

Home and Community-Based Services Complementary and Integrative (HCBS-CIH) Waiver Expansion

Training for HCBS Case Managers

September 2022

Intended Learning Outcomes

- Understand the expanded HCBS Complementary and Integrative Health Waiver (HCBS-CIH Waiver)
 - Background
 - Summary of What is Changing
- Learn How to Determine Eligibility for the HCBS-CIH Waiver
- Understand the Support Planning Process for Complementary and Integrative Health Services (CIH Services)
 - Case Manager Responsibilities
 - Complementary and Integrative Health Care Plan (CIH Care Plan)
 - Working with and Finding Providers

Understanding the Expansion from the HCBS-Spinal Cord Injury (HCBS-SCI) Waiver to the HCBS-CIH Waiver



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Background

- From 2012 to July 2022, the HCBS-SCI Waiver offered acupuncture, chiropractic, and massage therapy services as a Home and Community-Based support to persons living with a spinal cord injury in the Denver Metro area.
- Members utilizing these services have reported improved mobility and reduced pain. [Access the yearly reports on the CIH Advisory Committee web page](#)

Background

- In 2021, [SB 21-038](#) expanded the HCBS-SCI Waiver statewide to all eligible Coloradoans and added additional qualifying diagnoses to the eligibility criteria.
- With the expanded qualifying diagnoses, the name of the HCBS-SCI waiver changed to the HCBS-CIH Waiver.
- As of July 1, 2022, the HCBS-CIH waiver is available for enrollment through all Single-Entry Point agencies in Colorado.

HCBS-CIH Waiver Expansion

- Available statewide
- More qualifying diagnoses
- Members must demonstrate the inability for independent ambulation resulting from a qualifying condition
- Waiver name changed to the CIH Waiver

Other Changes

- Medical director no longer required for the development of care plans
- Updated acupuncture and chiropractic service definitions
- Revised provider qualifications

What is NOT Changing

- Services offered under the CIH waiver are the same as those in the Elderly, Blind, and Disabled (EBD) waiver with the addition of the CIH Services
- Case Management functions are the same as they would be with the EBD Waiver
 - These functions are in rules [10 CCR 2505-10 8.393.1.M](#) and [10 CCR 2505-10 8.486](#)
 - Functions include, but are not limited to:
 - Support planning, monitoring and assessment
 - Prior authorization requirements and timeline
 - Transitioning members between waivers
 - All other eligibility processes and steps besides the change in targeting criteria (qualifying medical condition resulting in inability to independently ambulate)

Success Stories

Many members utilize acupuncture, chiropractic and massage therapy. Of those members, 77% reported less pain and increased mobility and 57% reporting decreased use of pain medication.

- [Access the full initial report from National Research Center Inc.](#)

Let's take a few minutes to watch a short clip about [Sherown's Story](#)

What Else Do I Need to Know?

- **Complementary and Integrative Care** can improve the quality of life, mobility and reduce pain for some members. Although these services are not for everyone, they are very important for others.
- **Challenges** exist in finding providers of these services. The Department is aware of this and is actively recruiting providers.



Providers

Several providers provide acupuncture, chiropractic and massage therapy to HCBS-CIH members.

Let's take a few minutes to watch a short clip about two of our providers.

[NeuAbility](#)

neuability.org

[Chanda Center for Health](#)

chandacenter.org



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Questions?

Eligibility and Determination

10 CCR 2505-10
8.517.5.A. ELIGIBLE PERSONS



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What are the Qualifying Conditions?

- Spinal cord injury (traumatic or non-traumatic)
- Multiple sclerosis
- Brain injury (traumatic, non-traumatic, progressive, non-progressive)
- Spina bifida
- Muscular dystrophy
- Cerebral palsy

How Are Qualifying Conditions Determined?

