

1 **8.508 CHILDREN'S HABILITATION RESIDENTIAL PROGRAM**

2 ~~The Children's Habilitation Residential Program is a residential services and support~~
3 ~~program for children and youth who are developmentally disabled as defined in Section~~
4 ~~27-10.5-102 (11), C.R.S. (See 8.508.170, E.) Children under the age of five who are~~
5 ~~developmentally delayed are included only when their developmental delay is~~
6 ~~accompanied by significant medical and/or behavioral needs. The children are placed~~
7 ~~through Colorado County Departments of Social/Human Services. The children are at~~
8 ~~risk of institutionalization and the program serves as an alternative to placement to~~
9 ~~Intermediate Care Facilities for the Mentally Retarded (ICF/MR).~~

10 ~~The services provided through this program serve as an alternative to ICF/MR~~
11 ~~placement for children birth to twenty-one years of age who meet the eligibility criteria~~
12 ~~and the Level of Need Screening Guidelines. The services provided through the~~
13 ~~Children's Habilitation Residential Program (CHRP) shall be limited to:~~

- 14 ~~Self-Advocacy Training~~
- 15 ~~Independent Living Training~~
- 16 ~~Cognitive Services~~
- 17 ~~Communication Services~~
- 18 ~~Counseling and Therapeutic Services~~
- 19 ~~Personal Care Services~~
- 20 ~~Emergency Assistance Training~~
- 21 ~~Community Connection Services~~
- 22 ~~Travel Services~~
- 23 ~~Supervision Services~~
- 24 ~~Respite Services~~

25 ~~when deemed to be appropriate and adequate by the child's physician, and these~~
26 ~~services shall be provided in the community, as available.~~

27 ~~CHRP services for children with developmental disabilities shall be provided in~~
28 ~~accordance with these rules and regulations.~~

29
30 **8.508.10 PROGRAM ADMINISTRATION**

- 31 ~~A. The Children's Habilitation Residential Service Program for children with~~
32 ~~developmental disabilities is administered by the Colorado Department of Human~~
33 ~~Services (GDHS), Division of Child Welfare under the oversight of the~~
34 ~~Department of Health Care Policy and Financing.~~
- 35 ~~B. CHRP services do not constitute an entitlement to services, from either the~~
36 ~~Department of Health Care Policy and Financing or the Department of Human~~
37 ~~Services.~~

38 ~~C. CHRP services are subject to approval of a waiver under Section 1915c of the~~
39 ~~Social Security Act by the Center for Medicare and Medicaid Services.~~

40 ~~D. CHRP services are subject to annual appropriations by the Colorado General~~
41 ~~Assembly.~~

42 ~~E. The Department of Human Services, Division of Child Welfare shall limit the~~
43 ~~utilization of the CHRP based on:~~

44 ~~1. The federally approved capacity of the waiver;~~

45 ~~2. Cost effectiveness (see Section 8.508.80); and~~

46 ~~3. Within the total appropriation limitations when enrollment is, projected to exceed~~
47 ~~spending authority.~~

48

49 **8.508.10 LEGAL BASIS**

50 The Home and Community Based Services- Children's Habilitation Residential
51 Program (HCBS-CHRP) is authorized by waiver of the amount, duration, and scope of
52 services requirements contained in Section 1902(a)(10)(B) of the Social Security Act,
53 42 U.S.C. § 1396a (2011). The waiver is granted by the United States Department of
54 Health and Human Services under Section 1915(c) of the Social Security Act, 42
55 U.S.C. § 1396n (2011). 42 U.S.C. §§ 1396a and 1396n are incorporated by
56 reference. Such incorporation, however, excludes later amendments to or editions of
57 the referenced material.

58 This regulation is adopted pursuant to the authority in Section 25.5-5-306, C.R.S. and
59 is intended to be consistent with the requirements of the State Administrative
60 Procedures Act, Sections 24-4-101 et seq., C.R.S.

61 Pursuant to 24-4-103(12.5), C.R.S., the Department of Health Care Policy and
62 Financing maintains either electronic or written copies of the incorporated texts for
63 public inspection. Copies may be obtained at a reasonable cost or examined during
64 regular business hours at 1570 Grant Street, Denver, CO 80203. Additionally, any
65 incorporated material in these rules may be examined at any State depository library.

66

67 **8.508.20 PROGRAM PROVISIONS SCOPE OF SERVICES**

68 ~~Colorado has authority to provide the following services under the CHRP:~~

69 ~~A. CHRP services are provided as an alternative to institutional placement for~~
70 ~~children with developmental disabilities and are limited to self-advocacy~~
71 ~~training, independent living training, cognitive services, communication~~

72 ~~services, counseling and therapeutic services, personal care services,~~
73 ~~emergency assistance training, community connection services, travel~~
74 ~~services, and supervision services.~~

75 ~~B. Children eligible for services under the CHRP waiver are eligible for all~~
76 ~~other Medicaid services for which they qualify and must first access all~~
77 ~~benefits available under the regular Medicaid State Plan and/or Medicaid~~
78 ~~EPSDT (Early and Periodic Screening, Diagnosis and Treatment)~~
79 ~~coverage prior to accessing funding for those same services under the~~
80 ~~CHRP.~~

81 ~~C. Case management services will be provided by the county department as~~
82 ~~an administrative activity and include:~~

83 ~~1. Assessment of the individual's needs to determine if CHRP~~
84 ~~services are appropriate;~~

85 ~~2. Completion of the Individualized Plan (IP); and~~

86 ~~3. Submission of the Individualized Plan to the Colorado Department~~
87 ~~of Human Services, Division of Child Welfare Services, for review~~
88 ~~and approval for CHRP waiver services. These Individualized Plans~~
89 ~~are also subject to review by the Department of Health Care Policy~~
90 ~~and Financing.~~

91 ~~D. The individual receiving services and his/her family or guardian and~~
92 ~~placing County Department of Social/Human Services are responsible for~~
93 ~~participating with the services provider in:~~

94 ~~1. Developing the Individualized Plan;~~

95 ~~2. Cooperating with implementation of the service plan;~~

96 ~~3. Choosing to receive services through the CHRP waiver.~~

97 A. The HCBS-CHRP waiver provides services and supports listed at Section
98 8.508.100 to eligible children and youth with intellectual and developmental
99 disabilities as defined in 25.5-10-202, C.R.S. with extraordinary needs that
100 put them at risk of, or in need of, out of home placement. The children and
101 youth are at risk of institutionalization and the waiver serves as an alternative
102 to placement in Intermediate Care Facilities for Individuals with Intellectual
103 Disabilities (ICF-IID).

104 B. The services provided through this waiver serve as an alternative to ICF/IID
105 placement for children birth to twenty-one years of age who meet the
106 eligibility criteria and the Level of Care as determined by a Functional Needs

107 Assessment. The services provided through the HCBS-CHRP waiver shall
108 be limited to:

- 109 1. Habilitation
- 110 2. Hippotherapy
- 111 3. Intensive Support
- 112 4. Massage Therapy
- 113 5. Movement Therapy
- 114 6. Respite
- 115 7. Supported Community Connection
- 116 8. Transition Support

117 C. HCBS-CHRP waiver services shall be provided in accordance with these rules
118 and regulations.

119
120 **8.508.17030 DEFINITIONS**

121 ~~Habilitative services are defined as those services which are recommended by a~~
122 ~~licensed practitioner, as defined in §26-4-527(3), C.R.S. to assist clients with~~
123 ~~developmental disabilities eligible under the State Plan to achieve their best possible~~
124 ~~functional level. All clients of Residential habilitation services and supports will receive~~
125 ~~some type of habilitation services in order to acquire, retain, or improve self-help,~~
126 ~~socialization, or other skills needed to reside in the community. Some clients may~~
127 ~~receive a combination of habilitative services (skill building) and support services (a task~~
128 ~~performed for the client, where learning is secondary or incidental to the task itself).~~

129 A. Abuse: The non-accidental infliction of physical pain or injury, as
130 demonstrated by, but not limited to, substantial or multiple skin bruising,
131 bleeding, malnutrition, dehydration, burns, bone fractures, poisoning,
132 subdural hematoma, soft tissue swelling, or suffocation; Confinement or
133 restraint that is unreasonable under generally accepted caretaking
134 standards; or subjection to sexual conduct or contact classified as a crime
135 under the “Colorado Criminal Code,” Title 19, C.R.S.

136 B. Activities of Daily Living (ADL): Means basic self-care activities including
137 bathing, bowel and bladder control, dressing, eating, independent
138 ambulation, transferring, and needing supervision to support behavior,
139 medical needs and memory cognition.

140 C. Adverse Action: Means a denial, reduction, termination, or suspension
141 from the HCBS-CHRP waiver or a HCBS waiver service.

142 D. Applicant: Means an individual who is seeking Long Term Care eligibility
143 determination and who has not affirmatively declined to apply for Medicaid
144 or participate in an assessment.

145 E. Assessment: The process of collecting and evaluating information for the
146 purpose of developing an individual child plan on which to base services
147 and referral. The assessment process is both initial and ongoing.

148 F. Care Taker: Means a person who:

149 1. Is responsible for the care of a person with an intellectual or
150 developmental disability as a result of a family or legal relationship;

151 2. Has assumed responsibility for the care of a person with an
152 intellectual or developmental disability; or

153 3. Is paid to provide care, services, or oversight of services to a
154 person with an intellectual or developmental disability.

155 G. Case Management Agency (CMA): Means a public or private not-for-profit
156 or for-profit agency that meets all applicable state and federal
157 requirements and is certified by the Department to provide case
158 management services for Home and Community Based Services waivers
159 pursuant to sections 25.5-10-209.5 and CRS 25.5-6- 106, C.R.S. and
160 pursuant to a provider participation agreement with the state department.

161 ~~A. Case Management: Activities that are intended to ensure that clients~~
162 ~~receive the services they need, that services are coordinated, and that~~
163 ~~services are appropriate to the changing needs and stated desires of the~~
164 ~~clients and families over time. The goals of case management are: 1) to~~
165 ~~bring about positive changes in client's status; 2) to assist clients in~~
166 ~~reaching their highest potential; and 3) to achieve the best possible quality~~
167 ~~of life for clients and their families in the community. Goals are developed~~
168 ~~to the extent possible among case managers, referral sources, families~~
169 ~~and clients.~~

170 ~~H. Client: A child or youth who is receiving habilitative services in the~~
171 ~~Children's Habilitation Residential Program~~ Means an individual who has
172 met Long Term Care (LTC) eligibility requirements, is enrolled in and
173 chooses to receive LTC services, and receive LTC services.

174 I. Client Representative: Means a person who is designated by the client to
175 act on the client's behalf. A client representative may be: (a) a legal
176 representative including, but not limited to a court-appointed guardian, a

177 parent of a minor child; or (b) an individual, family member or friend
178 selected by the client to speak for an/or act on the client's behalf.

179 J. Community Centered Board (CCB): Means a private corporation, for-profit
180 or not-for-profit that is designated pursuant to section 25.5.-10-209, C.R.S.
181 responsible for conducting level of care evaluation and determination for
182 home and community based service waivers specific to individuals with
183 intellectual and developmental disabilities.

184 K. Complex Behavior Supports: Needs that occur as a result of a mental
185 health disorder as diagnosed by a licensed physician or psychiatrist that
186 includes one or more substantial disorders of the cognitive, volitional or
187 emotional process that grossly impairs judgment or capacity to recognize
188 reality or to control behavior.

