

Title of Rule: Revision to the Medical Assistance Act Rule concerning the Children's Habilitation Residential Program (CHRP) waiver service description and service provider updates, Section 8.500
Rule Number: MSB 20-06-17-A
Division / Contact / Phone: Benefits and Services Management / Kathleen Homan / 5749

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The basis of this rule change is to align the CHRP rules with the waiver amendment approved by the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2020. The purpose is to amend the rule to update the service limitations of Supported Community Connections from an "hour per week" to "hours or units per year." Additionally, the names of two services: Supported Community Connections and In-Home Supports services are being changed. Lastly, Host Homes are being added as a provider for youth ages 18-20.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

The waiver was granted under Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n (2020).

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2020);
25.5-5-306 and 25.5-6-903, C.R.S (2020).

Initial Review **09/11/2020** Final Adoption **10/09/2020**
Proposed Effective Date **11/30/2020** Emergency Adoption

DOCUMENT #01

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The proposed rule will affect children and youth with intellectual and developmental disabilities and complex behavior support needs, as well as the family of those children and youth. The benefit of the proposed rule is to expand provider capacity for Habilitation (residential) services by allowing Host Homes as a provider type for youth aged 18-20. The name changes for two of the services help to better describe and present the service. Lastly, changing the service limitations for Community Connector service adds flexibility in how the service can be used for families and youth.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The proposed rule expands options for youth and families to access Habilitation services and supportive services. These changes will improve member outcomes and decrease the use of high-cost crisis services.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

It is not anticipated that the proposed rule will increase utilization of waiver services as the eligibility criteria for the waiver has not changed. The service limitations of Community Connector services are being changed to allow further flexibility in its use, but the limitations are not being increased. The proposed rule increases choice of provider for current and projected enrollees. It is anticipated that the changes to the CHRP waiver will reduce the financial impact on other systems such as Child Welfare, emergency crisis services, and the juvenile justice system.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Improved system efficiency and investment in services to help mitigate crises will improve access and outcomes for members. Additionally, increasing the potential provider pool allows for more options for youth receiving Habilitation (residential)

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services. It is anticipated that this will result in decreased utilization of high cost residential services, including out of state services, and supporting youth to remain in the community rather than residential facilities.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Many changes have been made to the waiver to meet the needs of this population. However, there are still limited providers across the state. As a result, families may still have to engage the child-welfare system, emergency services, hospitalization, and out of state services which are must more costly and intrusive than the proposed rule. There are no less costly or less intrusive methods to achieve the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are not any alternative methods to achieve the purpose for the proposed rule. In order to ensure compliance with Federal and State requirements for reimbursement of waiver services, the authority for provider qualifications and reimbursement needs to be a regulatory requirement to align with the Federally approved waiver.

1 8.508 CHILDREN'S HABILITATION RESIDENTIAL PROGRAM

2 **8.508.20.A DEFINITIONS**3 1. Abuse: As defined at §25.5-10-202 (1) (a)-(c), C.R.S.4 2. Adverse Action: A denial, reduction, termination, or suspension from a Long-Term Services and
5 Supports (LTSS) program or service.6 3. Applicant: A child or youth who is seeking a Long-Term Care eligibility determination and who has
7 not affirmatively declined to apply for Medicaid or participate in an assessment.8 4. Caretaker: As defined at § 25.5-10-202(1.6)(a)-(c), C.R.S.9 5. Caretaker neglect: As defined at § 25.5-10-202(1.8)(a)-(c), C.R.S.10 6. Case Management Agency (CMA): A public or private not-for-profit for-profit agency that meets
11 all applicable state and federal requirements and is certified by the Department to provide case
12 management services for Home and Community Based Services waivers pursuant to sections
13 25.5-10-209.5 C.R.S. and pursuant to a provider participation agreement with the state
14 department.15 7. Child Placement Agency: As defined at 12 CCR 2509-8; § 7.701.2 (F).16 8. Client: A child or youth who meets long-term services and supports eligibility requirements and
17 has been approved for and agreed to receive Home and Community Based Services (HCBS)18 9. Client Representative: A person who is designated to act on the Client's behalf. A Client
19 Representative may be: (a) a legal representative including, but not limited to a court-appointed
20 guardian, or a parent of a minor child; or (b) an individual, family member or friend selected by the
21 client to speak for an/or act on the client's behalf.22 10. Community Centered Board: A private corporation, for-profit or not-for-profit that is designated
23 pursuant to Section 25.5-10-209, C.R.S., responsible for, but not limited to conducting
24 Developmental Disability determinations, waiting list management Level of Care Evaluations for
25 Home and Community Based Service waivers specific to individuals with intellectual and
26 developmental disabilities, and management of state funded programs for individuals with
27 intellectual and developmental disabilities.28 11. Complex Behavior: Behavior that occurs related to a diagnosis by a licensed physician,
29 psychiatrist, or psychologist that includes one or more substantial disorders of the cognitive,
30 volitional or emotional process that grossly impairs judgment or capacity to recognize reality or to
31 control behavior.32 12. Complex Medical Needs: Needs that occur as a result of a chronic medical condition as
33 diagnosed by a licensed physician that has lasted or is expected to last at least twelve (12)
34 months, requires skilled care, and that without intervention may result in a severely life altering
35 condition.36 13. Comprehensive Assessment: An initial assessment or periodic reassessment of individual needs
37 to determine the need for any medical, educational, social or other services and completed
38 annually or when the client experiences significant change in need or in level of support.

