procedure.

SERVICE RATE

Market rate fee not to exceed ADA median.

SERVICE DEFINITION

Dental services that are inclusive of diagnostic, preventive, periodontal and prosthodontic services, as well as basic restorative and oral surgery procedures to restore the client to functional dental health. Services are available for clients 21 and over and may not duplicate services available through the Medicaid State Plan.

MINIMUM DOCUMENTATION REQUIRED

Dental Services Statement to include:

- Treatment plan
- Date of service
- Specific procedures to be completed
- Providers name
- American Dental Association claim form

NOTES

Services require prior authorization by the Department pursuant to the CCT Prior Authorization Request (PAR) process.

EXAMPLE ACTIVITIES

- Examination
- Routine cleaning
- Denture fitting
- Fillings
- Non-emergency extractions

APPLICABLE POPULATION(S)

- ☒ Elderly
- ☒ Physically Disabled
- ☐ Developmentally Disabled
- ☒ Mentally Ill

UNIT

- ☐ Encounter
- ☐ Day
- ☐ Month
- ☐ 15 Minutes
- ☐ 30 Minutes
- ☐ 1 Hour
- ☒ Other

CAP

Minimum:
Maximum: $8,000 per client lifetime max

ALLOWED MODE(S) OF DELIVERY

- ☒ Face-to-Face
- ☐ Video Conf
- ☐ Telephone
- ☐ Individual
- ☐ Group (HQ)
- ☐ Family (HR)
- ☐ Family (HS)
- ☒ On-Site
- ☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit for this service is per procedure as dental is reimbursed at market costs. There are a number of procedures that may need to occur, each with a unique price. For this reason a per procedure is most appropriate.

MINIMUM STAFF REQUIREMENTS

- ☐ Peer Specialist
- ☐ Less Than Bachelor's Level (HM)
- ☐ Bachelor's Level (HN)
- ☐ Unlicensed Master's Level (HO)
- ☐ LCSW (AJ)/LSW/ LMFT/ LPC
- ☐ Unlicensed EdD/ PhD/PsyD (HP)
- ☐ Licensed EdD/ PhD/PsyD (AH)
- ☐ QMAP
- ☐ Psych Tech
- ☐ LPN/LVN (TE)
- ☐ RN (TD)
- ☐ APRN (SA)
- ☐ RxN (SA)
- ☐ PA (PA)
- ☐ MD/DO (AF)
- ☒ Other- DDS

Dental Services				
ADDITIONAL STAFF REQUIREMENTS				
N/A				
PLACE OF SERVICE (POS)				
☐ CMHC	☐ Cust Care	☐ NF	☐ Inpt PF	☒ Other-POS
☒ Office	☐ Grp Home	☐ SNF	☐ ER	Dental Office, Ambulatory Surgery Center
☒ Outpatient Hospital	☐ Home	☐ Temp Lodging	☐ PF-PHP	
☐ ACF	☐ ICF-MR	☐ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
As required by §8.487.20 Certificate of licensure with the State Board of Dental Examiners must be submitted to the Department. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

<table>
<tr><th colspan="2">Enhanced Nursing</th></tr>
<tr><th>HCPCS PROCEDURE CODE</th><th>PROCEDURE CODE DESCRIPTION</th></tr>
<tr><td>T1002
<table>
<tr><th>Target Pop</th><th>Mod 1</th></tr>
<tr><td>EBD</td><td>UC</td></tr>
<tr><td>EBD-PD</td><td>UC</td></tr>
<tr><td>BI</td><td>UC</td></tr>
<tr><td>MI</td><td>UC</td></tr>
<tr><td>DD</td><td>UC</td></tr>
<tr><td>SLS</td><td>UC</td></tr>
</table></td><td>RN Services, up to 15 minutes

SERVICE RATE
$8.87 – Service provided in first 30 days post-transition only; may be provided prior to transition for purpose of coordinating a discharge.</td></tr>
<tr><th>SERVICE DESCRIPTION</th><th>MINIMUM DOCUMENTATION REQUIREMENTS</th></tr>
<tr><td>Medical care coordination provided by a nurse for medically complex clients who are at risk for negative health outcomes associated with fragmented medical care and poor communication between primary care physicians, nursing staff, case managers, community-based providers and specialty care providers.</td><td>• Client demographic information;
• Start and end time/duration;
• Each contact with and on behalf of client;
• Nature and extent of service;
• Date and place of service delivery;
• Mode of contact (telephone/face-to face);
• Names and titles of facility staff communicated with;
• Documentation of training provided to HCBS provider staff;
• Plan of care;
• Plan to maintain client in home, etc;
• Phone tree or something comparable to provide the client with support.</td></tr>
<tr><th>NOTES</th><th>EXAMPLE ACTIVITIES</th></tr>
<tr><td>Enhanced Nursing Services Professionals serve as the liaison to discharging facilities and community-based care provided in the qualified residence into which the participant is transitioning. These services are provided only during the first 30 days post-transition. With Departmental approval service may be provided pre-transition or if client is reinstitutionalized for less than 30 days and is expected to return to community. Service is limited to medically complex individuals. A medically complex condition is one that is persistent and substantially disabling or life threatening:
• Requires treatment and services across a variety of domains of care
• Is associated with conditions that have severe consequences
• Affects multiple organ systems
• Requires coordination of management by multiple specialties
• Treatments carry a risk of serious complications</td><td>• Assisting with LTC facility discharge planning process;
• Coordinating care;
• Providing TA/Training between the sending facility and receiving provider(s);
• Communicating with discharge facility, home health agency, and intensive case manager daily regarding service planning and coordination;
• Monitoring progress and/or identifying setbacks and problem solving with care coordination team;
• Medication reconciliation.</td></tr>
</table>