- By [International Classification of Diagnosis \(ICD\) codes](#) documented in the [Professional Medical Information Page \(PMIP\)](#)
 - If a member's physician has documented an ICD diagnosis code related to a qualifying condition on the PMIP, then they meet this criteria for eligibility. Examples of broad diagnoses related to the qualifying conditions can be found in the [CIH Eligible Persons Targeting Criteria Guide](#).
 - Case Managers are not clinicians, nor is the Department, only a physician can determine the diagnosis of a member. If you have any questions on an ICD code related to a qualifying condition, please follow up with the physician that completed the PMIP.

HCBS-CIH Waiver Eligible Persons Targeting Criteria:

What is Meant by the "Inability for
Independent Ambulation
Directly Resulting From a Qualifying
Condition?"



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Eligible Persons Targeting Criterion:

The inability for independent ambulation on the HCBS-CIH Wavier means:

- A) The individual does not walk and requires use of a wheelchair or scooter in all settings, whether or not they can operate the wheelchair or scooter safely, on their own, OR;
- B) The individual does walk, but requires use of a walker or cane in all settings, whether or not they can use the walker or cane safely, on their own, OR;
- C) The individual does walk but requires “touch” or “stand-by” assistance to ambulate safely in all settings.

[10 CCR 2505-10 8.517.5.A.3](#)

How to determine the Inability for Independent Ambulation?

During the targeting criteria section of the assessment process:

- Ask “Does this member require assistance at all times to walk from a mobility device or person because of the qualifying diagnosis(es)?” If the answer is yes, then they meet the CIH Waiver eligible person targeting criteria.
- Keep in mind that determining Level of Care and determining if someone meets Targeting Criteria can overlap but they are two distinct processes.

To Document Targeting Criteria:

1.) *Document in the ULTC 100.2 Mobility ADL section if a member requires assistant to independently ambulate. For example: “The member requires assistant from a medical device or person to walk at all times and their inability for independent ambulation directly results from their qualifying diagnosis(es) on the PMIP.”*

AND

2.) *Ensure the member has a documented diagnosis code relating to a qualifying condition on the PMIP and add it to the medical diagnosis grid in the BUS.*

REMEMBER:

Members must meet financial eligibility; level of care criteria; need for HCBS; cost containment and service adequacy which can all found at [10 CCR 2505-10 8.517.5 Client Eligibility](#). These criteria are the same across all waivers.

The Eligible Persons targeting criteria for the CIH Waiver is *in addition to and separate from* other eligibility sections.

New Care and Case Management Tool

- The new LOC Screen and CCM tool training will provide further information on any changes in this process once the new tool goes live.
- Until then, for ULTC 100.2 documentation and PMIP, please follow what you have been doing for all other waivers and supplemented by this training.

Andy

- Meets level of care and financial requirements
- 26-year-old male living with spina bifida
- Needs mobility aid outside of the home and at least touch assistance in all settings because of his spina bifida diagnosis

Eligible

Deborah

- 63-year-old female; living with type 1 diabetes
- Left foot amputation from diabetic condition - needs mobility aid for independent ambulation

Not Eligible

Jose

- 29-year-old male; experienced a car accident when he was 19 after which he was diagnosed with a brain injury
- After that he often experiences instability with walking and requires "touch" or "stand by" support
- He needs support to work and behavioral counseling.

Eligible

Learning Checkpoint 1

Take a moment to review these checkpoint questions

Question	TRUE	FALSE
Documenting the use of a mobility device and/or needing at least touch assistance to ambulate along with having a qualifying medical condition document on the PMIP is required to demonstrate a member is eligible for the CIH Waiver?	TRUE	
The inability for the independent ambulation on the CIH Waiver requires the use of a mobility aid?		FALSE
The eligible qualifying conditions for the expanded CIH Waiver include a spinal cord injury, multiple sclerosis, spina bifida, cerebral palsy, brain injury or muscular dystrophy?	TRUE	
The SCI Waiver and the CIH Waiver are the same, just with statewide eligibility?		FALSE



Questions?