- 1 14. Cost Containment: Limiting the cost of providing care in the community to less than or equal to
2 the cost of providing care in an institutional setting based on the average aggregate amount. The
3 cost of providing care in the community shall include the cost of providing Home and Community
4 Based Services, and Medicaid State Plan benefits including long- term home health services and
5 targeted case management.
- 6 15. Criminal Activity: A criminal offense that is committed by a person; a violation of parole or
7 probation; and any criminal offense that is committed by a person receiving services that results
8 in immediate incarceration.
- 9 16. Crisis: An event, series of events, and/or state of being greater than normal severity for the Client
10 and/or family that becomes outside the manageable range for the Client and/or their family and
11 poses a danger to self, family, and/or the community. Crisis may be self-identified, family
12 identified, and/or identified by an outside party.
- 13 17. Critical Incident: Incidents of Mistreatment; Abuse; Neglect; Exploitation, Criminal Activity;
14 Damage to Client's Property/Theft; Death unexpected or expected; Injury/Illness to Client;
15 Medication Mismanagement; Missing Person; Unsafe Housing/Displacement; and/or Other
16 Serious Issues.
- 17 18. Department: The Colorado Department of Health Care Policy and Financing the single state
18 Medicaid agency.
- 19 19. Damage to Client's Property/Theft: Deliberate damage, destruction, theft or use a Client's
20 belongings or money. If the incident involves Mistreatment by a Caretaker that results in damage
21 for Client's property or theft in the incident shall be listed as Mistreatment.
- 22 20. Developmental Delay: A child who is:
23
24 Birth up to age five (5) and has a developmental delay defined as the existence of at least one of
the following measurements:
25 Equivalence of twenty-five percent (25%) or greater delay in one (1) or more of the five
26 domains of development when compared with chronological age;
27 Equivalence of 1.5 standard deviations or more below the mean in one (1) or more of the
28 five domains of development;
29 Has an established condition defined as a diagnosed physical or mental condition that, as
30 determined by a qualified health professional utilizing appropriate diagnostic methods
31 and procedures, has a high probability of resulting in significant delays in development, or
32
33 Birth up to age three (3) who lives with a parent who has been determined to have a
developmental disability by a CCB.
- 34 21. Early and Periodic Screening Diagnosis and Treatment (EPSDT): As defined in Section 8.280.1.
- 35 22. Exploitation: As defined in §25.5-10-202(15.5)(a)-(d), C.R.S.
- 36 23. Extraordinary Needs: A level of care due to Complex Behavior and/or Medical Support Needs
37 that is provided in a residential child care facility or that is provided through community based
38 programs, and without such care, would place a child at risk of unwarranted child welfare
39 involvement or other system involvement.

- 1 24. Family: As defined at § 25.5-10-202}(16)(a)(I)-(IV)(b), C.R.S.
- 2 25. Foster Care Home: A family care home providing 24-hour care for a child or children and certified
3 by either a County Department of Social/Human Services or a child placement agency. A Foster
4 Care Home, for the purposes of this waiver, shall not include a family member as defined in §
5 25.5 10-202(16)(a)(I)-(IV)(b), C.R.S.
- 6 26. Guardian: An individual at least twenty-one years of age, resident or non-resident, who has
7 qualified as a guardian of a minor or incapacitated person pursuant to appointment by a court.
8 Guardianship may include a limited, emergency, and temporary substitute court appointed
9 guardian but not guardian ad litem.
- 10 27. Guardian ad litem or GAL”: A person appointed by a court to act in the best interests of a child
11 involved in a proceeding under Title 19, C.R.S., or the “School Attendance Law of 1963”, set forth
12 in article 33 of Title 22, C.R.S.
- 13 28. Home and Community Based Services (HCBS) Waivers: Services and supports authorized
14 through a 1915 (c) waiver of the Social Security Act and provided in community settings to a
15 Client who requires a level of institutional care that would otherwise be provided in a hospital,
16 nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF-IID).
- 17 29. Host Home: means residential habilitation provided in group living environments through GRSS
18 or IRSS as defined by 8-500.1.S and 8-500.1.W. A twenty-four (24) hour residential setting with
19 no more than three (3) Clients receiving Habilitation.
- 20 30. Host Home Provider: An individual(s) who provides residential supports in his/her home to
21 persons receiving Habilitation services who are not family members as defined in § 25.5-10-
22 202}(16)(a)(I)-(IV)(b), C.R.S.
- 23 31. Increased Risk Factors: Situations or events that when occur at a certain frequency or pattern
24 historically have led to Crisis.
- 25 32. Informed Consent: An assent that is expressed in writing, freely given, and preceded by the
26 following:
 - 27 A fair explanation of the procedures to be followed, including an identification of those which are
28 experimental;
 - 29 A description of the attendant discomforts and risks;
 - 30 A description of the expected benefits;
 - 31 A disclosure of appropriate alternative procedures together with an explanation of the respective
32 benefits, discomforts and risks;
 - 33 An offer to answer any inquiries regarding the procedure(s);
 - 34 An instruction that the person giving consent is free to withdraw such consent and discontinue
35 participation in the project or activity at any time; and,
 - 36 A statement that withholding or withdrawal of consent shall not prejudice future availability of
37 services and supports.

- 1 33. Injury/Illness to Client: An injury or illness that requires treatment beyond first aid which includes
2 lacerations requiring stitches or staples, fractures, dislocations, loss of limb, serious burns, and
3 skin wounds; an injury or illness requiring immediate emergency medical treatment to preserve
4 life or limb; an emergency medical treatment that results in admission to the hospital; and a
5 psychiatric crisis resulting in unplanned hospitalization.
- 6 34. Institution: A hospital, nursing facility, or ICF-IID for which the Department makes Medicaid
7 payments under the State Plan.
- 8 35. Intellectual and Developmental Disability: A disability that manifests before the person reaches
9 twenty-two (22) years of age, that constitutes a substantial disability to the affected person, and
10 that is attributable to an intellectual and developmental disability or related conditions, including
11 Prader-Willi syndrome, cerebral palsy, epilepsy, autism, or other neurological conditions when the
12 condition or conditions result in impairment of general intellectual functioning or adaptive behavior
13 similar to that of a person with an intellectual and developmental disability. Unless otherwise
14 specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec.
15 15001 et seq., does not apply.
- 16 "Impairment of general intellectual functioning" The person has been determined to have an
17 intellectual quotient equivalent which is two or more standard deviations below the mean (70 or
18 less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an
19 instrument which is standardized, appropriate to the nature of the person's disability, and
20 administered by a qualified professional. the standard error of measurement of the instrument
21 should be considered when determining the intellectual quotient equivalent. when an individual's
22 general intellectual functioning cannot be measured by a standardized instrument, then the
23 assessment of a qualified professional shall be used.
- 24 "Adaptive behavior similar to that of a person with intellectual and developmental disabilities" The
25 person has overall adaptive behavior which is two or more standard deviations below the mean in
26 two or more skill areas (communication, self-care, home living, social skills, community use, self-
27 direction, health and safety, functional academics, leisure, and work), as measured by an
28 instrument which is standardized, appropriate to the person's living environment, and
29 administered and clinically determined by a qualified professional. These adaptive behavior
30 limitations are a direct result of, or are significantly influenced by, the person's substantial
31 intellectual deficits and may not be attributable to only a physical or sensory impairment or mental
32 illness.
- 33 "Substantial intellectual deficits" An intellectual quotient that is between 71 and 75 assuming a
34 scale with a mean of 100 and a standard deviation of 15, as measured by an instrument which is
35 standardized, appropriate to the nature of the person's disability, and administered by a qualified
36 professional. the standard error of measurement of the instrument should be considered when
37 determining the intellectual quotient equivalent.
- 38 36. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID): A publicly or
39 privately operated facility that provides health and habilitation services to a client with
40 developmental disabilities or related conditions.
- 41 37. Kin: As defined in 12 CCR 2509-1, Section 7.000.2.A.
- 42 38. Kinship Foster Care Home: As defined in 12 CCR 2509-1, Section 7.000.2.A.
- 43 39. Level of Care (LOC): The specified minimum amount of assistance a Client must require in order
44 to receive services in an institutional setting under the Medicaid State Plan.