APPLICABLE POPULATION(S)		UNIT		CAP
☒ Elderly ☒ Physically Disabled	☒ Developmentally Disabled ☒ Mentally Ill	☐ Encounter ☐ Day ☐ Month	☒ 15 Minutes ☐ 30 Minutes ☐ 1 Hour ☐ Other	Minimum: Maximum: 50 units

ALLOWED MODE(S) OF DELIVERY			UNIT AND LIMITATIONS EXPLANATION
☒ Face-to-Face ☒ Video Conf ☒ Telephone	☒ Individual ☐ Group (HQ) ☒ Family (HR)	☐ Family (HS) ☐ On-Site ☐ Off-Site	The Enhanced Nursing service involves case management and may need to be provided for an hour or may be a 15 minute phone call. As the service time may vary significantly depending on client, situation, and support required a 15 minute unit designation is the most appropriate choice.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist	☐ Unlicensed Master's Level (HO)	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ QMAP	☒ RN (TD)	☐ PA (PA)
☐ Less Than Bachelor's Level (HM)	☐ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Licensed EdD/ PhD/PsyD (AH)	☐ Psych Tech	☐ APRN (SA)	☐ MD/DO (AF)
☐ Bachelor's Level (HN)			☐ LPN/LVN (TE)	☒ RN (SA)	☐ Other_____

ADDITIONAL STAFF REQUIREMENTS

N/A

PLACE OF SERVICE (POS)

☒ CMHC	☐ Cust Care	☒ NF	☒ Inpt PF	☐ Other POS
☒ Office	☒ Grp Home	☒ SNF	☒ ER	_____
☒ Outpatient Hospital	☒ Home	☒ Temp Lodging	☐ PF-PHP	
☐ ACF	☒ ICF-MR	☒ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must meet certification standards as required in §8.487.20 and 6 CCR 1011-1 Chap 25 (Colorado Department of Public Health and Environment). Must Class A license to Department. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Home Delivered Meals

HCPCS PROCEDURE CODE

S5170

Target Pop	Mod 1
EBD 65+	UC
EBD PD	UC
MI	UC
BI	UC

PROCEDURE CODE DESCRIPTION

Home Delivered Meals, including preparation; per meal.

SERVICE RATE

$10.80/meal

SERVICE DEFINITION

Nutritious meals delivered to homebound clients who are unable to prepare their own meals and have limited or no outside assistance.

MINIMUM DOCUMENTATION REQUIRED

- Consumer demographic information;
- Start and end time/duration;
- Documentation of special diet requirements;
- Determination of the type of meal (e.g. hot, frozen, shelf stable);
- Date and place of service delivery;
- Monitoring and follow-up (contacting consumer/others to ensure consumer is satisfied with the meal);
- Provision of nutrition counseling, if appropriate; and
- Maintenance of appropriate documentation.

NOTES

Includes the preparation and delivery of nutritious meals that meet 33 1/3% of the most current Dietary Reference Intakes. Meals can be delivered hot, frozen, or shelf stable depending on the ability of the consumer, or caregiver, to complete the preparation of the meal. Additional nutrition education, nutrition screening, and/or nutrition counseling may occur as a component of this service.
Case manager will assist in assessment of consumer to determine appropriate type of meal (e.g. hot, frozen, or shelf stable). Meals may be provided more often during initial weeks after discharge from an institution. Nutrition service provider agencies will set up a delivery schedule based on the type of meal provided. Follow-up activities by the nutrition service provider will occur to ensure satisfaction with the meal and to determine if additional nutrition education and/or nutrition counseling is necessary.

EXAMPLE ACTIVITIES

- Delivery of hot, frozen or shelf stable meal
- Nutrition counseling
- Nutrition education
- Nutrition screening

Home Delivered Meals

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Elderly ☐ Developmentally Disabled ☒ Physically Disabled ☒ Mentally Ill	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 30 Minutes ☐ Month ☐ 1 Hour ☒ Other each meal	Minimum: 1 meal per day Maximum: 2 meals per day 7 days per week - Additional shelf stable meals will be provided to consumers as a backup for when regular service delivery is interrupted or delayed by weather or other factors.

ALLOWED MODE(S) OF DELIVERY	UNIT AND LIMITATIONS EXPLANATION
☒ Face-to-Face ☐ Individual ☐ Family (HS) ☐ Video Conf ☐ Group (HQ) ☐ On-Site ☐ Telephone ☐ Family (HR) ☐ Off-Site	The unit designation for Home Delivered Meals is per delivery. This service may be provided more than the stated maximum during initial weeks after discharge.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist ☐ Less Than Bachelor's Level (HM) ☐ Bachelor's Level (HN) ☐ Unlicensed Master's Level (HO) ☐ LCSW (AJ)/LSW/ LMFT/ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/ PhD/PsyD (AH) ☐ QMAP ☐ Psych Tech ☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF) ☒ Other-Registered Dietician (RD, DTR)

ADDITIONAL STAFF REQUIREMENTS

Staff involved in the preparation and delivery of meals must complete food safety training every six months.