189 L. Complex Medical Supports: Needs that occur as a result of a chronic
190 medical condition as diagnosed by a licensed physician that has lasted or
191 is expected to last twelve (12) months, requires skilled care, and that
192 without intervention may result in a life-threatening condition.

193 M. Cost Containment: Means limiting the cost of providing care in the
194 community to less than or equal to the cost of providing care in an
195 institutional setting based on the average aggregate amount. The cost of
196 providing care in the community shall include the cost of providing Home
197 and Community Based Services, and Medicaid State Plan benefits
198 including long- term home health services and targeted case
199 management.

200 N. Cost Effectiveness: Means the most economical and reliable
201 means to meet an identified need of the client.

202 O. County Caseworker: A designated representative from the local County
203 Department of Social/Human Services.

204 P. Criminal Activity: A criminal offense that is committed by a person; A
205 violation of parole or probation; Any criminal offense that is committed by
206 a person receiving services that results in immediate incarceration.

207 Q. Crisis: An event, series of events, and/or state of being greater than
208 normal severity that becomes outside the manageable range for the child
209 or youth and/or their caregivers and poses a danger to self, family, and/or
210 the community. Crisis may be self-identified, family identified, and/or
211 identified by an outside party.

212 R. Critical Incident: Incidents of Mistreatment; Abuse; Neglect; Exploitation,
213 Criminal Activity; Damage to Consumer's Property/Theft; Death
214 unexpected or expected; Injury/Illness to Client; Medication

215 Mismanagement; Missing Person; Unsafe Housing/Displacement; and/or
216 Other Serious Issues.

217 S. Department: Means the Colorado Department of Health Care Policy and
218 Financing, the single state Medicaid agency.

219 T. Damage to Consumer's Property/Theft: Deliberate damage, destruction,
220 theft or use a waiver recipient's belongings or money. If incident is
221 Mistreatment by a Caregiver that results in damage to consumer's
222 property or theft in the incident shall be listed as Mistreatment.

223 U. Developmental Delay: means a child who is:

224 1. Birth up to age five (5) and has a developmental delay
225 defined as the existence of at least one of the following
226 measurements:

227 a. Equivalence of twenty-five percent (25%) or greater delay in
228 one (1) or more of the five domains of development when
229 compared with chronological age,

230 b. Equivalence of 1.5 standard deviations or more below the
231 mean in one (1) or more of the five domains of development,

232 c. Has an established condition defined as a diagnosed
233 physical or mental condition that, as determined by a
234 qualified health professional utilizing appropriate diagnostic
235 methods and procedures, has a high probability of resulting
236 in significant delays in development, or

237 c.2. Birth up to age three (3) who lives with a parent who has
238 been determined to have a developmental disability by a
239 Community Centered Board.

240 ~~D. Developmental Disability: A disability that is manifested before the child~~
241 ~~reaches twenty-two years of age, which constitutes a substantial disability~~
242 ~~to the affected individual, and is attributable to mental retardation or~~
243 ~~related conditions which include cerebral palsy, epilepsy, autism, or other~~
244 ~~neurological conditions when such conditions result in impairment of~~
245 ~~general intellectual functioning or adaptive behavior similar to that of a~~
246 ~~person with mental retardation. It includes children less than five years of~~
247 ~~age with slow or impaired development at risk of having a developmental~~
248 ~~disability.~~

249 V. Early and Periodic Screening Diagnosis and Treatment (EPSDT): Means
250 the child health component of the Medicaid State Plan for a Medicaid
251 eligible client up to 21 years of age.

252 W. Exploitation: An act or omission committed by a person who: Uses
253 deception, harassment, intimidation, or undue influence to permanently or
254 temporarily deprive a person of the use, benefit, or possession of anything
255 of value; Employs the services of a third party for the profit or advantage
256 of the person or another person to the detriment of the person receiving
257 services; Forces, compels, coerces, or entices a person to perform
258 services for the profit or advantage of the person or another person
259 against the will of the person receiving services; or Misuses the property
260 of a person receiving services in a manner that adversely affects the
261 person to receive health care or health care benefits or to pay fills for
262 basic needs or obligations.

263 X. Extraordinary Needs: The child or youth requires a level of care due to
264 complex behavior or medical support needs that is provided in a
265 residential child care facility or that is provided through community based
266 programs, and who, without such care, is at risk of unwarranted child
267 welfare involvement or other system involvement.

268 Y. Family: Defined in 27-10.5-102, C.R.S. Means a relationship as it pertains
269 to the child or youth and is defined as:

270 1. A mother, father, brother, sister or any combination,

271 2. Extended blood relatives such as grandparent, aunt, uncle,
272 cousin

273 3. An adoptive parent,

274 4. One or more individuals to whom legal custody has been
275 given by a court,

276 5. A spouse or,

277 6. The Client's child.

278 ~~E.~~ T. Family Foster Care Home: A family care home providing 24-hour care
279 for a child or children. It is a facility certified by either a County Department of
280 Social/Human Services or a child placement agency. A family foster care
281 home, for the purposes of this waiver, shall not be a family member as
282 defined in 27-10.5-102(15), C.R.S.

283 1. Qualifications: A qualified family foster home shall adhere
284 to the service provision requirements of this waiver, as well as
285 those specified and contained in CDHS Social Services Staff
286 Manual (12 CCR 2509-6, 7.500 Resource Development).

287 U. Functional Eligibility: Means that the applicant meets the criteria for long-
288 term services and supports as determined by the Department.

289 V. Functional Needs Assessment: Means a comprehensive face-to-face
290 evaluation using the Uniform Long-Term Care instrument and medical
291 verification on the Professional Medical Information Page to determine if
292 the applicant or client meets the institutional Level of Care (LOC).

293 W. Guardian: Means an individual at least twenty-one years of age, resident
294 or non-resident, who has qualified as a guardian of a minor or
295 incapacitated person pursuant to appointment by a court. Guardianship
296 may include a limited, emergency, and temporary substitute court
297 appointed guardian but not guardian ad litem.

298 X. Home and Community Based Services (HCBS) Waivers: Means services
299 and supports authorized through a 1915 (c) waiver of the Social Security
300 Act and provided in community settings to a client who requires a level of
301 institutional care that would otherwise be provided in a hospital, nursing
302 facility or intermediate care facility for individuals with intellectual
303 disabilities (ICF-IID).

304 Y. Increased Risk Factors: Situations or events that when occur at a certain
305 frequency or pattern historically have led to Crisis.

306 Z. Individual: Any Person, such as a co-worker, neighbor, etc. who does not
307 meet definition of a family member as described in 37-10.5-102(15).
308 C.R.S.

309 —Qualifications: Any individual providing a service or support must
310 receive training commensurate with the service or support to be
311 provided and must meet any applicable state licensing and/or
312 certification requirements.

313 AA. Injury/Illness to Client: An injury or illness that requires treatment
314 beyond first aid which includes lacerations requiring stitches or staples,
315 fractures, dislocations, loss of limb, serious burns, skin wounds, etc.; An
316 injury or illness requiring immediate emergency medical treatment to
317 preserve life or limb; An emergency medical treatment that results in
318 admission to the hospital; A psychiatric crisis resulting in unplanned
319 hospitalization.

320 BB. Institution: Means a hospital, nursing facility, or ICF-IID for which
321 the Department makes Medicaid Payments under the state Plan.

322 CC. Intellectual and Developmental Disability: means a disability that
323 manifests before the person reaches twenty-two years of age, that
324 constitutes a substantial disability to the affected person, and that is

325 attributable to an intellectual and developmental disability or related
326 conditions, including Prader-Willi syndrome, cerebral palsy, epilepsy,
327 autism, or other neurological conditions when the condition or conditions
328 result in impairment of general intellectual functioning or adaptive behavior
329 similar to that of a person with an intellectual and developmental disability.
330 Unless otherwise specifically stated, the federal definition of
331 "developmental disability" found in 42 U.S.C. sec. 15001 et seq., does not
332 apply.

333 1. "Impairment of general intellectual functioning" means that the
334 person has been determined to have an intellectual quotient
335 equivalent which is two or more standard deviations below the
336 mean (70 or less assuming a scale with a mean of 100 and a
337 standard deviation of 15), as measured by an instrument which
338 is standardized, appropriate to the nature of the person's
339 disability, and administered by a qualified professional. the
340 standard error of measurement of the instrument should be
341 considered when determining the intellectual quotient
342 equivalent. when an individual's general intellectual functioning
343 cannot be measured by a standardized instrument, then the
344 assessment of a qualified professional shall be used.

345 2. "Adaptive behavior similar to that of a person with intellectual
346 and developmental disabilities" means that the person has
347 overall adaptive behavior which is two or more standard
348 deviations below the mean in two or more skill areas
349 (communication, self-care, home living, social skills, community
350 use, self-direction, health and safety, functional academics,
351 leisure, and work), as measured by an instrument which is
352 standardized, appropriate to the person's living environment,
353 and administered and clinically determined by a qualified
354 professional. These adaptive behavior limitations are a direct
355 result of, or are significantly influenced by, the person's
356 substantial intellectual deficits and may not be attributable to
357 only a physical or sensory impairment or mental illness.

358 3. "Substantial intellectual deficits" means an intellectual quotient
359 that is between 71 and 75 assuming a scale with a mean of 100
360 and a standard deviation of 15, as measured by an instrument
361 which is standardized, appropriate to the nature of the person's
362 disability, and administered by a qualified professional. the
363 standard error of measurement of the instrument should be
364 considered when determining the intellectual quotient
365 equivalent.

366 DD. Intermediate Care Facility for Individuals with Intellectual
367 Disabilities (ICF-IID): Means a publicly or privately operated facility that
368 provides health and habilitation services to a client with developmental
369 disabilities or related conditions.

370 EE. Legally Responsible Person: Means means the parent of a minor
371 child, or the client's spouse.

372 FF. ~~Level of Need Worksheet Care (LOC): A format to assess the child's level~~
373 ~~of need for services.~~ Means the specified minimum amount of assistance
374 a hild or youth must require in order to receive services in an institutional
375 setting under the Medicaid State Plan.

376 GG. Licensed Medical Professional: Means a person who has
377 completed a 2-year or longer program leading to an academic degree or
378 certificate in a medically related profession. This is limited to those who
379 possess the following medical licenses:; physician, physician assistant
380 and nurse governed by the Colorado Medical License Act.

381 HH. Long-Term Services and Supports: Means the services and
382 supports used by individuals of all ages with functional limitations and
383 chronic illnesses who need assistance to perform routine daily activities
384 such as bathing, dressing, preparing meals, and administering
385 medications.

386 II. Medicaid Eligible: Means the applicant or client meets the criteria for
387 Medicaid benefits based on the applicant's financial determination and
388 disability determination.

389 JJ. Medicaid State Plan: Means the federally approved document that
390 specifies the eligibility groups that a state serves through its Medicaid
391 program, the benefits that the state covers, and how the state addresses
392 additional federal Medicaid statutory requirements concerning the
393 operation of its Medicaid program.

394 KK. Medication Administration: Means assisting a client in the
395 ingestion, application or inhalation of medication, including prescription
396 and non-prescription drugs, according to the directions of the attending
397 physician or other licensed health practitioner and making a written record
398 thereof.