- 1 40. Level of Care Determination: An eligibility determination by a CCB of an Individual for a Long-
2 Term Services and Supports (LTSS) program.
- 3 41. Level of Care Evaluation: A comprehensive evaluation with the Individual seeking services and
4 others chosen by the Individual to participate, conducted by the case manager utilizing the
5 Department's prescribed tool, with supporting diagnostic information from the Individual's medical
6 providers, for the purpose of determining the Individual's level of functioning for admission or
7 continued stay in Long-Term Services and Supports (LTSS) programs.
- 8 42. Licensed Child Care Center (less than 24 hours): As defined in § 26-6-102 (5), C.R.S. and as
9 described in 12 CCR 2509-8; §7.701.
- 10 43. Licensed Medical Professional: A physician, physician assistant, registered nurse, and advanced
11 practice nurse. Long-Term Services and Supports (LTSS): The services and supports used by
12 Clients of all ages with functional limitations and chronic illnesses who need assistance to
13 perform routine daily activities such as bathing, dressing, preparing meals, and administering
14 medications.
- 15 44. Medicaid Eligible: The Applicant or Client meets the criteria for Medicaid benefits based on the
16 financial determination and disability determination.
- 17 45. Medicaid State Plan: The federally approved document that specifies the eligibility groups that a
18 state serves through its Medicaid program, the benefits that the state covers, and how the state
19 addresses additional federal Medicaid statutory requirements concerning the operation of its
20 Medicaid program.
- 21 46. Medication Mis-Management: Issues with medication dosage, scheduling, timing, set-up,
22 compliance and administration or monitoring which results in harm or an adverse effect which
23 necessitates medical care.
- 24 47. Missing Person: A waiver participant is not immediately found, their safety is at serious risk, or
25 there is a risk to public safety.
- 26 48. "Mistreated" or "Mistreatment": As defined at § 25.5-10-202(29.5)(a)-(e), C.R.S.
- 27 49. Natural Supports: Unpaid informal relationships that provide assistance and occur in the Client's
28 everyday life such as, but not limited to, community supports and relationships with family
29 members, friends, co-workers, neighbors and acquaintances.
- 30 50. Other Serious Issues: Incidents that do not fall into one of the Critical Incident categories.
- 31 51. Predictive Risk Factors: Known situations, events, and characteristics that indicate a greater or
32 lesser likelihood of success of Crisis interventions.
- 33 52. Prior Authorization: Approval for an item or service that is obtained in advance either from the
34 Department, a state fiscal agent or the CMA.
- 35 53. Professional: Any person, not including family, performing an occupation that is regulated by the
36 State of Colorado and requires state licensure and/or certification.
- 37 54. Professional Medical Information Page (PMIP): The medical information form signed by a
38 Licensed Medical Professional used to verify that a Client needs institutional Level of Care.
- 39 55. Relative: A person related to the Client by blood, marriage, adoption or common law marriage.

- 1 56. Residential Child Care Facility: As defined in 12 CCR 2509-8; ~~§~~7.705.1.
- 2 57. Retrospective Review: The Department's review after services and supports are provided to
3 ensure the Client received services according to the service plan and standards of economy,
4 efficiency and quality of service.
- 5 58. Separation: The restriction of a Client for a period of time to a designated area from which the is
6 not physically prevented from leaving, for the purpose of providing the Client an opportunity to
7 regain self-control.
- 8 59. Service Provider: A Specialized Group Facility, Residential Child Care Facility, Foster Care
9 Home, Kinship Foster Care Home, Child Placement Agency, Licensed Child Care Facility (non-24
10 hours), and/or Medicaid enrolled provider.
- 11 60. Service Plan: The written document that specifies identified and needed services, to include
12 Medicaid and non-Medicaid covered services regardless of funding source, to assist a Client to
13 remain safely in the community and developed in accordance with Department regulations.
- 14 61. Service Planning: The process of working with the Client receiving services and people chosen
15 by the Individual, to identify goals, needed services, and appropriate service providers based on
16 the Comprehensive Assessment and knowledge of the available community resources. Service
17 planning informs the Individual seeking or receiving services of his or her rights and
18 responsibilities.
- 19 62. Specialized Group Facility: As defined in 12 CCR 2509-8; § 7.701.2(B).
- 20 63. Support: Any task performed for the Client where learning is secondary or incidental to the task
21 itself or an adaptation is provided.
- 22 64. Support Level: A numeric value determined by the Support Need Level Assessment that places
23 Clients into groups with other Clients who have similar overall support needs.
- 24 65. Support Need Level Assessment: The standardized assessment tool used to identify and
25 measure the support requirements for HCBS-CHRP waiver participants.
- 26 66. Targeted Case Management (TCM): Has the same meaning as in Section 8.761.
- 27 67. Third Party Resources: Services and supports that a Client may receive from a variety of
28 programs and funding sources beyond Natural Supports or Medicaid. This may include, but is not
29 limited to community resources, services provided through private insurance, non-profit services
30 and other government programs.
- 31 68. Unsafe Housing/Displacement: An individual residing in an unsafe living condition due to a
32 natural event (such as fire or flood) or environmental hazard (such as infestation) and is at risk of
33 eviction or homelessness.
- 34 69. Waiver Service: Optional services defined in the current federally approved waivers and do not
35 include Medicaid State Plan benefits.
- 36 70. Wraparound Facilitator: A person who has a Bachelor's degree in a human behavioral science or
37 related field of study and is certified in a wraparound training program. Experience working with
38 LTSS populations in a private or public social services agency may substitute for the Bachelor's
39 degree on a year for year basis. When using a combination of experience and education to

1 qualify, the education must have a strong emphasis in a human behavioral science field. The
2 wraparound certification must include training in the following:

3 Trauma informed care.

4 Youth mental health first aid.

5 Crisis supports and planning.

6 Positive Behavior Supports, behavior intervention, and de-escalation techniques.

7 Cultural and linguistic competency.

8 Family and youth serving systems.

9 Family engagement.

10 Child and adolescent development.

11 Accessing community resources and services.

12 Conflict resolution.

13 Intellectual and developmental disabilities.

14 Mental health topics and services.

15 Substance abuse topics and services.

16 Psychotropic medications.

17 Motivational interviewing.

18 Prevention, detection, and reporting of Mistreatment, Abuse, Neglect, and Exploitation.

19 71. Wraparound Transition Plan: A single plan that incorporates all relevant supports, services,
20 strategies, and goals from other service/treatment plans in place and supports a Client and his or
21 her family, including a transition to the family home after out of home placement.