PLACE OF SERVICE

☐ CMHC ☐ Office ☐ Outpatient Hospital ☐ ACF ☐ Cust Care ☐ Grp Home ☒ Home ☐ ICF-ID ☐ NF ☐ SNF ☒ Temp Lodging ☐ Inpt Hosp ☐ Inpt PF ☐ ER ☐ PF-PHP ☐ Pharmacy ☐ Other _____

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Provider meets certification standards in §8.487.20 and standards in 10.412.7- 10.412.75 Provider agency must submit credentials of Dietetic Technician, and/or Registered Dietician to Department. Must have a current license to operate a retail food establishment. Requires DHCPF approval.	§8.487.20 HCBS- EBD Provider Agencies General Certification §8.500 Colorado Choice Transitions, A Money Follows The Person Demonstration 10.412.7- 10.412.75 Nutrition Services, Older Americans Act

Home Modifications, Extended

HCPCS PROCEDURE CODE

S5165

Target Pop	Mod 1	Mod 2
EBD	UC	KG
EBD-PD	UC	KG
BI	UC	KG
MI	UC	KG
SLS	UC	KG
DD	UC	KG

PROCEDURE CODE DESCRIPTION

Home Modifications; per service

SERVICE RATE

$5,000 Lifetime maximum

SERVICE DEFINITION

Physical adaptations to the home, required by the client's plan of care, necessary to ensure the health, welfare, safety and independence of the client above and beyond the cost of caps that exist in applicable Home and Community-Based (HCBS) waivers.

MINIMUM DOCUMENTATION REQUIRED

- Evaluation completed by a licensed professional such as occupational or physical therapist. Evaluation must demonstrate necessity for home modification;
- Counties that require licensed contractors need to submit proof of licensure to Department;
- Detailed bid of project submitted to Department along with Prior Authorization Request.

NOTES

Benefit applies only after $10,000 for qualified service cap is reached in waivers with home modification benefit.

EXAMPLE ACTIVITIES

- Installation of ramps or grab bars;
- Accessible shower or other bathroom facilities;
- Lowered kitchen sink, cabinets;
- Widening of doorways;
- Installation of specialized electric and plumbing systems necessary to accommodate medical equipment and supplies.

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☒ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☐ 15 Minutes
☐ 30 Minutes
☐ 1 Hour
☒ Other

CAP

Minimum: per modification
Maximum: per modification

ALLOWED MODE(S) OF DELIVERY

☐ Face-to-Face
☐ Video Conf
☐ Telephone
☐ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)
☐ On-Site
☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit for this service is per modification as each modification is reimbursed market costs. There are a number of different types of home modifications each with a distinct price. For this reason a per modification unit is most appropriate.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist
☐ Less Than Bachelor's Level (HM)
☐ Bachelor's Level (HN)
☐ Unlicensed Master's Level (HO)
☐ LCSW (AJ)/LSW/ LMFT/ LPC
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed EdD/ PhD/PsyD (AH)
☐ QMAP
☐ Psych Tech
☐ LPN/LVN (TE)
☐ RN (TD)
☐ APRN (SA)
☐ RxN (SA)
☐ PA (PA)
☐ MD/DO (AF)
☒ Other

Home Modifications, Extended				
ADDITIONAL STAFF REQUIREMENTS				
Home Modification Providers shall be licensed in the city or county in which they propose to provide Home Modification services to perform the work proposed, if required by that city or county.				
PLACE OF SERVICE				
☐ CMHC	☐ Cust Care	☐ NF	☐ Inpt PF	☐ Other POS
☐ Office	☒ Grp Home	☐ SNF	☐ ER	_____
☐ Outpatient Hospital	☒ Home	☐ Temp Lodging	☐ PF-PHP	
☐ ACF	☐ ICF-MR	☐ Inpt Hosp	☐ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Certified as required in §8.487.20 and §8.493.5.B Providers must submit copy of contractor's license, a list of counties served, and proof of insurance to Department. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certifications §8.516 Environmental Modifications §8.493 Home Modification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Independent Living Skills Training (ILST)

HCPCS PROCEDURE CODE

H2014

Target Pop	Mod 1
EBD	UC
EBD-PD	UC
MI	UC

PROCEDURE CODE DESCRIPTION

Skills training and development; per 15 minutes

SERVICE RATE

$9.33

SERVICE DEFINITION

Services designed to improve or maintain a client's physical, emotional, and economic independence in the community with or without supports.

MINIMUM DOCUMENTATION REQUIREMENTS

- Log notes;
- Monthly skills training plans will be developed and documented in plan of care;
- Skills training plans shall include goals, goals met or not met, and progress made towards accomplishment of ongoing goals;
- All independent living skills training and development will be documented in the plan of care.

NOTES

Includes assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills which takes place in the participant's home, other residential living arrangement, and the community. Includes nutritional training and guidance, especially for those with special dietary requirements. Skills training to include assistive technology when appropriate.

Assessment given by intensive case managers combined with client's self assessment will be the basis for the independent living goals established by the client and the life skills trainer. Skills training will be directed towards accomplishment of these goals. Life skills trainer, client and intensive case manager are expected to have monthly contacts to monitor progress towards meeting independent living goals and to optimize independence by the conclusion of enrollment in the CCT program.

Focus of activities will be on improving independence with IADLs, such as attendant management, financial management, housekeeping, transportation, using the telephone, shopping, laundry, medication management, appointment management, etc.