399 LL. Medication Mis-Management: Issues with medication dosage, scheduling,
400 timing, set-up, compliance and administration or monitoring which results
401 in harm or an adverse effect which necessitates medical care.

402 MM. Missing Person: A waiver participant is not immediately found, their
403 safety is at serious risk, or there is a risk to public safety.

404 NN. Mistreatment: “Mistreated” or “Mistreatment” means:

405 1. Abuse;

406 2. Neglect;

407 3. Exploitation;

408 4. An act or omission that threatens the health, safety, or welfare of a
409 person;

410 Or

411 5. An act or omission that exposes the person to a situation or
412 condition that poses an imminent risk of bodily injury.

413 OO. Natural Supports: Means informal relationships that provide
414 assistance and occur in the client’s everyday life such as, but not limited
415 to, community supports and relationships with family members, friends,
416 co-workers, neighbors and acquaintances.

417 PP. Neglect: Neglect that occurs when adequate food, clothing, shelter,
418 psychological care, physical care, medical care, habilitation, supervision,
419 or other treatment necessary for the health and safety of a person is not
420 secured for or is not provided by a Caretaker in a timely manner and with
421 the degree of care that a reasonable person in the same situation would
422 exercises; or a Caretaker knowingly uses harassment, undue influence, or
423 intimidation to create a hostile or fearful environment for a waiver
424 participant.

425 QQ. Other Serious Issues: Incidents that do not fall into one of the
426 Critical Incident categories.

427 RR. Predictive Risk Factors: Known situations, events, characteristics
428 that indicate a greater or lesser likelihood of success of Crisis
429 interventions.

430 SS. Prior Authorization: Means approval for an item or service that is
431 obtained in advance either from the Department, a state fiscal agent or the
432 Case Management Agency.

433 TT. Professional: Any person, except a family member as described in
434 27-10.5-102(15), C.R.S. Section 8.508.170 performing an occupation that
435 is regulated by the State of Colorado and requires state licensure and/or
436 certification.

437 ~~G-1.~~ Qualifications: Any person performing a professional service must
438 possess any and all license(s) and/or certifications(s) required by the
439 State of Colorado for the performance of that profession or
440 professional service.

441 UU. Professional Medical Information Page (PMIP): Means –the
442 medical information form signed by a licensed medical professional used
443 to verify the client needs institutional Level of Care.

444 ~~U.VV.~~ Programming: A plan that provides intensive, comprehensive,
445 longitudinal instruction to help the child achieve his or her best possible
446 functioning level.

447 WW. Relative: Means the medical information form signed by a licensed
448 medical professional used to verify the client needs institutional Level of
449 Care.

450 XX. Retrospective Review: Means the Department’s review after
451 services and supports are provided to ensure the client received services
452 according to the service plan and standards of economy, efficiency and
453 quality of service.

454 YY. Service Agency: Means a licensed 24-hour child care facility, foster
455 care home, child placement agency, and/or Medicaid enrolled provider.

456 ZZ. Service Plan: Means the written document that specifies identified and
457 needed services, to include Medicaid and non-Medicaid covered services
458 regardless of funding source, to assist a client to remain safely in the
459 community and development in accordance with the Department’s rules
460 set forth in Section 8.400.

461 AAA. Support: Means any task performed for the client where learning is
462 secondary or incidental to the task itself or an adaptation is provided.

463 BBB. Support Need Level: Means a numeric value determined by the
464 support need level assessment that places clients into groups with other
465 clients who have similar overall support needs.

466 CCC. Support Need Level Assessment: means the standardized
467 assessment tool to identify and measure the practical support
468 requirements for HCBS-CHRP waiver participants.

469 DDD. Targeted Case Management (TCM): Means a Medicaid State Plan
470 benefit for a target population which includes: facilitating enrollment,
471 locating, coordinating and monitoring needed HCBS waiver services and
472 coordinating with other non-waiver resources including but not limited to
473 medical, social, educational and other resources to ensure non-duplication

474 of HCBS waiver services and the monitoring of the effective and efficient
475 provision of HCBS waiver services across multiple funding sources.

476 EEE. Third Party Resources: Means services and supports that a client
477 may receive from a variety of programs and funding sources beyond
478 natural supports or Medicaid. They may include, but are not limited to
479 community resources, services provided through private insurance, non-
480 profit services and other government programs.

481 FFF. Unsafe Housing/Displacement: An individual residing in an unsafe
482 living condition due to a natural event (such as fire or flood) or
483 environmental hazard (such as infestation), and is at risk of eviction or
484 homelessness.

485 ~~II. Vendor: The supplier of a product or services to be purchased for a~~
486 ~~recipient of services under this waiver. Qualifications: In order to be~~
487 ~~approved as a vendor, the product or service to be delivered must meet all~~
488 ~~applicable manufacturer specifications, state and local building codes, and~~
489 ~~Uniform Federal Accessibility Standards. In addition, such expenses over~~
490 ~~\$1,000 should be chosen through a bid process. When a bid process is used~~
491 ~~and the lowest bid is not chosen, proper justification for selection of a vendor~~
492 ~~with a higher bid must be documented.~~

493 GGG. Waiver Service: Means optional services defined in the current
494 federally approved waivers and do not include Medicaid State Plan
495 benefits.

496 HHH. Wraparound Facilitator: Means a person who has a Bachelor's
497 degree in a human behavioral science or related field of study.
498 Experience working with Long Term Services and Supports populations in
499 a private or public social services agency may substitute for the required
500 education on a year for year basis. When using a combination of
501 experience and education to qualify, the education must have a strong
502 emphasis in a human behavioral science field. Person must also be
503 certified in a wraparound training program that must encompass:

504 1. Trauma informed care.

505 2. Youth mental health first aid.

506 3. Crisis supports and planning.

507 4. Positive Behavior Supports, behavior intervention, and de-escalation
508 techniques.

509 5. Cultural and linguistic competency.

- 510 6. Family and youth serving systems.
- 511 7. Family engagement.
- 512 8. Child and adolescent development.
- 513 9. Accessing community resources and services.
- 514 10. Conflict resolution.
- 515 11. Intellectual and developmental disabilities.
- 516 12. Mental health topics and services.
- 517 13. Substance abuse topics and services.
- 518 14. Psychotropic medications.
- 519 15. Motivational interviewing.
- 520 16. Prevention, detection, and reporting of Mistreatment, Abuse, Neglect,
521 and Exploitation.
- 522 III. Wraparound Plan: A single plan that incorporates all relevant supports,
523 services, strategies, and goals from other service/treatment plans in place
524 and supports a child or youth and family needs for the child or youth to
525 transition to the family home after out of home placement.
- 526 JJJ. Wraparound Transition Plan: A single plan that incorporates all
527 relevant supports, services, strategies, and goals from other
528 service/treatment plans in place and supports a child or youth and family
529 needs to maintain stabilization, prevent Crisis, and/or for de-escalation of
530 Crisis situations.
- 531 KKK. Wraparound Support Team: Case managers, medical
532 professionals, behavioral health professionals, therapeutic support
533 professionals, representatives from education, and other relevant parties
534 involved in the support/treating the child or youth and their family.
- 535 v. Wraparound Transition Team: Case managers, medical professionals,
536 behavioral health professionals, therapeutic support professionals,
537 representatives from education, and other relevant parties involved in the
538 support/treating the child or youth and their family.

540

541 **8.508.3040 ELIGIBILITY**

542 A. Services shall be provided to children and youth with intellectual and
543 developmental disabilities who meet all of the following ~~program~~-eligibility
544 requirements:

- 545 1. ~~The child shall be determined eligible for developmental disabilities~~
546 ~~services~~ Determination of developmental disability which includes
547 developmental delay if under five (5) years of age ~~by the appropriate a~~
548 ~~Community Centered Board (CCB).~~
- 549 2. The child or youth has extraordinary behavioral or medical support needs
550 that put them at risk of, or in need of, out of home placement.
- 551 3. ~~The child is a Colorado child placed in foster care through a Colorado~~
552 ~~County Department of Social/Human Services by court order. This~~
553 ~~includes children placed through a voluntary agreement with the~~
554 ~~Colorado County Department of Social/Human Services while awaiting~~
555 ~~the court to take jurisdiction.~~
- 556 ~~3.~~ ~~Waiver services to individuals age eighteen to 21 will be provided if the~~
557 ~~individual is in a court-ordered foster care placement through the County~~
558 ~~Department of Social/Human Services and the court order is in effect~~
559 ~~when the child reaches his/her eighteenth birthday.~~
- 560 ~~4.~~ ~~The child is at risk of or has been reported/found to be abused and/or~~
561 ~~neglected or dependent, as defined in 19-3-102, C.R.S.~~
- 562 ~~5.~~ ~~The child shall meet the out-of-home placement criteria as defined in~~
563 ~~Section 7.304.3, Colorado Department of Human Services Social Services~~
564 ~~Staff Manual (12 CCR 2509-4).~~
- 565 ~~6.~~ ~~The child shall meet the Target Group for Program Areas 4, 5, or 6 as~~
566 ~~outlined in 7.201.2, 7.202.2 and 7.203.21, Colorado Department of Human~~
567 ~~Services Staff Manual (12 CCR 2509-3).~~
- 568 4. The Level of Need checklist documents that the child/youth is in need of
569 the services available through the waiver. Meet ICF-IID Level of Care as
570 determined by a Functional Needs Assessment.
- 571 ~~8.~~ ~~The CDHS CHRP waiver administrator verifies through the CHRP waiver~~
572 ~~eligibility process, including the ULTC 100 and LTC 102 – CHRP that the~~
573 ~~child meets the established minimum eligibility criteria for ICF/MR~~
574 ~~placement.~~
- 575 5. 9. The child's eligibility for Supplementary Security Income (SSI)
576 benefits is established.

577 6. ~~10.~~ The income of the child or youth does not exceed 300% of the
578 current maximum SSI standard maintenance allowance.

579 ~~11. The resources of the child do not exceed the maximum SSI allowance.~~

580 ~~12. The child's eligibility for Colorado Medicaid is established and reported in~~
581 ~~the Child Welfare automated system.~~

582 7. ~~13.~~ Enrollment of a child in the HCBS-CHRP waiver will result in an
583 overall savings when compared to the ICF/MRIID cost as determined by
584 the State.

585 8. ~~14.~~ The child receives at least one waiver service each month.

586 B. A Support Need Level Assessment is completed upon determination of eligibility.
587 The Support Need Level is used to determine the level of reimbursement for
588 Habilitation services.

589 C. Children and youth eligible for services under the HCBS-CHRP waiver are
590 eligible for all other Medicaid services for which they qualify and must first
591 access all benefits available under the regular Medicaid State Plan and/or
592 Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
593 coverage prior to accessing funding for those same services under the
594 HCBS-CHRP waiver.

595 D. B. Pursuant to the terms of the Children's Residential Habilitation Residential
596 Program (CHRP) waiver, the number of individuals who may be served each
597 year in the CHRP is based on criteria found in Section 8.508.10(E).;

598 1. The federally approved capacity of the waiver;

599 2. Cost effectiveness (see Section 8.508.80);

600 3. Within the total appropriation limitations when enrollment is projected to
601 exceed spending authority.