22 72. Wraparound Plan: A single plan that incorporates all relevant supports, services, strategies, and
23 goals from other service/treatment plans in place and supports a Client and his or her family,
24 including a plan to maintain stabilization, prevent Crisis, and/or for de-escalation of Crisis
25 situations.

26 73. Wraparound Support Team: Case managers, Licensed Medical Professionals, behavioral health
27 professionals, therapeutic support professionals, representatives from education, and other
28 relevant people involved in the support/treating the Client and his or her family.

29 74. Wraparound Transition Team: Case managers, Licensed Medical Professionals, behavioral
30 health professionals, therapeutic support professionals, representatives from education, and
31 other relevant people involved in the support/treating the Client and his or her family.

32 **8.508.30 SCOPE OF SERVICES**

1 A. The HCBS-CHRP waiver provides services and supports to eligible children and youth with
 2 Intellectual and Developmental Disability, and who are at risk of institutionalization pursuant to
 3 §25.5-6-903, C.R.S. The services provided through this waiver serve as an alternative to ICF/IID
 4 placement for children from birth to twenty-one years (21) of age who meet the eligibility criteria
 5 and the Level of Care as determined by a Level of Care Evaluation and Determination. The
 6 services provided through the HCBS-CHRP waiver are limited to:

- 7 1. Habilitation
- 8 2. Hippotherapy
- 9 3. Intensive Support
- 10 4. Massage Therapy
- 11 5. Movement Therapy
- 12 6. Respite
- 13 7. ~~Supported Community Connection~~ Community Connector
- 14 8. Transition Support

15 B. HCBS-CHRP waiver services shall be provided in accordance with these rules and regulations.

16 **8.508.100 SERVICE DESCRIPTIONS**

17 A. Habilitation

- 18 1. Services may be provided to Clients who require additional care for the Client to remain
 19 safely in home and community based settings. The Client must demonstrate the need for
 20 such services above and beyond those of a typical child of the same age.
- 21 2. Habilitation services include those that assist Clients in acquiring, retaining, and
 22 improving the self-help, socialization, and adaptive skills necessary to reside successfully
 23 in home and community based settings.
- 24 3. Habilitation services under the HCBS-CHRP waiver differ in scope, nature, supervision,
 25 and/or provider type (including provider training requirements and qualifications) from any
 26 other services in the Medicaid State Plan.
- 27 4. Habilitation is a twenty-four (24) hour service and includes the following activities:
 - 28 a. Independent living training, which may include personal care, household
 29 services, infant and childcare when the Client has a child, and communication
 30 skills.
 - 31 b. Self-advocacy training and support which may include assistance and teaching of
 32 appropriate and effective ways to make individual choices, accessing needed
 33 services, asking for help, recognizing Abuse, Neglect, Mistreatment, and/or
 34 Exploitation of self, responsibility for one's own actions, and participation in
 35 meetings.

- 1 c. Cognitive services which includes assistance with additional concepts and
2 materials to enhance communication.
- 3 d. Emergency assistance which includes safety planning, fire and disaster drills,
4 and crisis intervention.
- 5 e. Community access supports which includes assistance developing the abilities
6 and skills necessary to enable the Client to access typical activities and functions
7 of community life such as education, training, and volunteer activities.
8 Community access supports includes providing a wide variety of opportunities to
9 develop socially appropriate behaviors, facilitate and build relationships and
10 Natural Supports in the community while utilizing the community as a learning
11 environment to provide services and supports as identified in the Client's Service
12 Plan. These activities are conducted in a variety of settings in which the Client
13 interacts with non-disabled individuals (other than those individuals who are
14 providing services to the Client). These services may include socialization,
15 adaptive skills, and personnel to accompany and support the individual in
16 community settings, resources necessary for participation in activities and
17 supplies related to skill acquisition, retention, or improvement and are based on
18 the interest of the Client.
- 19 f. Transportation services are encompassed within Habilitation and are not
20 duplicative of the non-emergent medical transportation that is authorized in the
21 Medicaid State Plan. Transportation services are more specific to supports
22 provided by Foster Care Homes, Kinship Foster Care Homes, Specialized Group
23 Facilities, and Residential Child Care Facilities to access activities and functions
24 of community life.
- 25 g. Follow-up counseling, behavioral, or other therapeutic interventions, and
26 physical, occupational or speech therapies delivered under the direction of a
27 licensed or certified professional in that discipline.
- 28 h. Medical and health care services that are integral to meeting the daily needs of
29 the Client and include such tasks as routine administration of medications or
30 providing support when the Client is ill.
- 31 B. Habilitation may be provided in a Foster Care Home or Kinship Foster Care Home certified by a
32 licensed Child Placement Agency or County Department of Human Services, Specialized Group
33 Facility licensed by the Colorado Department of Human Services, or Residential Child Care
34 Facility licensed by the Colorado Department of Human Services.
- 35 C. Habilitation may be provided for clients age eighteen (18) to twenty (20) in a Host Home. The
36 Host Home must meet all requirements as defined in [Section 10-CCR-2505-10 8.600](#).
- 37 1. Habilitation capacity limits:
- 38 a. A Foster Care Home or Kinship Foster Care Home may serve a maximum of one
39 (1) Client enrolled in the HCBS-CHRP waiver and two (2) other foster children, or
40 two (2) Clients enrolled in the HCBS-CHRP waiver and no other foster children,
41 unless there has been prior written approval by the Department. Placements of
42 three (3) Clients approved for the HCBS-CHRP waiver may be made if the
43 Service Provider can demonstrate to the Department that the Foster Care Home
44 provider has sufficient knowledge, experience, and supports to safely meet the
45 needs of all of the children in the home. In any case, no more than three (3)
46 Clients enrolled in the HCBS-CHRP waiver will be placed in the same foster

home. Emergency placements will not exceed the maximum established limits. Foster Care Homes that exceed established capacity at the time the rule takes effect will be grandfathered in; however, with attrition, capacity must comply with the rule.