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Case Management Roles and Responsibilities

Case Manager Roles and Responsibilities

- ✓ Complete Assessment and Document Eligibility
- Service and Support Planning with Member
 - Coordinate with providers using the Complementary and Integrative Health Care Plan (CIH Care Plan)
 - Discuss *and document* possible additional services, such as transportation and personal care services
 - Annually, follow up and discuss CIH services and CIH Care Plan
- Enter the CIH services and any additional services to the PAR

Work with Member to Determine CIH Services

- Identify the goals and preferences of the member and discuss if acupuncture, chiropractic and/or massage therapy are needed
- If member needs CIH services but is not yet on the CIH Waiver, complete the HCBS waiver transition process
- Begin assisting with finding potential acupuncture, chiropractic and/or massage therapy providers and send Providers the CIH Care Plan

What is the CIH Care Plan

- CIH Providers must submit a recommended CIH Care plan to case managers before services can be submitted for prior authorization
- Providers must use a Department approved standard form
- The purpose of the CIH care plan is to guide a case manager's discussion with the member about CIH services
- CIH Care Plans and PARs do NOT need to match
- Members, with the help of case managers, decide the services and frequency based on the providers' Care Plan (not to exceed the provider's recommendations or service limits)

Complementary and Integrative Health Services:

- Each member on the CIH Waiver is eligible for 408 total 15-minute units of CIH services during a year.
- A member may receive a total of 204 units of each individual service per service plan year and 4 units of each service per visit.
- If a PAR exceeds Over Cost Containment (OCC), it will follow the same procedures as you would for the EBD waiver. Please be sure to document the need for services in your OCC review request.

Once a Care Plan is Received

- Determine the services and amount recommended by the providers.
- Establish the CIH services frequency, scope and duration required in accordance with the member's assessed needs and the providers' annual CIH care plans
- Confirm with member that they approve and will be able to go to their CIH services appointments
- Submit in the Bridge a PAR with CIH services and any additional needed services, such as transportation or personal care services

Other Considerations When Support Planning for CIH Service

- Transportation:
 - Non-medical transportation (NMT) is available for HCBS members to transport to and from a CIH appointment.
- Personal Care Needs:
 - Plan for any additional support needed by member during CIH appointments, such as bowel and bladder care, transfer assistance, etc.

Entering CIH Services to a PAR

Case managers are responsible for entering acupuncture, chiropractic and massage therapy onto the PAR (up to 4 units of a single modality a session, 204 units a year per modality, 408 combined CIHS per year)

Acupuncture (97814, U1, SC)

Chiropractic (98942, U1, SC)

Massage Therapy (97124, U1, SC)

View current rates at: hcpf.colorado.gov/provider-rates-fee-schedule

Billing Manuals can be found at: hcpf.colorado.gov/billing-manuals

How Do I Support Members in Finding Providers

- A list of providers on the [HCBS-CIH Waiver web page](#). This list will be updated as more providers enroll.
- If NMT is not available or if members are too far from these providers, please notify the Department so we can track provider gaps.
- For provider questions for the HCBS-CIH Waiver, please have providers contact Kacey.Wardle@state.co.us

Learning Checkpoint 2

Take a moment to review these checkpoint questions.

Question	TRUE	FALSE
Each eligible member may receive up to 204 units or 51 weeks of an hour massage therapy session a year.	TRUE	
A CIH Care Plan must be submitted by each CIH Provider before a service can be added to a member's PAR.	TRUE	
CIH services do not need to be submitted on a PAR.		FALSE
The Department is actively recruiting providers.	TRUE	



Questions?



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Contact Info

Kacey Wardle

HCBS Benefits Specialist

Kacey.Wardle@state.co.us

[Complementary and Integrative Health Waiver web page](#)

hcpf.colorado.gov/complementary-integrative-health-waiver-cih

Thank you!