602 **8.508.4050 WAITING LIST PROTOCOL**

603 ~~Children determined eligible for services under the CHRP which are not immediately~~
604 ~~available within the federally approved capacity limits of the waiver shall be eligible for~~
605 ~~placement on a waiting list in the order in which the eligible application was received by~~
606 ~~the CDHS CHRP waiver administrator. Guardians of applicant children denied program~~
607 ~~enrollment shall be informed of their appeal rights in accordance with Section 8.057 of~~
608 ~~this Staff Manual.~~

609 ~~When an opening becomes available, the first child on the waiting list shall be~~
610 ~~reassessed for eligibility by the CDHS-CHRP waiver administrator and, if determined to~~
611 ~~still be eligible, assigned that opening.~~

612 A. Children or youth determined eligible for HCBS-CHRP services that cannot be
613 served within the capacity limits of the HCBS-CHRP waiver shall be eligible
614 for placement on a waiting list.

615 1. The waiting list shall be maintained by the Department.

616 2. The date used to establish the person's placement on the waiting list shall
617 be the date on which all other eligibility requirements at Section 8.508.30
618 were determined to have been met and the Department was notified.

619 3. As openings become available within the capacity limits of the federal
620 waiver, children or youth shall be considered for services based on the
621 date of their waiting list placement.

622
623 ~~**8.508.50 — RESPONSIBILITIES OF THE COUNTY DEPARTMENTS OF SOCIAL**~~
624 ~~**SERVICES**~~

625 ~~The County Department of Social/Human Services shall:~~

626 ~~A. Ensure that the eligibility requirements as defined in 8.503.30, A, 1 through 8 are~~
627 ~~met;~~

628 ~~B. Submit eligibility applications to the CDHS-CHRP waiver administrator with a~~
629 ~~request for enrollment or placement on the waiting list.~~

630 ~~C. Provide services to children in out-of-home placement and their families as~~
631 ~~required in CDHS Social Services Staff Manual (12 CCR 2509-4, 7.300 Child~~
632 ~~Welfare Services).~~

633 ~~D. Determine whether a familial relationship as defined in 27-10.5-102, C.R.S. exists,~~
634 ~~between the licensed or certified provider and the child.~~

635 ~~E. Determine prior to referring to CHRP, that the extraordinary service, needs of the~~
636 ~~child exceed the maximum reimbursement the County Department of~~
637 ~~Social/Human Services is able to negotiate based on the child's individualized~~
638 ~~needs as authorized in 26-5-104(6), C.R.S. The County Department of~~
639 ~~Social/Human Services must negotiate based on the child's need and the~~
640 ~~service provider's ability to meet the needs.~~

641 ~~F. Exhaust appropriate community services available to the children before~~
642 ~~requesting similar services from the waiver.~~

643 **8.508.60 RESPONSIBILITIES OF THE COMMUNITY CENTERED BOARD**

644 The Community Centered Board (CCB) shall make a determination of eligibility for
645 developmental disabilities services for any child or youth being considered for
646 enrollment in the ~~Children's Habilitation Residential Program who is referred by a~~
647 ~~County Department of Social/Human Services HCBS-CHRP waiver.~~

648

649 **8.508.70 CASE MANAGEMENT FUNCTIONS**

650 A. Case management services will be provided by a Case Management Agency
651 (CMA) as a Targeted Case Management service pursuant to 10 CCR 2505-
652 10 8.761.14.a-d.2.C. and include:

653 1. Completion of a Functional Needs Assessment to determine if HCBS-
654 CHRP waiver services are appropriate;

655 2. Completion of the Service Plan (SP);

656 3. Referral for services and related activities;

657 4. Monitoring and follow-up by the CMA includes activities that are necessary
658 to ensure that the SP is implemented and adequately addresses the child
659 or youth's needs.

660 5. Monitoring and follow-up actions shall:

661 a. Be performed when necessary to address health and safety and
662 services in the SP;

663 b. Services in the SP are adequate; and

664 c. Necessary adjustments in the SP and service arrangements with
665 providers are made if the needs of the child or youth have
666 changed.

667 6. Face to face monitoring shall be completed at least once per quarter and
668 include direct contact with the child or youth in a place where services are
669 delivered.

670

671 **8.508.701 INDIVIDUALIZED SERVICE PLAN (IP SP)**

672 ~~A written IP describes the medical and other services to be furnished, their frequency,~~
673 ~~and the type of provider who will furnish each.~~

674

675 ~~8.508.71~~ **CONTENT OF THE INDIVIDUALIZED PLAN**

676 A. ~~The Individualized Plan (IP) shall consist of a Child's Needs Section, a Plan~~
677 ~~Section, and an Expected Outcomes Section.~~

678 1. ~~Child's Needs Section shall identify and list specific conditions (needs) for which~~
679 ~~services and supports are needed to maintain the child in the community setting.~~
680 ~~The areas of needs shall contain and not be limited to:~~

681 a. ~~medical needs;~~

682 b. ~~functional needs; and~~

683 c. ~~safety needs.~~

684 2. ~~Plan Section shall:~~

685 a. ~~Identify and quantify all services and supports to be provided to meet the child's~~
686 ~~needs; and~~

687 b. ~~Identify the name or type of provider of services;~~

688 c. ~~Identify payment responsibilities for the services, e. g., Parent, County~~
689 ~~Department of Social/Human Services, CHRP.~~

690 3. ~~Expected Outcomes Section shall be a statement of measurable objectives~~
691 ~~expected to be obtained during the period covered by the Individualized Plan.~~

692 B. ~~The Individualized Plan shall include the date and signatures of the provider, the~~
693 ~~guardian, the County Department of Social/Human Services, and the child when~~
694 ~~appropriate.~~

695 C. ~~The provider shall calculate the total costs to the Children's Habilitation~~
696 ~~Residential Program, utilizing Individualized Plan document The costs to~~
697 ~~implement the Individualized Plan shall not include room, board, and personal~~
698 ~~needs allowance.~~

699 A. The Case Management Agency (CMA) shall complete a Service Plan for each
700 child or youth enrolled in the HCBS-CHRP waiver in accordance with Section
701 8.761.b.1-4 and will:

702 1. Address the child or youth's assessed needs and personal goals,
703 including health and safety risk factors either by HCBS-CHRP waiver
704 services or any other means;

705 2. Be in accordance with the Department's rules, policies, and procedures;

706 3. Be entered and verified in the Department prescribed system within ten
707 (10) business days;

708 4. Describe the types of services to be provided, the amount, frequency, and
709 duration of each service and the type of provider for each service;

710 5. Include a statement of agreement; and

711 6. Be updated or revised at least annually or when warranted by changes in
712 the child or youth's needs.

713 B. The Service Plan shall document that the child or youth has been offered a
714 choice:

715 1. Between HCBS waivers and institutional care;

716 2. Among HCBS-CHRP waiver services; and

717 3. Among qualified providers.

718
719 **8.508.72 PRIOR AUTHORIZATION REQUESTS (PAR)**

720 A. The case manager shall submit the PAR in compliance with applicable
721 regulations and ensure requested services are:

722 1. Consistent with the client's documented medical condition and
723 assessment,

724 2. Adequate in amount, frequency, scope and duration in order to meet the
725 client's needs and within the limitations set forth in the current federally
726 approved HCBS-CHRP waiver.

727 3. Not duplicative of another authorized service, including services provided
728 through:

729 a. Medicaid State Plan benefits,

730 b. Third party resources,

731 c. Natural supports,

732 d. Charitable organizations, or

733 e. Other public assistance programs.

734 B. Services delivered without prior authorization shall not be reimbursed except for
735 provision of services during an emergency pursuant to Section 8.058.4.

736
737 **8.508.73 REIMBURSEMENT**

738 A. Only services identified ~~on in-~~ the ~~Individualized Service~~ Plan are available for
739 reimbursement under ~~the HCBS-CHRP waiver~~. Reimbursement will be made
740 only to licensed or certified providers, as defined in Section 8.508.160 and
741 services will be reimbursed ~~on a daily rate basis based on the Department's~~
742 ~~HCBS-CHRP Rate Schedule~~ through the Medical Management Information
743 System (MMIS) ~~for the habilitative services~~. Medicaid shall not pay for room and
744 board. The equivalent of the full federal SSI benefit will provide for the room,
745 board and personal needs allowance. Education costs will be reimbursed through
746 the Department of Education and ~~not~~ by the Colorado Department of Human
747 Services or Medicaid.

748 B. Claims for Targeted Case Management are reimbursable pursuant to 10 CCR
749 2505-10 8.761.4 et seq.

750
751 **8.508.74 RETROSPECTIVE REVIEW PROCESS**

752 A. Services provided to a client are subject a retrospective review by the
753 Department. This retrospective review shall ensure that services:

754 1. Identified in the service plan is based on the client's identified needs as
755 stated in the Functional Needs Assessment,

756 2. Have been requested and approved prior to the delivery of services,

757 3. Provided to a client are in accordance with the Service plan, and

758 4. Provided are within the specified HCBS service definition in the federally
759 approved HCBS-CHRP waiver.

760 B. The Case Management Agency (CMA) or service agency shall be required to
761 submit a plan of correction that is monitored for completion by the Department
762 when areas of non-compliance are identified in the retrospective review.

763 C. The inability of the CMA or service agency to implement a plan of correction
764 within the timeframes identified in the plan of correction may result in temporary
765 suspension of claims payment or termination of the provider agreement.

766 D. When the CMA or service agency has received reimbursement for services and
767 the review by the Department identifies that it is not in compliance with

768 requirements, the amount reimbursed will be subject to the reversal of claims,
769 recovery of amount reimbursed, suspension of payments, or termination of
770 provider status.

771
772 **8.508.80 COST CONTAINMENT**

773 Cost containment is to ensure, on an individual child or youth basis, that the provision of
774 HCBS-CHRP services is a cost effective alternative compared to the equivalent cost of
775 appropriate ICF/MRIID institutional level of care. ~~The provider must identify costs as~~
776 ~~part of each Individualized Plan to be submitted to the CDHS for review.~~ The State
777 Department shall be responsible for ensuring that, on average, each plan is within the
778 federally approved cost containment requirements of the waiver. Children enrolled in the
779 HCBS-CHRP waiver shall continue to meet the cost containment criteria during
780 subsequent periods of eligibility.

