

Emergency Enrollment Request Training

Case Management and Quality Performance Division

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Objectives

- Overview of waivers
 - HCBS-CES, HCBS-SLS, HCBS-DD
- Waiting List Protocol
 - Waiting List numbers
- Exceptions to the Waiting List Protocol
- Emergency Enrollment Requests
 - Criteria
 - Process



Home and Community Based Services (HCBS) waivers for Individuals with Intellectual and Developmental Disabilities (I/DD)

- **Children’s Extensive Support Waiver (HCBS-CES)**
 - Birth to 18 years of age
- **Supported Living Services Waiver (HCBS-SLS)**
 - Age 18 and older
- **Waiver for Persons with Developmental Disabilities (HCBS-DD)**
 - Age 18 and older



Targeting Criteria HCBS-DD

- 10 CCR 2505-10, 8.500.4 CLIENT ELIGIBILITY
- 10 CCR 2505-10, 8.500.4.A To be eligible for the HCBS-DD Waiver an individual shall meet the target population criteria as follows:
 - 1. Be determined to have a developmental disability,
 - 2. Be eighteen (18) years of age or older,
 - 3. Require access to services and supports twenty-four (24) hours a day,
 - 4. Meet ICF-MR level of care as determined by the functional needs assessment, and
 - 5. Meet the Medicaid financial determination for LTC eligibility as specified in 10 CCR 2505-10, Section 8.100, et seq.



Waiting List Protocol

- Statewide waiting list
- Persons on the waiting list are considered for enrollment into the waiver in order of placement date on the waiting list*

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F; HCBS-CES, 10 CCR 2505-10, 8.503.60.A



Exceptions to the Waiting List Protocol

- Exceptions to the waiting list protocol are limited
 - Statewide Priorities
 - Transitions
 - HCBS-CES, Foster Care
 - De-institutionalization (DI)
 - Emergency
 - An emergency is a situation where the health and safety of the person or others is endangered and the emergency cannot be resolved in another way*

* HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1



Emergency Enrollment Criteria

- Four main criteria, an individual must meet at least one:
 - Homelessness
 - Abusive or neglectful situation
 - Danger to Others
 - Danger to Self
- Cannot be resolved in another way

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1.a; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1.a



Homelessness

- The person does not have a place to live or is in imminent danger of losing the person's place of abode

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1.a; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1.a



Abusive or neglectful situation

- The person is experiencing ongoing physical, sexual or emotional abuse or neglect in the person's present living situation and the person's health, safety or well-being is in **serious jeopardy**

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1.b; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1.b



Danger to Others

- The person's behavior or psychiatric condition is such that others in the home are at risk of being hurt by him/her. Sufficient supervision cannot be provided by the current caretaker to ensure safety of the person in the community

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1.c ; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1.c



Danger to Self

- A person's medical, psychiatric or behavioral challenges are such that the person is seriously injuring/harming self or is in imminent danger of doing so

*HCBS-DD, 10 CCR 2505-10, 8.500.7.F.1.d; HCBS-SLS, 10 CCR 2505-10, 8.500.96.F.1.d



Any other way to resolve the emergency?

- Other waivers
- Medicaid State Plan Services
- Natural/Third Party Supports
- SIS reassessment or Support Level Review
- Change in current waiver services
- Private Pay
- Mental Health Treatment
- HUD/Housing
- Nursing Home
- Department of Vocational Rehabilitation
- Home Health
- Home Care Allowance



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Process

- CCB case managers email Emergency Enrollment Request to Case Management Enrollment Coordinator through encrypted email
- Case Management Enrollment Coordinator will respond with approval/denial or request for additional information
- Once additional information provided, approval/denial provided through written notification



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Office of Community Living

Division for Intellectual and Developmental Disabilities

Request for Emergency Enrollment

Home and Community Based Services – Developmental Disability Waiver (HCBS-DD)

Home and Community Based Services – Supported Living Services Waiver (HCBS-SLS)

Date Request Submitted to the Division for Intellectual and Developmental Disabilities: 8/13/2014

Client Name (First, Last): [redacted] DOB: [redacted]
Community Centered Board: Select One Medicaid Eligible: Pending
Functional Eligibility Determined: Yes Medicaid ID: N/A
Date Developmental Disability Determined: Click here to enter a date. SSN: 000-00-0000

Please select which waiver you are requesting: HCBS-DD

Emergency Enrollment requested by: Select One

If "other", please specify: [redacted]

Anticipated Enrollment date: 5/21/2016

The health and welfare of person or others is in danger (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1) or HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)) due to:

- Homelessness:** The person does not have a place to live or is in imminent danger of losing the person's place of abode (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1)(a); HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)(a)).
- Abusive or neglectful situation:** The person is experiencing ongoing physical, sexual or emotional abuse or neglect in the person's present living situation and the person's health, safety or well-being is in serious jeopardy (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1)(b); HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)(b)).
- Danger to others:** The person's behavior or psychiatric condition is such that others in the home are at risk of being hurt by him/her. Sufficient supervision cannot be provided by the current caretaker to ensure safety of the person in the community (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1)(c); HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)(c)).
- Danger to self:** A person's medical, psychiatric or behavioral challenges are such that the person is seriously injuring/harming self or is in imminent danger of doing so (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1)(d); HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)(d)).
- The emergency cannot be resolved in another way (HCBS-DD, 10 CCR 2505-10, 8.500.7.F(1); HCBS-SLS, 10 CCR 2505-10, 8.500.96.F(1)).

Provide a summary of the situation that meets the criteria for Emergency Enrollment. Incomplete requests will be returned for completion prior to being considered. Requests should describe:

- the emergency situation
- what has already been done to resolve the emergency
- plans for services if the request is approved
- any other pertinent information

Limit summary to 1 page or less

Unlimited text field allows user to include as much information as necessary

Updated August 13, 2014

Current Supports and Services:

SSI/SSDI: Pending	Housing Assistance: Pending	HCA/SP-HCA: HCA
If yes, amount: [redacted]	DVR: No	HCA/SP-HCA Amount: [redacted]
	State SLS: No	Home Health: None
Support Level: [redacted]	Service Plan Authorization Limit: Enter Amount	
	Service Plan Utilization to Date: Enter Amount	

Currently enrolled in an HCBS Waiver: HCBS-SLS

Other Supports or Services: Identify any other services or supports not identified above
Another unlimited text field that allows users to include as much additional information as necessary

Updated August 13, 2014



Necessary Information

- Functional Level - Ability to complete ADLS, brief summary of ULTC100.2 assessment
- Medical/Psychiatric Conditions - Diagnoses
- Service Plan/Treatments/Medications - Current treatment/interventions and medications
- Service Plan - Include all services in service plan and include utilization of services. If not using all services, could a change in services resolve emergency?
- Consequences - If engaging in unsafe behavior, what are the consequences? Injuries/hospitalizations/Health and Safety?
- Natural/Third Party Supports - Neighbors/friends who currently assist or who may be able to assist in the future and resolve the emergency situation?
- External Agency Involvement - APS, CPS, Law Enforcement, Community Resources, HUD
- Plan for Services - How are the services provided through HCBS-DD enrollment going to resolve emergency? What type of services will be put in place?



Documentation

- Summary must provide a clear picture of the individual, emergency situation, and options that have been tried/exhausted
- Be specific
- Avoid general language
 - Recently, several, frequently, often, history of, regularly, etc.
- Use exact dates, time, intensity, and duration



Things to Consider

- Last Resort Option
- Top of waiting list
- Least Restrictive Setting
- Dignity of Risk, individual choice to engage in behavior v. inability
- Individual's Agreement
- Acute v. long term situations
- Potential right restriction or suspension of rights
 - Need for informed consent



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Transition Planning

- CES to SLS/DD
- Options counseling
 - Looking ahead, past age 18
 - What happens when individual turns 21 and loses school services?
- Can remain in home with services through the family caregiver act or with typical staffing
- Discussions should start at age 17, at minimum



Regulations

- **10 CCR 2505-10**
 - **8.500.3A.1** Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD) shall be provided as an alternative to ICF-MR services for a client with developmental disabilities.
 - **8.500.16.A** The CCB shall provide the long term care notice of action form to applicants and clients within ten (10) business days regarding their appeal rights in accordance with 10 CCR 2505-10, Section 8.057 et seq. When: 2. The applicant is found eligible or ineligible for LTC services,
 - **8.500.4.B** The client shall maintain eligibility by meeting the criteria as set forth in 10 CCR 2505-10, Section 8.500.6.A.1 and .2 and the following:
 1. Receives at least one (1) HCBS waiver service each calendar month.



Summary

- Individuals must meet targeting criteria for the HCBS-DD waiver to be considered for an exception to the waiting list protocol as an emergency enrollment
- Emergency enrollment requests must be filled out in their entirety
- Documentation and justification
- Enroll individuals in a timely manner, top priority because of the risk to health and safety



Questions or Concerns?



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Contact Information

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Thank You!



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