Foster Care Home Maximum Capacity

HCBS-CHRP waiver	Non HCBS-CHRP	Total Children
1	2	3
2	0	2
3	0	3

- b. Placement of a Client in a Specialized Group Facility is prohibited if the placement will result in more than eight (8) children including one (1) Client enrolled in the HCBS-CHRP waiver, or five (5) foster children including two (2) Clients enrolled in the HCBS-CHRP waiver, unless there has been prior written approval by the Department. If placement of a child in a specialized group Facility will result in more than three (3) Clients enrolled in the HCBS-CHRP waiver, then the total number of children placed in that specialized group Facility must not exceed a maximum of six (6) total children. Placements of more than three (3) Clients enrolled in the HCBS-CHRP waiver may be made if the Service Provider can demonstrate to the Department that the facility staff have sufficient knowledge, experience, and supports to safely meet the needs of all of the children in the facility.

Specialized Group Facility Maximum Capacity

HCBS-CHRP waiver	Non HCBS-CHRP waiver	Total Children
1	8	9
2	5	7

- c. Only one (1) HCBS-CHRP Client and two (2) HCBS- Persons with Developmental Disabilities (DD) or HCBS- Supported Living Services (SLS) waiver participants; or two (2) HCBS-CHRP participants and one HCBS-DD or HCBS-SLS waiver participant may live in the same foster care home.

GD. The Service Provider or child placement agency shall ensure choice is provided to all Clients in their living arrangement.

ED. The Foster Care Home or Kinship Foster Care Home provider must ensure a safe environment and safely meet the needs of all Clients living in the home.

FE. The Service Provider shall provide the CMA a copy of the Foster Care Home or Kinship Foster Care Home certification before any child or youth can be placed in that home. If emergency placement is needed outside of business hours, the Service Provider or child placement agency shall provide the CMA a copy of the Foster Care Home or Kinship Foster Care Home certification the next business day.

GF. Hippotherapy

1. Hippotherapy is a therapeutic treatment strategy that uses the movement of a horse to assist in the development/enhancement of skills including gross motor, sensory integration, attention, cognitive, social, behavioral, and communication skills.

2. Hippotherapy may be provided only when the provider is licensed, certified, registered, and/or accredited by an appropriate national accreditation association.

- 1 3. Hippotherapy must be used as a treatment strategy for an identified medical or
2 behavioral need.
- 3 4. Hippotherapy must be an identified need in the Service Plan.
- 4 5. Hippotherapy must be recommended or prescribed by a licensed physician or therapist
5 who is enrolled as a Medicaid provider. The recommendation must clearly identify the
6 need for hippotherapy, recommended treatment, and expected outcome.
- 7 6. The recommending therapist or physician must monitor the progress of the hippotherapy
8 treatment at least quarterly.
- 9 7. Hippotherapy is not available under CHRP benefits if it is available under the Medicaid
10 State Plan, EPSDT, or from a Third Party Resource.
- 11 8. Equine therapy and therapeutic riding are excluded.

12 HG. Intensive Support

- 13 1. This service aligns strategies, interventions, and supports for the Client, and family, to
14 prevent the need for out of home placement.
- 15 2. This service may be utilized in maintaining stabilization, preventing Crisis situations,
16 and/or de-escalation of a Crisis.
- 17 3. Intensive support services include:
 - 18 a. Identification of the unique strengths, abilities, preferences, desires, needs,
19 expectations, and goals of the child or youth and family.
 - 20 b. Identification of needs for Crisis prevention and intervention including, but not
21 limited to:
 - 22 i. Cause(s) and triggers that could lead to a Crisis.
 - 23 ii. Physical and behavioral health factors.
 - 24 iii. Education services.
 - 25 iv. Family dynamics.
 - 26 v. Schedules and routines.
 - 27 vi. Current or history of police involvement.
 - 28 vii. Current or history of medical and behavioral health hospitalizations.
 - 29 viii. Current services.
 - 30 ix. Adaptive equipment needs.
 - 31 x. Past interventions and outcomes.
 - 32 xi. Immediate need for resources.

- 1 xii. Respite services.
- 2 xiii. Predictive Risk Factors.
- 3 xiv. Increased Risk Factors.
- 4 4. Development of a Wraparound Plan with action steps to implement support strategies,
5 prevent, and/or manage a future Crisis to include, but not limited to:
- 6 a. The unique strengths, abilities, preferences, desires, needs, expectations, and
7 goals of the Client and family.
- 8 b. Environmental modifications.
- 9 c. Support needs in the family home.
- 10 d. Respite services.
- 11 e. Strategies to prevent Crisis triggers.
- 12 f. Strategies for Predictive and/or Increased Risk Factors.
- 13 g. Learning new adaptive or life skills.
- 14 h. Behavioral or other therapeutic interventions to further stabilize the Client
15 emotionally and behaviorally and to decrease the frequency and duration of any
16 future behavioral Crises.
- 17 i. Medication management and stabilization.
- 18 j. Physical health.
- 19 k. Identification of training needs and connection to training for family members,
20 Natural Supports, and paid staff.
- 21 l. Determination of criteria to achieve stabilization in the family home.
- 22 m. Identification of how the plan will be phased out once the Client has stabilized.
- 23 n. Contingency plan for out of home placement.
- 24 o. Coordination among Family caregivers, other Family members, service
25 providers, Natural Supports, Professionals, and case managers required to
26 implement the Wraparound Plan.
- 27 p. Dissemination of the Wraparound Plan to all individuals involved in plan
28 implementation.
- 29 5. ~~In-Home Support~~ Child and Youth Mentorship.
- 30 a. The type, frequency, and duration of in-home support services must be included
31 in a Wraparound Plan.