781 A. ~~The completed enrollment forms shall be submitted to the County Department of~~
782 ~~Social/Human Services CHRP waiver administrator. A complete packet includes~~
783 ~~a copy of the:~~

- 784 ~~1. Individual Choice Statement.~~
785 ~~2. Individualized Plan; within 30 calendar days.~~
786 ~~3. Level of Need document.~~
787 ~~4. ULTC 100.2 form.~~
788 ~~5. Request for Enrollment.~~

789 B. ~~The county department CHRP waiver administrator will immediately submit~~
790 ~~enrollment documentation to the CDHS CHRP waiver administrator for~~
791 ~~verification of eligibility. A complete packet includes a copy of the:~~

- 792 ~~1. ULTC 100.2; and~~
793 ~~2. Request for Enrollment; and~~
794 ~~3. Individual Choice Statement~~
795 ~~4. Individualized Plan within 45 calendar days.~~

796 C. ~~The effective date/enrollment date shall be no earlier than the start date on the~~
797 ~~CDHS CHRP waiver administrator's ULTC 100.2 verification form. No services~~
798 ~~may be authorized prior to the date of enrollment~~

799 ~~D. An Individualized Plan and ULTC 100.2 verification may be valid for no more~~
800 ~~than a twelve (12) month period.~~

801

802 **8.508.100 SERVICE DESCRIPTIONS**

803 ~~A. Self-advocacy training may include training in expressing personal preferences,~~
804 ~~self-representation, individual rights and making increasingly responsible~~
805 ~~choices. It may also include team building with volunteers, professionals, and/or~~
806 ~~family members to examine changing roles as service models shift from the~~
807 ~~traditional supervision/control model to a self-actualization model.~~

808 ~~B. Independent living training may include training in personal care, household~~
809 ~~services, child and infant care (for parents themselves who are developmentally~~
810 ~~disabled), and communication skills such as using the telephone, using sign~~
811 ~~language, facilitated communication, reading, and letter writing.~~

812 ~~C. Cognitive services may include training with money management and personal~~
813 ~~finances, planning and decision-making.~~

814 ~~D. Communication services may include professional training and assistance to~~
815 ~~maintain or improve communication skills. It may include a professional or~~
816 ~~individual who provides interpretation and facilitated communication services.~~

817 ~~E. Counseling and therapeutic services may include individual and/or group~~
818 ~~counseling, behavioral or other therapeutic interventions directed at increasing~~
819 ~~the overall effective functioning of an individual.~~

820 ~~F. Personal care services may include any personal care functions requiring~~
821 ~~training/assistance by an RN, LPN, or Certified Nurse Aide. It may also include~~
822 ~~operating, maintaining, and training in the use of medical equipment.~~

823 ~~G. Emergency assistance training includes developing responses in case of~~
824 ~~emergencies, prevention planning and training in the use of equipment or~~
825 ~~technologies used to access emergency response systems.~~

826 ~~H. Community connection services may explore community services available to the~~
827 ~~individual, and develop methods to access additional services/supports/activities~~
828 ~~desired by the individual. Community connection services can provide the~~
829 ~~individual with the resources to participate in the activities and functions of the~~
830 ~~community desired and chosen by the individual receiving the services. Typically,~~
831 ~~these will be the same type of activities available and desired by the general~~
832 ~~population.~~

833 ~~I. Travel services may include providing, arranging, transporting, or accompanying~~
834 ~~a person with developmental disabilities to services and supports identified in the~~
835 ~~IP.~~

836 ~~J. Supervision services may include a person safeguarding an individual with~~
837 ~~developmental disabilities and/or utilizing technology for the same purpose.~~

838 ~~K. Respite Services: Services that are provided to an eligible client on a short term~~
839 ~~basis because of the absence or need for relief of those persons normally~~
840 ~~providing the care. Respite services may be approved for up to 30 days a~~
841 ~~calendar year for each eligible client.~~

842 A. Habilitation

843 1. Services are provided to clients that require additional care for the client to
844 remain safely in a home-like setting. The client must demonstrate the need
845 for such services above and beyond those of a typical child of the same age.

846 2. Services assist participants in acquiring, retaining, and improving the self-
847 help, socialization, and adaptive skills necessary to reside successfully in
848 home and community based settings.

849 3. Habilitation services under the waiver differ in scope, nature, supervision
850 arrangement, and/or provider type (including provided training and
851 qualifications) from any other services in the State Plan.

852 4. Habilitation is a twenty-four (24) hour service and includes the following
853 activities:

854 a. Independent living training, which may include personal care, household
855 services, infant and childcare when the client has a child, and
856 communication skills.

857 b. Self-advocacy training and support includes assistance and teaching of
858 appropriate and effective ways to make individual choices, accessing
859 needed services, asking for help, recognizing abuse, neglect,
860 mistreatment, and/or exploitation of self, responsibility for one's own
861 actions, and participation in all meetings.

862 c. Cognitive services include assistance with additional concepts and
863 materials to enhance communication.

864 d. Emergency Assistance includes safety planning, fire and disaster drills,
865 and crisis intervention.

866 e. Community access supports the abilities and skills necessary to enable
867 the individual to access typical activities and functions of community life

868 such as those chosen by the general population, including community
869 education or training, and volunteer activities. Community access
870 includes providing a wide variety of opportunities to develop socially
871 appropriate behaviors, facilitate and build relationships and natural
872 supports in the community while utilizing the community as a learning
873 environment to provide services and supports as identified in the
874 participant's service plan. These activities are conducted in a variety of
875 settings in which participants interact with non-disabled individuals (other
876 than those individuals who are providing services to the participant).
877 These types of services may include socialization, adaptive skills, and
878 personnel to accompany and support the individual in community settings,
879 resources necessary for participation in activities and supplies related to
880 skill acquisition, retention, or improvement.

881 f. Transportation services are encompassed within Habilitation and are not
882 duplicative of the non-emergent medical transportation that is authorized
883 in the State Plan. Transportation services are more specific to supports
884 provided by kinship family foster care homes, foster homes, group homes,
885 and residential child care facilities to access activities and functions of
886 community life.

887 g. Implementation of recommended follow-up counseling, behavioral, or
888 other therapeutic interventions. Implementation of physical, occupational
889 or speech therapies delivered under the direction of a licensed or certified
890 professional in that discipline.

891 h. Medical and health care services that are integral to meeting the daily
892 needs of the client and include such tasks as routine administration of
893 medications or tending to the needs of clients who are ill or require
894 attention to their medical needs on an ongoing basis.

895 i. Habilitation may be provided in a Foster Care Home certified by a licensed
896 Child Placement Agency or County Department of Human Services, group
897 home or group center licensed by the Colorado Department of Human
898 Services, or Residential Child Care Facility licensed by the Colorado
899 Department of Human Services.

900 5. Habilitation capacity limits:

901 a. A foster care home may serve a maximum of one child enrolled in the
902 HCBS-CHRP waiver and 2 other foster children or 2 children enrolled in
903 the HCBS-CHRP waiver and no other foster children, unless there has
904 been prior written approval by the CHRP waiver administrator. Placements
905 of three (3) children approved for the HCBS-CHRP waiver may be made if
906 the agency can demonstrate to the CHRP waiver administrator that the
907 provider has sufficient knowledge, experience, and supports to safely

908 meet the needs of all of the children in the home. In any case, no more
909 than three (3) children enrolled in the HCBS-CHRP waiver and no (0) non-
910 CHRP children will be placed in one foster home. Emergency placements
911 will not exceed maximum established limits. Facilities that exceed
912 established capacity at the time the rule takes effect will be grandfathered
913 in; however, with attrition, capacity must comply with the rule.

914 b. Placement of a child in a specialized group facility if that placement will
915 result in more than eight (8) children and one (1) child enrolled in the
916 HCBS-CHRP waiver or five (5) foster children and two (2) children
917 enrolled in the HCBS-CHRP waiver, unless there has been prior written
918 approval by the CHRP waiver administrator. If Placement of a child in a
919 Specialized Group Center will result in more than three (3) children
920 enrolled in the HCBS-CHRP waiver, then the total number of children
921 placed in that Specialized Group Center will not exceed a maximum of six
922 (6) total children. Placements of more than three (3) children enrolled in
923 the HCBS-CHRP waiver may be made if the agency can demonstrate to
924 the HCBS-CHRP waiver administrator that the provider has sufficient
925 knowledge, experience, and supports to safely meet the needs of all of the
926 children in the home.

927 c. Only one (1) HCBS-CHRP participant and one HCBS-for Persons with
928 Developmental Disabilities (HCBS-DD) waiver participant may live in the
929 same Foster Care Home.

930 6. The service agency or Child Placement Agency shall provide the Case
931 Management Agency (CMA) a copy of the Foster Care Home licensure
932 before any child or youth can be placed in a Foster Care Home. If emergency
933 placement is needed and is outside of business hours, the service agency or
934 Child Placement Agency shall provide the CMA a copy of the Foster Care
935 Home licensure the next business day.

936 B. Hippotherapy

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

941 2. Services are provided only when the provider is licensed, certified,
942 registered, and/or accredited by an appropriate national accreditation
943 association.

944 3. Service must be used as a treatment strategy for an identified medical or
945 behavioral need.

946 4. The service shall be an identified need in the Service Plan.

947 5. A Medicaid State Plan therapist/physician must identify the need this
948 service goal shall meet.

949 6. The Therapist/Physician has identified a goal and that shall monitor the
950 progress of that goal at least quarterly.

951 7. Hippotherapy cannot be available under the regular Medicaid State Plan,
952 EPSDT or from a third-party source.

953 C. Intensive Support

954 1. Service aligns strategies, interventions, and supports for the child or
955 youth, and family, to prevent the need for out of home placement.

956 2. Service may be utilized in maintaining stabilization, preventing Crisis
957 situations, and/or de-escalation of Crisis situation.

958 3. Service includes:

959 a. Identification of the unique strengths, abilities, preferences, desires,
960 needs, expectations, and goals of the child or youth and family.

961 b. Identification of needs for Crisis prevention and intervention including, but
962 not limited to:

963 i. Cause(s) of crisis and triggers that could lead to Crisis.

964 ii. Physical and behavioral health factors.

965 iii. Education services.

966 iv. Family dynamics.

967 v. Schedules and routines.

968 vi. Current or history of police involvement.

969 vii. Current or history of medical and behavioral health
970 hospitalizations.

971 viii. Current services.

972 ix. Adaptive equipment needs.

973 x. Past interventions and outcomes.

974 xi. Immediate need for resources.

975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000
1001
1002
1003

xii. Respite services.

xiii. Predictive Risk Factors.

xiv. Increased Risk Factors.

4. Development of a Wraparound Plan with action steps to implement support strategies, prevent, and/or manage future Crisis to include, but not limited to:

a. Environmental modifications.

b. Support needs in the family home.

c. Respite services.

d. Strategies for Crisis triggers.

e. Strategies for Predictive and/or Increased Risk Factors.

f. Learning new adaptive or life skills.

g. Counseling/behavioral or other therapeutic interventions to further stabilize the individual emotionally and behaviorally to decrease the frequency and duration of future behavioral Crises.

h. Medication management and stabilization.

i. Physical health.

j. Identification of training needs and connection to training for family members, natural supports, and paid staff.

k. Determination of criteria for stabilization in the family home.

l. Identification of how the plan will fade out once the child or youth has stabilized.

m. Contingency plan for out of home placement.

n. Coordination among family caregivers, other family members, service providers, natural supports, professionals, and case managers required to implement the Wraparound Plan.

o. Dissemination of Wraparound Plan to all involved in plan implementation.

5. In-Home Support.

- 1004 a. Type, frequency, and duration of service is included in the
1005 Wraparound Plan.
- 1006 b. Support includes implementation of therapeutic and/or behavioral
1007 support plans, building life skills, providing guidance to the child or
1008 youth with self-care, learning self-advocacy, and protective
1009 oversight.
- 1010 c. Service may be provided in the child or youth's home or community
1011 as determined by the Wraparound Plan.
- 1012 6. Identification of follow-up services that may include:
- 1013 a. Evaluation to ensure that triggers to Crisis have been addressed in
1014 order to maintain stabilization and prevent Crisis.
- 1015 b. Evaluation of the Wraparound Plan occurs at a frequency
1016 determined by the child or youth's needs and includes, but is not
1017 limited to: visits to the child or youth's home, review of
1018 documentation, and coordination with other professionals and/or
1019 members of the Wraparound Support Team to determine progress.
- 1020 c. Reviews of the child or youth's stability and monitoring of Predictive
1021 and Increased Risk Factors that could indicate a return to Crisis.
- 1022 d. Revision of the Wraparound Plan as needed to avert a Crisis or
1023 Crisis escalation.
- 1024 e. Ensure that follow-up appointments are made and kept.
- 1025 7. The Wraparound Facilitator is responsible for the development and
1026 implementation of the Wraparound Plan. The Wraparound Plan is guided
1027 and supported by the child or youth, their family, and their Wraparound
1028 Support Team.
- 1029 8. All service providers and supports on the Wraparound Support Team
1030 adhere to the Wraparound Plan to meet the needs of their specific focus
1031 for treatment.
- 1032 9. Revision of strategies will be a continuous process by the Wraparound
1033 Support Team in collaboration with the child or youth, until a support
1034 regime stabilizes and there is no longer a need for Intensive Support
1035 Services.
- 1036 10. On-going evaluation after completion of the Wraparound Plan may be
1037 provided based on individual needs to support the child and youth and

1038 their family in connecting to any additional resources needed to prevent
1039 future Crisis.