EXAMPLE ACTIVITIES

- Daily assistance/training/coaching in cooking, housekeeping, laundry, other in-home activities;
- Grocery shopping, meal - planning, nutrition;
- Budgeting, financial management, money handling, and consumer skills;
- Prompting/coaching client to manage medical appointments, medical supplies and prescriptions, clothing, seasonal needs and shopping;
- Coaching with using and navigating public transportation;
- Other help with recreation and community access and orientation;
- Establishing schedule for attendants;
- Advocating for one's self to ensure needs and wants are expressed in care planning;
- Preventing or making known issues of abuse, neglect, or exploitation;
- Assisting with integrating into the community.

APPLICABLE POPULATION(S)

- ☒ Elderly
- ☒ Physically Disabled
- ☐ Developmentally Disabled
- ☒ Mentally Ill

UNIT

- ☐ Encounter
- ☐ Day
- ☐ Month
- ☒ 15 Minutes
- ☐ 30 Minutes
- ☐ 1 Hour
- ☐ Other

DURATION

Minimum:
Maximum: 24 units/day

Independent Living Skills Training (ILST)	
ALLOWED MODE(S) OF DELIVERY	**UNIT AND LIMITATIONS EXPLANATION**
☒ Face-to-Face ☐ Individual ☐ Family (HS) ☐ Video Conf ☐ Group (HQ) ☒ On-Site ☐ Telephone ☐ Family (HR) ☐ Off-Site	As Independent Living Skills Training may not always reflect exact one hour increments the unit associated with the rate is 15 minutes. This designation allows the provider flexibility in their training time with clients. Tasks may vary from day to day, as with skills and tasks taught by the ILST trainer. A 15 minute unit provides for the most efficient and appropriate billing and reimbursement.
MINIMUM STAFF REQUIREMENTS	
☐ Peer Specialist ☐ Unlicensed ☐ Unlicensed EdD/ ☐ QMAP ☐ RN (TD) ☐ PA (PA) ☐ Less Than Bachelor's Level (HM) Master's Level (HO) PhD/PsyD (HP) ☐ Psych Tech ☐ APRN (SA) ☐ MD/DO (AF) ☒ Bachelor's Level (HN) ☐ LCSW (AJ)/LSW/ ☐ Licensed EdD/ ☐ LPN/LVN ☐ RxN (SA) ☐ Other_____ LMFT/ LPC PhD/PsyD (AH) (TE)	
ADDITIONAL STAFF REQUIREMENTS	
Health care or human service professional with one year of experience in providing functionally based assessment and skills training of elderly individuals, or persons with mental illness or disabilities; an individual with a bachelors degree and two years of similar experience.	
PLACE OF SERVICE (POS)	
☒ CMHC ☐ Cust Care ☐ NF ☐ Inpt PF ☒ Other ☒ Office ☒ Grp Home ☐ SNF ☐ ER Community ☐ Outpatient Hospital ☒ Home ☒ Temp Lodging ☐ PF-PHP ☐ ACF ☐ ICF-MR ☐ Inpt Hosp ☐ Pharmacy	
PROVIDER QUALIFICATIONS	**APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS**
Providers are to meet certification as required in §8.487.20. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.516.10 Independent Living Skills Training §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

<table>
<tr><th colspan="2">Intensive Case Management</th></tr>
<tr><th>HCPCS PROCEDURE CODE</th><th>PROCEDURE CODE DESCRIPTION</th></tr>
<tr><td>T1016
<table>
<tr><th>Target Pop</th><th>Mod</th></tr>
<tr><td>EBD</td><td>UC</td></tr>
<tr><td>EBD PD</td><td>UC</td></tr>
<tr><td>MI</td><td>UC</td></tr>
<tr><td>BI</td><td>UC</td></tr>
<tr><td>DD</td><td>UC</td></tr>
<tr><td>SLS</td><td>UC</td></tr>
</table></td><td>Case management, each 15 minutes.

SERVICE RATE
$21.10</td></tr>
<tr><th>SERVICE DEFINITION</th><th>MINIMUM DOCUMENTATION REQUIREMENTS</th></tr>
<tr><td>Case management services to assist clients in assessing needed home and community-based services, Medicaid State Plan services and non-Medicaid supports and services to support the clients' return to the community from placement in a qualified institution and to aid the client in attaining their transition and independent living goals.</td><td>• Service plan to include risk mitigation plan and emergency back-up plan;
• Prior Authorization Request (PAR) for services;
• Client demographic information;
• Duration of each contact;
• Each contact with and on behalf of client;
• Nature and extent of service;
• Date and place of service delivery;
• Mode of contact (face-to-face/telephone);
• Issues addressed (CCT services, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental/behavioral health, vocational, behavioral services, other client issues);
• Client's response;
• Progress toward care plan goals and objectives;
• Type of activity and specific functions
○ Assessment
○ Care plan indicating that client was provided choice
○ Referrals
○ Monitoring and follow-up
○ Critical Incidents;
• Conflict mitigation efforts</td></tr>
</table>