- 1 b. Child and Youth Mentorship In-Home Support Services includes implementation
 2 of therapeutic and/or behavioral support plans, building life skills, providing
 3 guidance to the child or youth with self-care, learning self-advocacy, and
 4 protective oversight.
- 5 c. Service may be provided in the Client's home or community as determined by the
 6 Wraparound Plan.
- 7 6. Follow-up services.
- 8 a. Follow-up services include an evaluation to ensure that triggers to the Crisis have
 9 been addressed in order to maintain stabilization and prevent a future Crisis.
- 10 b. An evaluation of the Wraparound Plan should occur at a frequency determined
 11 by the Client's needs and include at a minimum, visits to the Client's home,
 12 review of documentation, and coordination with other Professionals and/or
 13 members of the Wraparound Support Team to determine progress.
- 14 c. Services include a review of the Client's ~~stability, and~~ stability and monitoring of
 15 Increased Risk Factors that could indicate a repeat Crisis.
- 16 d. Revision of the Wraparound Plan should be completed as necessary to avert a
 17 Crisis or Crisis escalation.
- 18 e. Services include ensuring that follow-up appointments are made and kept.
- 19 7. The Wraparound Facilitator is responsible for the development and implementation of the
 20 Wraparound Plan and follow-up services. The Wraparound Plan is guided and supported
 21 by the Client, their Family, and their Wraparound Support Team.
- 22 8. All service and supports providers on the Wraparound Support Team must adhere to the
 23 Wraparound Plan.
- 24 9. Revision of strategies should be a continuous process by the Wraparound Support Team
 25 in collaboration with the Client, until the Client is stable and there is no longer a need for
 26 Intensive Support Services.
- 27 10. On-going evaluation after completion of the Wraparound Plan may be provided if there is
 28 a need to support the Client and his or her Family in connecting to any additional
 29 resources needed to prevent a future Crisis.

30 I.H. Massage Therapy

- 31 1. Massage therapy is the physical manipulation of muscles to ease muscle contractures,
 32 spasms, extension, muscle relaxation, and muscle tension including WATSU.
- 33 2. Children with specific developmental disorders often experience painful muscle
 34 contractions. Massage has been shown to be an effective treatment for easing muscle
 35 contracture, releasing spasms, and improving muscle extension, thereby reducing pain.
- 36 3. Massage therapists must be licensed, certified, registered, and/or accredited by an
 37 appropriate national accreditation association.

- 1 4. The service must be used as a treatment strategy for an identified medical or behavioral
2 need and included in the Service Plan.
- 3 5. Massage therapy services must be recommended or prescribed by a therapist or
4 physician who is an enrolled Medicaid Provider. The recommendation must include the
5 medical or behavioral need to be addressed and expected outcome. The recommending
6 therapist or physician must monitor the progress and effectiveness of the massage
7 therapy treatment at least quarterly.
- 8 6. Massage therapy is not available under CHRP benefits if it is available under the
9 Medicaid State Plan, EPSDT or from a Third-Party Resource.

10 J. Movement Therapy

- 11 1. Movement therapy is the use of music therapy and/or dance therapy as a therapeutic tool
12 for the habilitation, rehabilitation, and maintenance of behavioral, developmental,
13 physical, social, communication, pain management, cognition and gross motor skills.
- 14 2. Movement therapy providers must be meet the educational requirements and is certified,
15 registered and/or accredited by an appropriate national accreditation association.
- 16 3. Movement therapy is only authorized as a treatment strategy for a specific medical or
17 behavioral need and identified in the Client's Service Plan.
- 18 4. Movement therapy must be recommended or prescribed by a therapist or physician who
19 is enrolled Medicaid provider. The recommendation must include the medical need to be
20 addressed and expected outcome. The recommending therapist or physician must
21 monitor the progress and effectiveness of the movement therapy at least quarterly.
- 22 5. Movement Therapy is not available under CHRP benefits if it is available under the
23 Medicaid State Plan, EPSDT or from a Third-Party Resource.

24 K. Respite

- 25 1. Respite services are provided to children or youth living in the Family home on a short-
26 term basis because of the absence or need for relief of the primary Caretaker(s)
- 27 2. Respite services may be provided in a certified Foster Care Home, Kinship Foster Care
28 Home, Licensed Residential Child Care Facility, Licensed Specialized Group Facility,
29 Licensed Child Care Center (less than 24 hours), in the Family home, or in the
30 community.
- 31 3. Federal financial participation is not available for the cost of room and board, except
32 when provided as part of respite care furnished in a facility approved by the State that is
33 not a private residence.
- 34 4. Respite care is authorized for short-term temporary relief of the Caretaker for not more
35 than seven (7) consecutive days per month, not to exceed twenty-eight (28) days in a
36 calendar year.
- 37 5. During the time when Respite care is occurring, the Foster Care Home or Kinship Care
38 Home may not exceed six (6) foster children or a maximum of eight (8) total children, with
39 no more than two (2) children under the age of (two) 2. The respite home must be in
40 compliance with all applicable rules and requirements for Family Foster Care Homes.

1 6. Respite is available for children or youth living in the Family home and may not be utilized
2 while the Client is receiving Habilitation services.

3 L.K. ~~Supported Community Connection~~ Community Connector

4 1. ~~Supported community connection~~ Community Connector services are provided one-on-
5 one to deliver instruction for documented Complex Behavior that are exhibited by the
6 Client while in the community, such as physically or sexually aggressive behavior
7 towards others and/or exposing themselves.

8 2. Services must be provided in a setting within the community where the Client interacts
9 with individuals without disabilities (other than the individual who is providing the service
10 to the Client).

11 3. The targeted behavior, measurable goal(s), and plan to address must be clearly
12 articulated in the Service Plan.

13 4. This service is limited to ~~five (5) hours per week~~ 260 hours or 1040 units per year.

14 5. A request to increase service hours can be made to the Department on a case-by-case
15 basis.

16 M.L. Transition Support

17 1. Transition support services align strategies, interventions, and Supports for the Client,
18 and Family, when a Client transitions to the Family home from out-of-home placement.

19 2. Services include:

20 a. Identification of the unique strengths, abilities, preferences, desires, needs,
21 expectations, and goals of the Client and Family.

22 b. Identification of transition needs including, but not limited to:

23 i. Cause(s) of a Crisis and triggers that could lead to a Crisis.

24 ii. Physical and behavioral health factors.

25 iii. Education services.

26 iv. Family dynamics.

27 v. Schedules and routines.

28 vi. Current or history of police involvement.

29 vii. Current or history of medical and behavioral health hospitalizations.

30 viii. Current services.

31 ix. Adaptive equipment needs.

32 x. Past interventions and outcomes.