1040 D. Massage Therapy

1041 1. Massage is the physical manipulation of muscles to ease muscle
1042 contractures, spasms, extension, muscle relaxation, and muscle tension
1043 including WATSU.

1044 2. Children with specific developmental disorders often experience painful
1045 muscle contractions. Massage has been shown to be an effective
1046 treatment for easing muscle contracture, releasing spasms, and improving
1047 muscle extension and thereby reducing pain.

1048 3. Services are provided only when the provider is licensed, certified,
1049 registered, and/or accredited by an appropriate national accreditation
1050 association.

1051 4. The service must be used as a treatment strategy for an identified medical
1052 need.

1053 5. The service shall be an identified need in the Service Plan.

1054 6. A Medicaid State Plan Therapist/Physician must identify the need this
1055 service goal shall meet.

1056 7. The Therapist/Physician that has identified a goal and that shall monitor
1057 the progress of that goal at least quarterly.

1058 8. Massage cannot be available under the regular Medicaid State Plan,
1059 EPSDT or from a third-party source.

1060 E. Movement Therapy

1061 1. Service is the use of music and/or dance as a therapeutic tool for the
1062 habilitation, rehabilitation, and maintenance of behavioral, developmental,
1063 physical, social, communication, pain management, cognition and gross
1064 motor skills.

1065 2. Services are provided only when the provider is licensed, certified,
1066 registered and/or accredited by an appropriate national accreditation
1067 association.

1068 3. Service must be used as a treatment strategy for an identified medical
1069 and/or behavioral need.

1070 4. The service shall be an identified need in the Service Plan.

1071
1072
1073
1074
1075
1076
1077
1078
1079
1080
1081
1082
1083
1084
1085
1086
1087
1088
1089
1090
1091
1092
1093
1094
1095
1096
1097
1098
1099
1100
1101
1102
1103
1104

- 5. A Medicaid State Plan therapist/physician must identify the need this service shall meet with a goal.
- 6. The Therapist/Physician that has identified a goal and that shall monitor the progress of that goal at least quarterly.
- 7. Movement Therapy cannot be available under the regular Medicaid State Plan, EPSDT, or from a third-party source.

F. Respite:

- 1. Services that are provided to an eligible client on a short term basis because of the absence or need for relief of those persons normally providing the care. ~~Respite services may be approved for up to 30 days a calendar year for each eligible client.~~
- 2. Respite services may be provided in a certified foster home, licensed respite care facility, or in the family home.
- 3. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.
- 4. Respite care shall occur for short term temporary relief of the caregiver for not more than 7 consecutive days per month not to exceed 28 days in a calendar year.
- 5. During the time when respite care is occurring, the respite home may not exceed six (6) foster children or a maximum of eight (8) total children with no more than two (2) children under the age of (two) 2. The respite home must be in compliance with all other applicable rules for family foster care homes.

G. Supported Community Connection

- 1. Services are provided one-on-one to deliver instruction for documented severe behavior problems that are being demonstrated by the child or youth while in the community, i.e. physically or sexually aggressive to others and/or exposing themselves.
- 2. Activities are conducted in a setting within the community where the child or youth interacts with individuals without disabilities (other than the individual that is providing the service to the child or youth).
- 3. The child or youth will receive the service by the same individual during the service span in order to provide consistency.

1105 4. The targeted behavior, measurable goal(s), and work plan must be clearly
1106 articulated in the Service Plan.

1107 5. Service is limited to five (5) hours per week.

1108 6. Requests to increase hours can be made to the Department of Health
1109 Care Policy and Financing on a case-by-case basis.

1110
1111 H. Transition Support

1112 1. Service aligns strategies, interventions, and supports for the child or
1113 youth, and family, when a child or youth transitions to the family home
1114 from out of home placement.

1115 2. Service includes:

1116 a. Identification of the unique strengths, abilities, preferences, desires,
1117 needs, expectations, and goals of the child or youth and family.

1118 b. Identification of transition needs including, but not limited to:

1119 i. Cause(s) of crisis and triggers that could lead to Crisis.

1120 ii. Physical and behavioral health factors.

1121 iii. Education services.

1122 iv. Family dynamics.

1123 v. Schedules and routines.

1124 vi. Current or history of police involvement.

1125 vii. Current or history of medical and behavioral health hospitalizations.

1126 viii. Current services.

1127 ix. Adaptive equipment needs.

1128 x. Past interventions and outcomes.

1129 xi. Immediate need for resources.

1130 xii. Respite services.

1131 xiii. Predictive Risk Factors.

1132 xiv. Increased Risk Factors.

1133 3. Development of a Wraparound Transition Plan with action steps to
1134 implement strategies to address identified transition risk factors including,
1135 but not limited to:

1136 a. Environmental modifications.

1137 b. Strategies for transition risk factors.

1138 c. Strategies for Crisis triggers.

1139 d. Support needs in the family home.

1140 e. Respite Services.

1141 f. Learning new adaptive or life skills.

1142 g. Counseling/behavioral or other therapeutic interventions to further
1143 stabilize the individual emotionally and behaviorally to decrease the
1144 frequency and duration of future behavioral Crises.

1145 h. Medication management and stabilization.

1146 i. Physical health.

1147 j. Identification of training needs and connection to training for family
1148 members, natural supports, and paid staff.

1149 k. Determination of criteria for stabilization in the family home.

1150 l. Identification of how the plan will fade out once the child or youth
1151 has stabilized.

1152 m. Coordination among family caregivers, other family members,
1153 service providers, natural supports, professionals, and case
1154 managers required to implement the Wraparound Transition Plan.

1155 n. Dissemination of Wraparound Transition Plan to all involved in plan
1156 implementation.

1157 4. In-Home Support

1158 a. Type, frequency, and duration of service is included in the
1159 Wraparound plan.

1160 b. Support includes implementation of therapeutic and/or behavioral
1161 support plans, building life skills, providing guidance to the child or

- 1162 youth with self-care, learning self-advocacy, and protective
1163 oversight.
- 1164 c. Service may be provided in the child or youth's home or community
1165 as determined by the Wraparound Transition Plan.
- 1166 d. In-Home Support is provided after the child or youth has
1167 transitioned to the family home from out of home placement.
- 1168 5. Identification of follow-up services that may include:
- 1169 a. Evaluation to ensure the Wraparound Transition Plan is effective in
1170 the child or youth achieving and maintaining stabilization in the
1171 family home.
- 1172 b. Evaluation of the Wraparound Transition plan occurs at a frequency
1173 determined by the child or youth's needs and includes but is not
1174 limited to: visits to the child or youth's home, review of
1175 documentation, and coordination with other professionals and/or
1176 members of the Wraparound Transition Support Team to determine
1177 progress.
- 1178 c. Reviews of the child or youth's stability and monitoring of Predictive
1179 and Increased Risk Factors that could indicate a return to Crisis.
- 1180 d. Revision of the Wraparound Plan as needed to avert a Crisis or
1181 Crisis escalation.
- 1182 e. Ensure that follow-up appointments are made and kept.
- 1183 6. The Wraparound Facilitator is responsible for the development and
1184 implementation of the Wraparound Plan. The Wraparound Plan is guided
1185 and supported by the child or youth, their family, and their Wraparound
1186 Transition Support Team.
- 1187 7. All service providers and supports on the Wraparound Transition Support
1188 Team adhere to the Wraparound Transition Plan to meet the needs of
1189 their specific focus for treatment.
- 1190 8. Revision of strategies will be a continuous process by the Wraparound
1191 Transition Support Team in collaboration with the child or youth, until a
1192 support regime stabilizes and there is no longer a need for Intensive
1193 Support Services.
- 1194 9. On-going evaluation after completion of the Wraparound Transition Plan
1195 may be provided based on individual needs to support the child and youth

1196 and their family in connecting to any additional resources needed to
1197 prevent future Crisis or out of home placement.

1198 I. Payments for residential habilitation are not made for room and board, the cost of
1199 facility maintenance, upkeep, and improvement, other than such costs for
1200 modifications or adaptations to a facility required to assure the health and safety
1201 of residents, or to meet the requirements of the applicable life safety code.

1202 J. Only those services not available under Medicaid EPSDT, Medicaid State plan
1203 benefits, third party liability coverage, or other state funded programs, services or
1204 supports are available through the Children's Habilitation Residential Program
1205 (CHRP) Waiver. Appropriate community services must be exhausted before
1206 requesting similar services from the waiver. The CHRP Waiver does not
1207 reimburse services that are the responsibility of the Colorado Department of
1208 Education.

1209 1210 **8.508.101 USE OF RESTRAINTS**

1211 A. Whenever possible, positive behavioral interventions such as a calming tool (e.g.
1212 blankets, brushes) are used to avoid restraints. Personal restraint is an age
1213 appropriate physical intervention by a staff member of a facility in an emergency
1214 situation to limit, restrict, or control the dangerous behavior of a child or youth by
1215 means of physically holding the child or youth. The physical holding of a child or
1216 youth is the only method of personal restraint allowed. The use of a mechanical
1217 restraint, including, but not limited to, the use of handcuffs, shackles, straight
1218 jackets, posey vests, ankle and wrist restraints, craig beds, vail beds, hospital
1219 cribs, and chest restraints is prohibited, except as otherwise allowed under
1220 Article 25.5-10-221, C.R.S.

1221 B. A personal restraint is to be used only during periods of crisis or emergency for
1222 the child or youth, when the child or youth is a danger to him/herself and/or
1223 others, the child is beyond control, and when all other means to control and de-
1224 escalate the crisis or emergency has failed. The restraint shall not impede or
1225 inhibit the child or youth's ability to breathe in any manner, including placing
1226 excess pressure on the chest or back area. The restraint shall last only as long
1227 as is necessary to calm the child or youth, and for the child or youth to be able to
1228 follow adult direction, and to not be a threat to self or others. If a service agency
1229 chooses to use physical restraints with waiver participants, the service agency
1230 shall restrain children or youth only in accordance with the rules for personal
1231 restraint. Personal restraint must never be used as a punitive form of discipline,
1232 as a form of treatment or therapy, or as a threat to control or gain compliance of
1233 a child or youth's behavior. A child or youth must be released from a personal
1234 restraint within fifteen minutes after the initiation of the restraint, except when
1235 precluded for safety reasons.

1236 C. Upon admission the service agency, the parent(s), or guardian(s), or agency
1237 holding legal custody shall be notified and must give written consent for the child
1238 or youth to be restrained in conjunction with facility policy. No child or youth shall
1239 be restrained without specific written consent.