NOTES	EXAMPLE ACTIVITIES
Case management involves linking the consumer to the direct delivery of needed services, but is not itself the direct delivery of a service to which the consumer has been referred. Weekly contacts are required for the duration of the assigned client's enrollment. Weekly contacts can either be home visits or telephone calls based on necessity. On the date of discharge, the case manager is required to conduct a home visit with the client and transition coordinator to ensure the client is safe, confirm the start of services and to alleviate any concerns the client may have with their transition. Case manager is required to conduct a check-in with the client 48 hours post-discharge. Three additional home visits are required in the first month of program enrollment. Best practice is joint visit between the transition coordination agency and the case management agency within 30 days of discharge. All critical incidents will be reported via the department approved process and investigated. Necessary follow-up to remediate the situation will be at the discretion of the case manager. Hospitalizations and reinstitutionalizations should be documented as soon as possible to adjust CCT enrollment period. Services assist individuals' access to needed long-term services and supports (LTSS), Medicaid State Plan services, non-Medicaid supports and services to support clients in their return to the community from institutional placement, and to aid the client in attaining their transition and independent living goals identified in the Consumer Transition Guides. Case managers are expected to coordinate with other local agencies, such as Mental Health Centers, for the purpose of joint service planning and the arrangement of services. Case Manager is responsible for: • Assessing needs; • Determining eligibility; • Service planning and authorization; • Care coordination; • Risk mitigation; • Service monitoring; • Monitoring the health, welfare and safety of the client; and • Promotion of client's self-advocacy.	• Confirm CCT eligibility requirements by verifying client had qualified nursing home stay and moved to a qualified community residence. • Assess the need for service(s), identifying and investigating available resources, explaining options to participant and assisting with referral and procurement of services. • Contact with clients' family members or informal supports to assist client with accessing services. • Conduct home visits and telephone calls for the purpose of monitoring and reassessing the health, welfare and safety of the client to determine appropriateness of services and client satisfaction. • Report, investigate and remediate critical incidents. • Develop risk mitigation plan with client to prevent reinstitutionlization and critical incidents. Modify as needed particularly following a discharge after reinstitutionlization or after a critical incident. • Coordinate care with mental health centers for clients with mental illness. • Assess and monitor progress with achieving goals and increased independence. • Seek input from medical and service providers to inform assessment and monitoring activities. • Verify with client that he/she is making medical appointments. • Resource development to ensure client has access to providers and services.

APPLICABLE POPULATION(S)		UNIT		CAP
☒ Elderly ☒ Physically Disabled	☒ Developmentally Disabled ☒ Mentally Ill	☐ Encounter ☐ Day ☐ Month	☒ 15 Minutes ☐ 30 Minutes ☐ 1 Hour ☐ Other	Minimum: Maximum: 240

ALLOWED MODE(S) OF DELIVERY			UNIT AND LIMITATIONS EXPLANATION
☒ Face-to-Face ☒ Video Conf ☒ Telephone	☐ Individual ☐ Group (HQ) ☐ Family (HR)	☐ Family (HS) ☒ On-Site ☐ Off-Site	The designated unit is 15 minutes. If more than 240 units are required, the Department will review and approve additional units on case-by-case basis.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist ☐ Less Than Bachelor's Level (HM) ☒ Bachelor's Level (HN)	☐ Unlicensed Master's Level (HO) ☐ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/ PhD/PsyD (AH)	☐ QMAP ☐ Psych Tech ☐ LPN/LVN (TE)	☐ RN (TD) ☐ APRN (SA) ☐ RxN (SA)	☐ PA (PA) ☐ MD/DO (AF) ☐ Other_____

ADDITIONAL STAFF REQUIREMENTS

Degree must be a health, human service, social work or related field. Minimum two years case management experience working with long-term services and supports in the geographic region of the case management agency. Two years case management experience can be substituted for a Bachelor's level degree.

PLACE OF SERVICE (POS)

☒ CMHC	☐ Cust Care	☒ NF	☒ Inpt PF	☒ Other POS
☒ Office	☒ Grp Home	☒ SNF	☒ ER	___Commmunity_
☐ Outpatient Hospital	☒ Home	☒ Temp Lodging	☒ PF-PHP	
☐ ACF	☒ ICF-MR	☒ Inpt Hosp	☒ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Provider must currently provide case management to specified target populations served through CCT and administer Medicaid HCBS waiver programs for one or more of the target populations. Case management services will be provided by Community Centered Boards (CCBs) or Single Entry Point Agencies. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Peer Mentorship

HCPCS PROCEDURE CODE

H2015

Target Pop	Mod 1
EBD 65+	UC
EBD PD	UC
BI	UC
MI	UC
DD	UC

PROCEDURE CODE DESCRIPTION

Self help/peer services, per 15 minutes

SERVICE RATE

$5.36

SERVICE DEFINITION

Services provided by peers to promote self-advocacy and encourage community living among clients by instructing and advising on issues and topics related to community living, describing real-world experiences as example and modeling successful community living and problem-solving.

MINIMUM DOCUMENTATION REQUIRED

- Start and end time/duration;
- Nature and extent of service;
- Mode of contact (telephone/face-to-face);
- Description of peer mentorship activities such as accompanying CCT clients to complicated medical appointments or to attend board, advisory and commissions meetings, and support provided interviewing potential providers;
- Client's response;
- Progress toward Service Plan goals and objectives;
- Provider's signature and date.

NOTES

Services provided to participants by peers to promote self-advocacy by instructing, providing experiences, modeling and advising. For MFP clients, peers will provide mentoring throughout the first year of the transition. This service includes problem-solving transition-related issues and managing anxiety. Additionally, peer mentors can assist with interviewing potential providers, understanding complicated health and safety issues, and participating on private and public boards, advisory groups and commissions. This service does not duplicate case management or waiver services such as Day Habilitation.