- 1 xi. Immediate need for resources.
- 2 xii. Respite services.
- 3 xiii. Predictive Risk Factors.
- 4 xiv. Increased Risk Factors.
- 5 3. Development of a Wraparound Transition Plan is required, with action steps to implement
- 6 strategies to address identified transition risk factors including, but not limited to:
 - 7 a. Identification of the unique strengths, abilities, preferences, desires, needs,
 - 8 expectations, and goals of the Client and Family.
 - 9 b. Environmental modifications.
 - 10 c. Strategies for transition risk factors.
 - 11 d. Strategies for avoiding Crisis triggers.
 - 12 e. Support needs in the Family home.
 - 13 f. Respite services.
 - 14 g. Learning new adaptive or life skills.
 - 15 h. Counseling/behavioral or other therapeutic interventions to further stabilize the
 - 16 Client emotionally and behaviorally to decrease the frequency and duration of
 - 17 future Crises.
 - 18 i. Medication management and stabilization.
 - 19 j. Physical health.
 - 20 k. Identification of training needs and connection to training for Family members,
 - 21 Natural Supports, and paid staff.
 - 22 l. Identification of strategies to achieve and maintain stabilization in the Family
 - 23 home.
 - 24 m. Identification of how the Wraparound Plan will terminate once the child or youth
 - 25 has stabilized.
 - 26 n. Coordination among Family, service providers, natural supports, professionals,
 - 27 and case managers required to implement the Wraparound Transition Plan.
 - 28 o. Dissemination of a Wraparound Transition Plan to all involved in plan
 - 29 implementation.
- 30 4. ~~In-Home Support~~ Child and Youth Mentorship
- 31 a. The type, frequency, and duration of authorized services must be included in the
- 32 Wraparound Plan.

1 b. Child and Youth Mentorship ~~In-home support services~~ includes implementation of
 2 therapeutic and/or behavioral support plans, building life skills, providing
 3 guidance to the Client with self-care, learning self-advocacy, and protective
 4 oversight.

5 c. Services may be provided in the Client's home or in community, as provided in
 6 the Wraparound Transition Plan.

7 ~~d.~~

8 5. Follow-up services are authorized and may include:

9 a. Evaluation to ensure the Wraparound Transition Plan is effective in the Client
 10 achieving and maintaining stabilization in the Family home.

11 b. Evaluation of the Wraparound Transition plan to occur at a frequency determined
 12 by the Client's needs and includes but is not limited to, visits to the Client's home,
 13 review of documentation, and coordination with other professionals and/or
 14 members of the Wraparound Transition Support Team to determine progress.

15 c. Reviews of the Client's stability and monitoring of Predictive Risk Factors that
 16 could indicate a return to Crisis.

17 d. Revision of the Wraparound Plan as needed to avert a Crisis or Crisis escalation.

18 e. Ensuring that follow-up appointments are made and kept.

19 6. The Wraparound Facilitator is responsible for the development and implementation of the
 20 Wraparound Plan and follow-up services. The Wraparound Plan is guided and supported
 21 by the Client, their family, and their Wraparound Transition Team.

22 7. All service providers and supports on the Wraparound Transition Team must adhere to
 23 the Wraparound Transition Plan.

24 8. Revision of strategies should be a continuous process by the Wraparound Transition
 25 Team in collaboration with the Client, until stabilization is achieved and there is no longer
 26 a need for Transition Support Services.

27 9. On-going evaluation after completion of the Wraparound Transition Plan may be provided
 28 based on individual needs to support the Client and their family in connecting to any
 29 additional resources needed to prevent future Crisis or out of home placement.

30 **8.508.101 USE OF RESTRAINTS**

31 A. The definitions contained at 12 CCR 2509-8; § 7.714.1 (2019) are hereby incorporated by
 32 reference. The definition for "Client Representative" in 12 CCR 2509-8.7.714.1 is specifically
 33 excluded. The incorporation of these regulations excludes later amendments to the regulations.
 34 Pursuant to C.R.S. § 24-4-103(12.5), the Department maintains copies of this incorporated text in
 35 its entirety, available for public inspection during regular business hours at 1570 Grant Street,
 36 Denver, CO, 80203. Copies of incorporated materials are provided at cost upon request.

37 B. Service Providers shall comply with the requirements for the use of Restraints in 12 CCR 2509-8:
 38 §§ 7.714.53 through 7.714.537 (2019) which are hereby incorporated by reference. The
 39 incorporation of these regulations excludes later amendments to the regulations. Pursuant to

1 C.R.S. § 24-4-103(12.5), the Department maintains copies of this incorporated text in its entirety,
 2 available for public inspection during regular business hours at 1570 Grant Street, Denver, CO,
 3 80203. Copies of incorporated materials are provided at cost upon request.

4 C. All records of restraints shall be reviewed by a supervisor of the Service Provider within 24 hours
 5 of the incident. If it appears that the Client has been restrained excessively, frequently in a short
 6 period of time, or frequently by the same staff member, the Client's Service Plan must be
 7 reviewed.

8 D. Host Homes and Service Providers contracting with Host Home Providers must comply with the
 9 requirements for the use of restraints in Sections 8.608.2, 3, & 4 for Clients receiving Habilitation
 10 services age eighteen (18)- twenty (20).

11 **8.508.102 RIGHTS MODIFICATIONS**

12 A. Cruel and aversive therapy, or cruel and unusual discipline is prohibited.

13 B. Service Providers shall comply with the requirements for Client Rights in 12 CCR 2509-8;
 14 §7.714.52 (2019) which are hereby incorporated by reference. The incorporation of these
 15 regulations excludes later amendments to the regulations. Pursuant to C.R.S. § 24-4-103(12.5),
 16 the Department maintains copies of this incorporated text in its entirety, available for public
 17 inspection during regular business hours at 1570 Grant Street, Denver, CO, 80203. Copies of
 18 incorporated materials are provided at cost upon request.

19 C. Rights modifications are based on the specific assessed needs of the child or youth, not the
 20 convenience of the provider.

21 D. Rights modifications may only be imposed if the Client poses a danger to self, Family, and/or the
 22 community.

23 E. The case manager is responsible for obtaining Informed Consent and other documentation
 24 supporting any rights modifications/limitations and must maintain these materials in their file as a
 25 part of the Service Plan.

26 F. Any rights modification must be supported by a specific assessed need and justified in the
 27 Service Plan. The following must be documented in the Service Plan:

- 28 1. Identification of a specific and individualized need.
- 29 2. Documentation of the positive interventions and supports used prior to any modifications
 30 Service Plan.
- 31 3. Documentation of less intrusive methods of meeting the Client's needs that have been
 32 tried, and the outcome.
- 33 4. A description of the rights modification to be used that is directly proportionate to respond
 34 to the specific assessed need.
- 35 5. The collection and review of data used to measure the ongoing effectiveness of the
 36 modification.
- 37 6. Established time limits for periodic reviews, no less than every six (6) months, to
 38 determine if the modification is still necessary or if it can be terminated.