1240 D. Each service agency choosing to use personal restraint to control a child or youth
1241 whose behavior is a danger to him/herself or others must have a written personal
1242 policy that is adopted and implemented by the service agency. At a minimum, the
1243 policy must include:

1244 1. A nationally recognized, research-based type of de-escalation and
1245 personal restraint.

1246 2. The staff members that are approved by the service agency to use
1247 personal restraint.

1248 3. The type of training/certification that the approved staff members are
1249 required to have prior to restraining any child or youth.

1250 4. The type and number of hours of ongoing training each staff member will
1251 be required to take.

1252 5. What preventive/de-escalation techniques and positive behavioral
1253 intervention must be used by staff prior to any personal restraint.

1254 6. How the facility observes and evaluates the use of personal restraint on a
1255 child or youth at the facility.

1256 7. The type of written documentation the service agency maintains of each
1257 personal restraint that describes the details of the incident, the staff
1258 involvement, and the debriefing with the child or youth and staff following
1259 the restraint.

1260 8. Evaluation of each personal restraint to determine appropriateness and
1261 effectiveness of preventive/de-escalation techniques used and
1262 effectiveness and appropriateness of the restraint itself.

1263 9. The requirement that staff not restrain children or youth in areas of the
1264 facility or environment that may pose a threat to the health and safety of
1265 the child including, but not limited to, soft, pliable surfaces, concrete,
1266 asphalt, or areas including broken glass.

1267 10. Notification of the parent(s) or guardian(s) and child or youth in advance of
1268 the service agency's restraint policy and methodology.

1269 11. How the service agency monitors the physical well-being of the child or
1270 youth during and after the restraint, including but not limited to breathing,
1271 pulse, color, and signs of choking or respiratory distress.

1272 12. Emergency procedure, including first aid, that will be used if a child or
1273 youth or staff member is seriously injured during a restraint.

1274 13. The requirement of staff to report to the county department of social
1275 services or local law enforcement any injury, bruising, or death that occurs
1276 as a result of the restraint pursuant to Colorado State law.

1277 14. The internal review process of the service agency to assess carefully any
1278 injuries, bruising, or death.

1279 E. All staff and foster care home providers that will be involved in personal restraint
1280 must complete a de-escalation/restraint training program that includes a
1281 competency test as a part of the training program in compliance with the
1282 nationally recognized, research-based type of restraint being used. Successful
1283 completion of the competency test is mandatory prior to any staff member being
1284 involved in a personal restraint. A supervisor of the facility must perform a
1285 periodic observation of each staff member performing a restraint. The supervisor
1286 will determine if the staff has completed the restraint in an appropriate manner. If
1287 the staff has not correctly performed the restraint they must either be immediately
1288 re-trained or restricted from performing any future restraints until training occurs.
1289 At least every six (6) months, each staff member involved in personal restraints
1290 must receive regular training to review and refresh their skills in positive behavior
1291 intervention, de-escalation, and personal restraint.

1292 F. Each restraint incident shall be recorded and shall include the name of the child
1293 or youth, date and time of day, staff members involved, their position at the
1294 service agency, and their involvement in the restraint, and how long the restraint
1295 lasted. The record shall also include the precipitating incident(s) and the child or
1296 youth's behavior prior to the restraint, the specific actions that were taken to de-
1297 escalate the situation and what effect the de-escalation techniques had upon the
1298 child. A description of the restraint shall include the child or youth's physical,
1299 emotional and behavioral condition before, during, and after the restraint. A
1300 description of the de-briefing and evaluation with the child or youth and staff will
1301 be a part of the record.

1302 G. All records of restraints shall be reviewed by a supervisor of the service agency
1303 within 24 hours of the incident. If it appears that the child or youth is being
1304 restrained excessively, frequently in a short period of time, or frequently by the
1305 same staff member, the entire child or youth's individual plan must be reviewed
1306 according to policy and procedures. De-escalation techniques will be reviewed
1307 for effectiveness if it appears that any one technique is causing an escalation in
1308 the behavior of a child or youth or a group of children or youth. Any de-

1309 escalation techniques which are found to be ineffective or counter-productive will
1310 be terminated at the earliest opportunity.

1311 H. 24-hour child care facilities, foster care homes, and child placement agencies
1312 must also ensure compliance with the Colorado Department Human Services
1313 rules regarding the use of restraints in at 10 CCR 2509-8.

1314
1315 **8.508.102 RIGHTS MODIFICATIONS**

1316 A. The Department of Health Care Policy and Financing does not permit the use of
1317 cruel and aversive therapy, or cruel and unusual discipline.

1318 B. Service providers including licensed 24-hour child care facilities, foster care
1319 homes, child placement agencies must refrain from engaging in all cruel and
1320 aversive treatment or therapy including, but not limited to, the use of mechanical
1321 restraints, physical restraints (except as described in G-2 (a)), and locked
1322 seclusion, including but not limited to, the following:

1323 1. Any intervention designed to or likely to cause physical pain.

1324 2. Releasing noxious, or toxic, sprays, mists, or substances in proximity to
1325 the child or youth's face.

1326 3. Any intervention that denies the child or youth's sleep, food, water, shelter,
1327 access to bathroom facilities, adequate bedding, or appropriate physical
1328 comfort.

1329 4. Any intervention or type of treatment that subjects a child or youth to
1330 verbal abuse, ridicule, humiliation or that can be expected to cause
1331 excessive emotional trauma.

1332 5. Interventions that use a device, material, or object that is designed to
1333 simultaneously immobilize all four of the child or youth's extremities.

1334 6. Any treatment intervention that deprives a child or youth of the use of
1335 his/her senses, including sight, hearing, touch, taste, or smell.

1336 7. Use of rebirthing therapy or any therapy technique that may be considered
1337 similar to rebirthing therapy as a therapeutic treatment, as defined by
1338 Section 12-43-222(1)(t)(IV), C.R.S.

1339 8. Rights modifications are based on the specific assessed needs of the child
1340 or youth, not the convenience of the provider.

- 1341 9. May only be imposed if the child or youth poses a danger to themselves or
1342 the community.
- 1343 10. The case manager is responsible to obtain informed and other
1344 documentation relation to rights modifications/limitations and maintain
1345 these materials in their file as a part of the person-centered planning
1346 process.
- 1347 11. Any rights modification must be supported by a specific assessed need
1348 and justified in the person-centered service plan. The following
1349 requirements must be documented in the person-centered service plan:
- 1350 12. Identify a specific and individualized need.
- 1351 13. Document the positive interventions and supports used prior to any
1352 modifications to the person-centered service plan.
- 1353 14. Document less intrusive methods of meeting the need that have been tried
1354 but did not work.
- 1355 15. Include a clear description of the condition that is directly proportionate to
1356 the specific assessed need.
- 1357 16. Include regular collection and review of data to measure the ongoing
1358 effectiveness of the modification.
- 1359 17. Include established time limits for periodic reviews to determine if the
1360 modification is still necessary or can be terminated.
- 1361 18. Include the informed consent of the individual.
- 1362 19. Include an assurance that interventions and support will cause no harm to
1363 the individual.
- 1364 20. 24-hour child care facilities, foster care homes, and child placement
1365 agencies must also ensure compliance with the Colorado Department
1366 Human Services rules regarding the use of restrictive interventions at 10
1367 CCR 2509-8.

1368 C. Discipline in Foster Care Homes and 24-hour Child Care Facilities:

- 1369 1. The family foster care home, certifying authority, or 24-hour child care
1370 facility shall have written policies and procedures regarding discipline that
1371 must be explained to all children/ youth, parent(s), guardian(s), staff, and
1372 placing agencies. These policies must include positive responses to a
1373 child's appropriate behavior.

1374
1375
1376
1377
1378
1379
1380
1381
1382
1383
1384
1385
1386
1387
1388
1389
1390
1391
1392
1393
1394
1395
1396
1397
1398
1399
1400
1401
1402
1403
1404
1405
1406
1407

- 2. Discipline shall be constructive or educational in nature and may include talking with the child or youth.
- 3. Basic rights shall not be denied as a disciplinary measure.
- 4. Separation when used as discipline must be brief and appropriate to the r child or youth's age and circumstances. The r child or youth shall always be within hearing of an adult in a safe, clean, well- lighted, well-ventilated room in the family foster care home that contains at least 50 square feet of floor space. No child or youth shall be isolated in a bathroom, closet or pantry.
- 5. Children or youth in care at the family foster care home or facility shall not discipline other r children or youth.
- 6. A family foster care home or facility shall prohibit all cruel and unusual discipline including, but not limited to, the following:
- 7. Any type of physical hitting or any type of physical punishment inflicted in any manner upon the body of the child or youth, such as spanking, striking, swatting, punching, shaking, biting, hair pulling, roughly handling a foster child, striking with an inanimate object, or any humiliating or frightening method of discipline to control the actions of any child or youth or group of children or youth.
- 8. Discipline that is designed to, or likely to, cause physical pain.
- 9. Physical exercises such as running laps, push-ups, or carrying heavy rocks, bricks, or lumber when used solely as a means of punishment.
- 10. Assignment of physically strenuous or harsh work that could result in harm to the foster child.
- 11. Requiring or forcing a child or youth to take an uncomfortable position such as squatting or bending, or requiring a foster child to stay in a positron for an extended length of time such as standing with nose to the wall, holding hands over head, or sitting in a cross-legged position on the floor, or requiring or forcing a foster child to repeat physical movements when used solely as a means of punishment.
- 12. Verbal abuse or derogatory remarks about the child or youth his/her family, his/her race, religion, or cultural background.
- 13. Denial of any essential/basic program service solely for disciplinary purposes.

1408 14. Deprivation of meals or snacks, although scheduled meals or snacks may
1409 be provided individually.

1410 15. Denial of visiting or communication privileges with family, clergy, attorney,
1411 or caseworker solely as a means of punishment.

1412 16. Releasing noxious, toxic, or otherwise unpleasant sprays, mists, or
1413 aerosol substances in proximity to the child or youth's face.

1414 17. Denial of sleep.

1415 18. Requiring the child or youth to remain silent for a period of time
1416 inconsistent with the child or youth's age, developmental level, or medical
1417 condition.

1418 19. Denial of shelter, clothing or bedding.

1419 20. Withholding of emotional response or stimulation.

1420 21. Discipline associated with toileting, toileting accidents or lapses in toilet
1421 training.

1422 22. Sending a child or youth to bed as punishment. This does not prohibit a
1423 family foster care home or facility from setting individual bed times for
1424 children or youth.

1425 23. Force feeding a child or youth.

1426 24. Physical management, restraint and seclusion.

1427
1428 **8.508.103 MEDICATION ADMINISTRATION**

1429 A. If medications are administered during the course of HCBS-CHRP service
1430 delivery by the waiver service provider, the following shall apply:

1431 1. HCBS-CHRP waiver service providers must complete on-site monitoring
1432 of the administration of medications to waiver participants including
1433 inspecting medications for labeling, safe storage, completing pill counts,
1434 and reviewing and reconciling the medication administration records, and
1435 interviews with staff and participants.

1436 2. 24-hour child care facilities, foster care homes, and child placement
1437 agencies must also ensure compliance with the CDHS rules regarding
1438 monitoring of medication administration practices in at 10 CCR 2509-8.