EXAMPLE ACTIVITIES

- Listening and providing support
- Problem solving
- Sharing their knowledge of community resources.
- Assisting with community integration.

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☒ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☒ 15 Minutes
☐ 30 Minutes
☐ 1 Hour
☐ Other

CAP

Minimum:
Maximum:

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf
☒ Telephone
☐ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)
☐ On-Site
☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The procedure code H2015 defines the unit designation as 15 minutes. In addition to consistency with HCPCS definitions, a 15 minute unit allows the Peer Mentor flexibility in providing the service as needed

Peer Mentorship	
	and for the time period needed, rather than conforming service to an hour unit.

MINIMUM STAFF REQUIREMENTS

☒ Peer Specialist	☐ Unlicensed Master's Level (HO)	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ QMAP	☐ RN (TD)	☐ PA (PA)
☐ Less Than Bachelor's Level (HM)	☐ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Licensed EdD/ PhD/PsyD (AH)	☐ Psych Tech	☐ APRN (SA)	☐ MD/DO (AF)
☐ Bachelor's Level (HN)			☐ LPN/LVN (TE)	☐ RxN (SA)	☐ Other_____

ADDITIONAL STAFF REQUIREMENTS

Peer Mentorship services will be provided by staff who:
Have a disability, or are close to someone who does;
Have successfully achieved independent living;
Are willing to assist others to achieve their own independent living goals.

PLACE OF SERVICE (POS)

☒ CMHC	☐ Cust Care	☒ NF	☐ Inpt PF	☒ Other Community
☒ Office	☒ Grp Home	☒ SNF	☒ ER	
☒ Outpatient Hospital	☒ Home	☒ Temp Lodging	☐ PF-PHP	
☐ ACF	☒ ICF-MR	☒ Inpt Hosp	☒ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must meet certification standards specified in §8.487.20. Providers must submit a training curriculum that your agency or organization uses to train a peer specialist to coach/teach individuals self-advocacy, community living skills, etc. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Substance Abuse Counseling, Transitional

HCPCS PROCEDURE CODE

H0047 – Individual

Target Pop	Mod 1	Mod 2
EBD	UC	HF
EBD-PD	UC	HF
MI	UC	HF
DD	UC	HF
SLS	UC	HF

H0047 - Group

Target Pop	Mod 1	Mod 2	Mod 3
EBD	UC	HF	HQ
EBD-PD	UC	HF	HQ
MI	UC	HF	HQ
DD	UC	HF	HQ
SLS	UC	HF	HQ

PROCEDURE CODE DESCRIPTION

Alcohol and/or other drug abuse services, not otherwise specified.

SERVICE RATE

Individual - $72.94
Group - $39.39

SERVICE DEFINITION

Enhanced individual or group substance abuse counseling, behavioral interventions, or consultations to address issues, symptoms, and/or behaviors that are exacerbated during the transition period and negatively affect the client's sobriety. Services can be provided in the home or office setting.

MINIMUM DOCUMENTATION REQUIRED

- Assessment;
- Development of an intervention plan;
- Documentation of education and training plan for the client, family and/or caregivers;
- Log notes describing progress and/or issues with maintaining sobriety.

NOTES

Services are anticipated to be accessed with greater frequency within the first 60-90 days post transition to assist stabilization in the community and adherence to intervention plan.

EXAMPLE ACTIVITIES

- Individual therapy session
- Group therapy session
- Family therapy session

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☒ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☐ 15 Minutes
☐ 30 Minutes
☒ 1 Hour
☐ Other

CAP

Minimum:
Maximum:

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf
☒ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☐ Family (HS)
☒ On-Site
☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit is defined as a 1 hour unit as the required amount of service per session is expected to be 1 hour. To prevent inefficient billing practices for providers, such as having to bill four - 15 minute units for each session, the unit reflects the desired session time for Transitional Substance Abuse Counseling.

Substance Abuse Counseling, Transitional					
MINIMUM STAFF REQUIREMENTS					
☐ Peer Specialist	☐ Unlicensed Master's Level (HO)	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ QMAP	☐ RN (TD)	☐ PA (PA)
☐ Less Than Bachelor's Level (HM)	☒ LCSW (AJ)/LSW/ LMFT/ LPC	☐ Licensed EdD/ PhD/PsyD (AH)	☐ Psych Tech	☐ APRN (SA)	☐ MD/DO (AF)
☐ Bachelor's Level (HN)			☐ LPN/LVN (TE)	☐ RxN (SA)	☐ Other_____
ADDITIONAL STAFF REQUIREMENTS					
Must have proof of certification as a Certified Addictions Counselor (CAC) level III.					
PROVIDER QUALIFICATIONS					
☒ CMHC	☐ Cust Care	☒ NF	☐ Inpt PF	☐ Other POS	
☒ Office	☒ Grp Home	☐ SNF	☒ ER		
☐ Outpatient Hospital	☒ Home	☒ Temp Lodging	☐ PF-PHP		
☐ ACF	☐ ICF-ID	☐ Inpt Hosp	☐ Pharmacy		

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Provider must meet certification standards specified in §8.487.20. Provider agency must submit to Department CAC III certification for staff providing substance abuse counseling. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certifications §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

<table>
<tr><th colspan="2">Transitional Behavioral Health Supports</th></tr>
<tr><th>HCPCS PROCEDURE CODE</th><th>PROCEDURE CODE DESCRIPTION</th></tr>
<tr><td>H0025
<table>
<tr><th>Target Pop</th><th>Mod 1</th></tr>
<tr><td>EBD</td><td>UC</td></tr>
<tr><td>EBD PD</td><td>UC</td></tr>
<tr><td>MI</td><td>UC</td></tr>
</table></td><td>Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)