- 1 7. The Informed Consent of the Individual.
- 2 8. An assurance that interventions and Support will cause no harm to the Individual.
- 3 G. Specialized Group Facilities, Foster Care Homes, Kinship Foster Care Home, Residential Child
4 Care Facilities, Licensed Child Care Facilities (less than 24 hours), and Child Placement
5 Agencies must also ensure compliance with the Colorado Department Human Services rules
6 regarding the use of restrictive interventions at 12 CCR 2509-8.

7 H. Host Homes and Service Providers contracting with Host Home Providers must comply with the
8 requirements for the use of rights modifications at § 8.604.3 and for Clients receiving Habilitation
9 services age eighteen (18)- twenty (20).

10

11 **8.508.103 MEDICATION ADMINISTRATION**

12 A. If medications are administered during the course of HCBS-CHRP service delivery by the waiver
13 service provider, the following shall apply:

14 1. Medications must be prescribed by a Licensed Medical Professional. Prescriptions and/or
15 orders must be kept in the Client's record.

16 2. HCBS-CHRP waiver service providers must complete on-site monitoring of the
17 administration of medications to waiver participants including inspecting medications for
18 labeling, safe storage, completing pill counts, reviewing and reconciling the medication
19 administration records, and interviews with staff and participants.

20 3. Specialized Group Facilities, Residential Child Care Facilities, Licensed Child Care
21 Facilities (less than 24 hours) must ensure compliance with the Colorado Department of
22 Human Services rules regarding medication administration practices at 12 CCR 2509-8;
23 § 7.702.52 (C).

24 4. Foster Care Homes and Kinship Foster Care Homes must ensure compliance with the
25 Colorado Department of Human Services rules regarding medication administration
26 practices at 12 CCR 2509-8; §708.41.J.

27 5. Persons administering medications shall complete a course in medication administration
28 through an approved training entity approved by the Colorado Department of Public
29 Health and Environment.

30 6. Host Homes and Service Providers contracting with Host Home Providers must comply
31 with the requirements for the use of medication administration at § 8.609.6.D.1-8 for
32 Clients receiving Habilitation services age eighteen (18)- twenty (20).

33 **8.508.160 SERVICE PROVIDERS**

34 A. Service providers for habilitation services and services provided outside the Family home shall
35 meet all of the certification, licensing and quality assurance regulations related to their provider
36 type (Respite Service providers that provide ~~supported community connection~~community
37 connector, movement therapy, massage therapy, hippotherapy, intensive support, and transition
38 support in the family home must:

- 1 1. Meet the required qualifications as defined in the federally approved HCBS-CHRP
2 waiver.
- 3 2. Maintain and abide by all the terms of their Medicaid Provider Agreement and section
4 8.130.
- 5 3. Comply with all the provisions of this section 8.508; and
- 6 4. Have and maintain any required state licensure.
- 7 B. Service providers shall maintain liability insurance in at least such minimum amounts as set
8 annually by the Department.
- 9 C. A Family member may not be a Service Agency for another Family member. A Family member
10 may be reimbursed for certain services as approved in the waiver.
- 11 D. Service Providers shall not discontinue or refuse services to a Client unless documented efforts
12 have been made to resolve the situation that triggers such discontinuation or refusal to provide
13 services.
- 14 E. Service Providers must have written policies that address the following:
 - 15 1. Access to duplication and dissemination of information from the child's or youth's records
16 in compliance with all applicable state and federal privacy laws.
 - 17 2. How to response to alleged or suspected abuse, mistreatment, neglect, or exploitation.
18 The policy must require immediate reporting when observed by employees and
19 contractors to the agency administrator or designee and include mandatory reporting
20 requirements pursuant to sections 19-3-304, C.R.S. and 18-6.5-108, C.R.S.
 - 21 3. The use of restraints, the rights of Client's, and rights modifications pursuant to sections
22 8.508.101 and 8.508.102.
 - 23 4. Medication administration pursuant to Section 8.508.103.
 - 24 5. Training employees and contractors to enable them to carry out their duties and
25 responsibilities efficiently, effectively and competently. The policy must include staffing
26 ratios that are sufficient to meet the individualized support needs of each Client receiving
27 services.
 - 28 6. Emergency procedures including response to fire, evacuation, severe weather, natural
29 disasters, relocation, and staffing shortages.
- 30 F. Service Provides must maintain records to substantiate claims for reimbursement in accordance
31 with Department regulations and guidance.
- 32 G. Service Providers must comply with all federal and state program reviews and financial audits of
33 HCBS-CHRP waiver services.
- 34 H. Service Providers must comply with requests by the Department to collect, review, and maintain
35 individual or agency information on the HCBS-CHRP waiver.
- 36 I. Service Providers must comply with requests by the CMA to monitor service delivery through
37 Targeted Case Management.

1 **8.508.180 CLIENT'S RIGHTS**

- 2 A. Service Providers shall comply with the requirements for Client's Rights in 12 CCR 2509-8; §
3 7.714.31 (2019) which is hereby incorporated by reference. The incorporation of these
4 regulations excludes later amendments to the regulations. Pursuant to C.R.S. § 24-4-103(12.5),
5 the Department maintains copies of this incorporated text in its entirety, available for public
6 inspection during regular business hours at 1570 Grant Street, Denver, CO, 80203. Copies of
7 incorporated materials are provided at cost upon request.
- 8 B. Every Client has the right to the same consideration and treatment as anyone else regardless of
9 race, color, national origin, religion, age, sex, gender identity, political affiliation, sexual
10 orientation, financial status or disability.
- 11 C. Every Client has the right to access age appropriate forms of communication including text, email,
12 and social media.
- 13 D. No Client, his/her Family members, Guardian or Client Representative may be retaliated against
14 in their receipt of services or supports as a result of attempts to advocate on their own behalf.
- 15 E. Each Client receiving services has the right to read or have explained in each Client's and
16 Family's native language, any policies and/or procedures adopted by the Service Agency.
- 17 F. Host Homes and Service Providers contracting with Host Home Providers must comply with the
18 procedural requirements regarding rights at ~~§~~ 8.604.2 for Clients receiving Habilitation services
19 age eighteen (18)- twenty (20).