SERVICE RATE
$25.46</td></tr>
<tr><th>SERVICE DEFINITION</th><th>MINIMUM DOCUMENTATION REQUIREMENTS</th></tr>
<tr><td>Services by a qualified paraprofessional to support a client during the transition period to mitigate issues, symptoms, and/or behaviors that are exacerbated during the transition period and negatively affect the client's stability in the community.</td><td>• Date of service (DOS);
• Start and end time/duration;
• Participant demographic information;
• Specific activity provided and POS;
• Participants response;
• Providers dated signature, title/position;
• Participants' progress toward his/her person-centered goals identified in the treatment/service plan.</td></tr>
<tr><th>NOTES</th><th>EXAMPLE ACTIVITIES</th></tr>
<tr><td>Frequency of services will be higher than typical behavioral health services. Services will be provided in the client's home or other community based settings. When necessary, a community mental health center will develop behavioral health plan prior to discharge from the nursing facility or ICF/IID. The behavioral health support specialist will help develop and implement the behavioral health plan. Individuals with behavioral health conditions face additional barriers to community integration, including:
• Insufficient understanding and limited provider competency in dealing with psychiatric disorders, making providers reluctant to serve these individuals.
• Need for a process for identifying and connecting individuals with psychiatric or substance abuse disorders with appropriate long-term services and support options.
• Limited services and support options appropriate for individuals with co-occurring behavioral disorders.
• Limited availability of substance abuse services for adults under Medicaid.
• A need for integrative care for both physical and behavioral health.
• High level of need for services provided in settings other than office.</td><td>• Problem-solving challenges of transition
• De-escalating emotional situations
• Coaching to resolve maladaptive behaviors
• Coaching family members and friends to follow a behavior plan
• Coaching to set up reminders to take medication
• Assistance with navigating the community mental health provider intake process
• Assessing and accompanying clients to community resources and support groups as needed;
• Assisting with community integration.</td></tr>
</table>

Transitional Behavioral Health Supports

APPLICABLE POPULATION(S)	UNIT	CAP
☒ Elderly ☐ Developmentally Disabled ☒ Physically Disabled ☒ Mentally Ill	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 30 Minutes ☐ Month ☐ 1 Hour ☐ Other	Minimum: Maximum:

ALLOWED MODE(S) OF DELIVERY	UNIT AND LIMITATIONS EXPLANATION
☒ Face-to-Face ☒ Individual ☐ Family (HS) ☒ Video Conf ☐ Group (HQ) ☒ On-Site ☒ Telephone ☒ Family (HR) ☐ Off-Site	The unit determination for this service reflects the procedure code unit designation for Behavioral Programming on the HCBS BI waiver. Although Behavioral Health Supports are different than Behavioral Programming, the H0025 procedure code is appropriate for both. Thus the unit designation for Behavioral Health Supports must be the same as Behavioral Programming, which has a 30 minute unit designation.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist ☐ Unlicensed ☐ Unlicensed EdD/ ☐ QMAP ☐ RN (TD) ☐ PA (PA)
☐ Less Than Bachelor's Level (HM) ☐ Master's Level (HO) ☐ PhD/PsyD (HP) ☐ Psych Tech ☐ APRN (SA) ☐ MD/DO (AF)
☒ Bachelor's Level (HN) ☐ LCSW (AJ)/LSW/ ☐ Licensed EdD/ ☐ LPN/LVN ☐ RxN (SA) ☐ Other_____
LMFT/ LPC PhD/PsyD (AH) (TE)

ADDITIONAL STAFF REQUIREMENTS

Supervised by licensed clinician. Unlicensed professional with bachelor's degree plus two years experience in human services and behavior modification. Staff employed or contracted by established mental health provider agency.

PLACE OF SERVICE (POS)

☒ CMHC	☐ Cust Care	☒ NF	☐ Inpt PF	☐ Other POS
☒ Office	☒ Grp Home	☒ SNF	☒ ER	
☐ Outpatient Hospital	☒ Home	☒ Temp Lodging	☐ PF-PHP	
☐ ACF	☒ ICF-MR	☒ Inpt Hosp	☒ Pharmacy	

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Providers must meet certification standards as required by §8.487.20 and §8.212.4.B. Requires DHCPF approval.	DD, SLS waivers Behavioral Services-CCR §8.500.97.B.2 and §8.500.98 §8.487.20 HCBS-EBD Provider Agencies General Certifications §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration

Transitional Specialized Day Rehabilitation Services

HCPCS PROCEDURE CODE

S5101

Target Pop	Mod 1
EBD 65+	UC
EBD PD	UC
MI	UC

PROCEDURE CODE DESCRIPTION

Day Care Services, adult; per half day

SERVICE RATE

$36.45/half day

SERVICE DEFINITION

Services offered in a group setting designed and directed at the development and maintenance of the client's ability to independently, or with support, sustain himself/herself physically, emotionally and economically in the community.

MINIMUM DOCUMENTATION REQUIRED

- Assessment
- Log notes
- Attendance sheet
- Activities list
- Progress report
- Independent Living Plan Goals

NOTES

Includes assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Focus of activities will be on improving independence with IADLs including:

1. Housekeeping
2. Laundry
3. Transportation
4. Medication management
5. Shopping
6. Using the telephone
7. Food preparation
8. Financial management
9. Appointment management

EXAMPLE ACTIVITIES

- Education in scheduling transportation;
- Training on managing finances such as balancing a checkbook;
- Group classes creating to do or grocery lists, cooking;
- Coaching on how to use the telephone.

APPLICABLE POPULATION(S)

☒ Elderly
☒ Physically Disabled
☐ Developmentally Disabled
☒ Mentally Ill

UNIT

☐ Encounter
☐ Day
☐ Month
☐ 15 Minutes
☐ 30 Minutes
☐ 1 Hour
☒ Other

CAP

Minimum:
Maximum:

ALLOWED MODE(S) OF DELIVERY

☐ Face-to-Face
☐ Video Conf
☐ Telephone
☐ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)
☒ On-Site
☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit associated with this service is a half day, which is defined as 4-5 hour. The unit designation reflects the HCPCS definition of a half day unit for the procedure code S5101.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist
☒ Less Than Bachelor's Level (HM)
☐ Bachelor's Level (HN)
☐ Unlicensed Master's Level (HO)
☐ LCSW (AJ)/LSW/ LMFT/ LPC
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed EdD/ PhD/PsyD (AH)
☐ QMAP
☐ Psych Tech
☐ LPN/LVN (TE)
☐ RN (TD)
☐ APRN (SA)
☐ RxN (SA)
☐ PA (PA)
☐ MD/DO (AF)
☐ Other_____

Transitional Specialized Day Rehabilitation Services				
ADDITIONAL STAFF REQUIREMENTS				
Bachelor's degree or higher Degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associate's Degree from an Accredited college and two years of successful experience in human services, or four years successful experience in human services. Must be 18 years or older.				
PLACE OF SERVICE (POS)				
☒ CMHC	☐ Cust Care	☐ NF	☐ Inpt PF	☒ Other POS
☐ Office	☐ Grp Home	☐ SNF	☐ ER	Community
☐ Outpatient Hospital	☐ Home	☐ Temp Lodging	☐ PF-PHP	Setting
☐ ACF	☐ ICF-MR	☐ Inpt Hosp	☐ Pharmacy	
PROVIDER QUALIFICATIONS			**APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS**	
Providers must meet certification and licensure standards as required in §8.487.20 and §8.491.20. Requires DHCPF approval.			§8.487.20 HCBS-EBD Provider Agencies General Certification §8.491.20 Certification Standards §Colorado Choice Transitions, A Money Follows the Person Demonstration	

Vision Services

HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
V2799 **Target Pop** / **Mod 1** EBD / UC EBD-PD / UC BI / UC MI / UC	Vision service, miscellaneous

SERVICE DEFINITION	MINIMUM DOCUMENTATION REQUIRED
Services that include eye exams and diagnosis, glasses, contacts, and other medically necessary methods to improve specific vision system problems when not available through the Medicaid State Plan. Services available through Medicare are not covered.	• Results of eye exam, including diagnoses; • Prescriptions; • Patient medical record; • Invoice for services rendered, including types of exam procedures utilized, exact cost of glasses, contacts.

NOTES	EXAMPLE ACTIVITIES
	N/A

APPLICABLE POPULATION(S)

☒ Elderly ☐ Developmentally Disabled
☒ Physically Disabled ☒ Mentally Ill

UNIT

☐ Encounter ☐ 15 Minutes
☐ Day ☐ 30 Minutes
☐ Month ☐ 1 Hour
☒ Other

CAP

Minimum:
Maximum: $1,000.00

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face ☐ Individual ☐ Family (HS)
☐ Video Conf ☐ Group (HQ) ☒ On-Site
☐ Telephone ☐ Family (HR) ☐ Off-Site

UNIT AND LIMITATIONS EXPLANATION

The unit associated with vision services is per procedure as there may be a number of needed vision services, each having a distinct price. For this reason rate has been designated as per procedure.

MINIMUM STAFF REQUIREMENTS

☐ Peer Specialist ☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ QMAP ☐ RN (TD) ☐ PA (PA)
☐ Less Than Bachelor's Level (HM) ☐ LCSW (AJ)/LSW/ LMFT/ LPC ☐ Licensed EdD/ PhD/PsyD (AH) ☐ Psych Tech ☐ APRN (SA) ☐ MD/DO (AF)
☐ Bachelor's Level (HN) ☐ LPN/LVN (TE) ☐ RxN (SA) ☒ Other- Optometrist or Ophthalmologist

ADDITIONAL STAFF REQUIREMENTS

N/A

PLACE OF SERVICE (POS)

☐ CMHC ☐ Cust Care ☐ NF ☐ Inpt PF ☐ Other POS
☒ Office ☐ Grp Home ☐ SNF ☐ ER
☒ Outpatient Hospital ☐ Home ☐ Temp Lodging ☐ PF-PHP
☐ ACF ☐ ICF-MR ☐ Inpt Hosp ☐ Pharmacy

PROVIDER QUALIFICATIONS	APPLICABLE STATUTE, LEGAL AUTHORITY, COLORADO CODE OF REGULATIONS
Must submit Board certified Ophthalmologist or Optometrist license to Department. Requires DHCPF approval.	§8.487.20 HCBS-EBD Provider Agencies General Certification §8.555 Colorado Choice Transitions, A Money Follows the Person Demonstration