1439 3. Persons administering medications shall complete a course in medication
1440 administration through an Approved Training entity approved by the
1441 Colorado Department of Public Health and Environment.

1442
1443 **8.508.110 MAINTENANCE OF CASE RECORDS**

1444 ~~A. Copies of the ULTC 100.2 shall be maintained by the County Department of~~
1445 ~~Social/Human Services and the CDHS Division of Child Welfare Services. In~~
1446 ~~addition, the County Department of Social/Human Services shall maintain a copy~~
1447 ~~of the Individualized Plan and Level of Need Checklist for the Children's~~
1448 ~~Habilitation Residential Program. A copy of the ULTC 100.2 verification form~~
1449 ~~shall be maintained by the provider.~~

1450 ~~B. Copies of evaluations and re-evaluations shall be maintained for a minimum~~
1451 ~~period of three years by those cited in 8.508.110, A, with the exception of~~
1452 ~~providers who are required to maintain records for a period of six years from the~~
1453 ~~date services are rendered.~~

1454 ~~C. Confidentiality of records shall be maintained in accordance with Section 8.100.8~~
1455 ~~of this manual, as well as with CDHS Social Services Staff Manual, Section~~
1456 ~~7.000.72 (12 CCR 2509-1).~~

1457 ~~D. Documentation of case activity shall also meet requirements of CDHS, Division~~
1458 ~~of Child Welfare Services as outlined in the CDHS Social Services Staff Manual,~~
1459 ~~Section 7.000.72 (12 CCR 2509-1).~~

1460 A. Case management agencies shall include all documents, records,
1461 communications, notes and other materials maintained by case management
1462 agencies that relate to any work performed. Case management agencies shall
1463 maintain records for three (3) years after the date a client discharges from a
1464 waiver program.

1465 **8.508.120 REDETERMINATION OF ELIGIBILITY**

1466 Redetermination of eligibility for ~~CHRP~~ services shall be made as follows:

1467 ~~A. At least annually and one (1) month prior to the expiration of the ULTC 100.2~~
1468 ~~form, the County Department of Social/Human Services ~~CHRP~~ waiver~~
1469 ~~administrator shall ensure that a new ULTC 100.2 form is submitted to the CDHS~~
1470 ~~CHRP waiver administrator for verification if there is no significant change in the~~
1471 ~~child's condition.~~

1472 ~~B. At least annually, the County Department of Social/Human Services shall verify~~
1473 ~~the child's continued Medicaid eligibility.~~

1474
1475 **8.508.121 REASSESSMENT AND REDETERMINATION OF ELIGIBILITY**

1476 The Case Management Agency (CMA) shall conduct A a reassessment (Functional
1477 Needs Assessment) to redetermine or confirm a child's or youth's eligibility for the
1478 HCBS-CHRP Program waiver must be conducted, at a minimum, every twelve (12)
1479 months, and the following shall be renewed/revised and submitted to the county
1480 department CHRP waiver administrator no later than one (1) month prior to the
1481 expiration of the previous/current ULTC 100.2 verification form:

1482 The CMA shall verify the child or youth's continued Medicaid Eligibility at a minimum
1483 every twelve (12) months.

1484 A. ~~Individualized Plan~~

1485 B. ~~Copy of the Level of Need worksheet~~

1486 C. ~~Copy of the ULTC 100.2~~

1487 D. ~~The county department CHRP waiver administrator shall submit a copy of~~
1488 ~~the Individualized Plan to the CDHS CHRP waiver administrator.~~

1489
1490 **~~8.508.130 TRANSFER PROCEDURES BETWEEN COUNTY DEPARTMENTS OF~~**
1491 **~~SOCIAL SERVICES~~**

1492 ~~Transfer of cases shall occur in accordance with CDHS Social Services Staff Manual,~~
1493 ~~Section 7.000.6, D (12 CCR 2509-1).~~

1494
1495 **8.508.140 DISCONTINUATION FROM THE HCBS- CHRP WAIVER**

1496 A. A child or youth shall be discontinued from the HCBS-CHRP Program waiver
1497 when one of the following occurs:

1498 1. The child or youth no longer meets one of the criteria as outlined in
1499 Section 8.508.30 of these rules;

1500 2. The costs of services and supports provided in the community exceed the
1501 cost effectiveness criteria of the program;

1502 3. The child or youth enrolls in another HCBS waiver program or is admitted
1503 for a long-term stay in an institution (e.g., hospital); or

1504 4. The child reaches his/her 21st birthday, ~~or transitions into DDS Adult~~
1505 ~~Residential Services.~~

1506 B. ~~The County Department of Social/Human Services shall inform the child's~~
1507 ~~parent(s) or guardian in writing on a form provided by the State of discontinuation~~
1508 ~~from the CHRP Program, at least ten (10) calendar days before the effective date~~
1509 ~~of discontinuation. The child's parent or guardian shall also be informed of his/her~~
1510 ~~appeal rights as contained in the Home and Community Based Services – Client's~~
1511 ~~Rights section of this Staff Manual. The reason and regulation supporting the~~
1512 ~~discontinuation shall be clearly identified on this notice.~~

1513
1514 ~~C. Whenever a child is discontinued from the CHRP, the County Department of~~
1515 ~~Social/Human Services shall notify all providers listed on the IP within ten (10)~~
1516 ~~calendar days prior to the effective date of discontinuation; and shall notify the~~
1517 ~~CDHS Division of Child Welfare Services within ten (10) calendar days, on a~~
1518 ~~State designed form.~~

1519 ~~D. The reason for discontinuation shall be documented in the child's case record.~~

1520 ~~**8.508.150 MONITORING AND COORDINATION**~~

1521 ~~A. County Departments of Social/Human Services shall document whether and how~~
1522 ~~the services provided are meeting the child's needs, as defined in the IP.~~
1523 ~~Documentation requirements shall be the same as those outlined in CDHS Social~~
1524 ~~Services Staff Manual, Section 7.002.1 (12 CCR 2509-1), related to case~~
1525 ~~planning.~~

1526 ~~B. County Departments of Social/Human Services shall be responsible to~~
1527 ~~coordinate information with the parent(s) or guardian, primary physician, service~~
1528 ~~providers, community centered boards, Social Security Administration and others~~
1529 ~~as necessary to ensure the effective delivery of services to the child.~~

1530
1531 ~~**8.508.160 SERVICE PROVIDERS**~~

1532 A. ~~Children's Habilitation Residential Program services shall be provided by the~~
1533 ~~following residential provider types which Service providers for Habilitation~~
1534 ~~Services and Services provided outside the family home shall meet all of the~~
1535 ~~certification, licensing and Quality Assurance regulations related to the provider~~
1536 ~~type as outlined in the Colorado Department of Human Services (CDHS) Social~~
1537 ~~Services Staff Manual, Section 7.701 (12 CCR 2509-8):~~

- 1538 1. Family Foster Care Homes, as defined by the waiver, and certified and
1539 supervised by County Departments of Social Services or Child Placement
1540 Agencies (CPAs).
- 1541 2. Residential Child Care Facilities licensed through the CDHS Division of
1542 Child Care.
- 1543 3. Specialized group facilities licensed by the Division of Child Care and
1544 supervised by County Departments of Social/Human Services or Child
1545 Placement Agencies.
- 1546 B. ~~Children's Habilitation Residential Program Service Providers may also include~~
1547 ~~Providers as defined in Section 8.500.5 of this Staff Manual. Home and~~
1548 ~~Community Based Services for the Developmentally Disabled (HCBS- DD)~~
1549 ~~programs will be provided by agencies that meet the following criteria. Service~~
1550 ~~providers for Respite provided in the family home, Supported Community~~
1551 ~~Connection, Movement Therapy, Massage Therapy, Hippotherapy, Intensive~~
1552 ~~Support, and Transition Support:~~
- 1553 1. ~~Have received and/or maintained program approval from the Colorado~~
1554 ~~Department of Human Services, Division for Developmental Disabilities~~
1555 ~~Services for the provision of HCBS- DD waiver services; and Meet the~~
1556 ~~required qualifications as defined in the federally approved HCBS-CHRP~~
1557 ~~waiver.~~
- 1558 2. ~~Have a Maintain and abide by all the terms of their Medicaid Provider~~
1559 ~~Agreement; and with all applicable regulations set forth in 10 CCR 2505-~~
1560 ~~10 Section 8.130.~~
- 1561 3. Have agreed to comply with all the provisions of ~~Title 27, Article 10.5,25.5-~~
1562 ~~5-306-C.R.S.~~ and all the rules and regulations promulgated thereunder;
1563 and
- 1564 4. Have, if applicable, the current required license from the Colorado
1565 Department of Public Health and Environment.
- 1566 C. Service providers shall cooperate in all of the areas identified in Section
1567 8.500.52.
- 1568 D. ~~All eligible providers shall have a Medicaid Provider Agreement.~~
- 1569 E. Provider agencies shall maintain liability insurance in at least such minimum
1570 amounts as set annually by the Department of Health Care Policy and Financing,
1571 and shall have written policies and procedures regarding emergency procedures.
- 1572 F. Service providers shall not be family members as defined in ~~§27-10.5-102(15),~~
1573 ~~C.R.S. Section 8.508.170~~ for the children they serve in the waiver.

1574 G. When a qualified provider contracts with or utilizes the services of a professional,
1575 individual, or vendor to augment a child's services under the waiver the
1576 definitions and qualifications contained in Section 8.508.170 apply.

1577 H. Provider agencies shall not discontinue or refuse services to a client unless
1578 documented efforts have been made to resolve the situation that triggers such
1579 discontinuation or refusal to provide services.

1580 I. Have written policies governing access to duplication and dissemination of
1581 information from the child or youth's records in accordance with state statues on
1582 confidentiality of information at Section 2.5-1-116, C.R.S., as amended.

1583 I. Maintain records to substantiate claims for reimbursement according to Medicaid
1584 standards.

1585 J. Comply with all federal or state program reviews or financial audit of HCBS-
1586 CHRP waiver services.

1587 K. Comply with requests by the Department of Health Care Policy and Financing to
1588 collect, review, and maintain individual or agency information on the HCBS-
1589 CHRP waiver.

1590 L. Comply with requests by the Case Management Agency to monitor service
1591 delivery through Targeted Case Management.

1592

1593 **8.508.165 TERMINATION OR DENIAL OF HCBS-CHRP MEDICAID PROVIDER**
1594 **AGREEMENTS**

1595 A. The Department may deny or terminate an HCBS-CHRP waiver Medicaid
1596 provider agreement when:

1597 B. The provider is in violation of any applicable certification standard or provision of
1598 the provider agreement and does not adequately respond to a corrective action
1599 plan within the prescribed period of time. The termination shall follow procedures
1600 at 10 CCR 2505-10, Section 8.130 et seq.

1601 C. A change of ownership occurs. A change in ownership shall constitute a
1602 voluntary and immediate termination of the existing provider agreement by the
1603 previous owner of the agency and the new owner must enter into a new provider
1604 agreement prior to being reimbursed for HCBS-CHRP waiver services

1605 D. The provider or its owner has previously been involuntarily terminated from
1606 Medicaid participation as any type of Medicaid service provider.

1607 E. The provider or its owner has abruptly closed, as any type of Medicaid provider,
1608 without proper prior client notification.

1609 F. The provider fails to comply with requirements for submission of claims pursuant
1610 to 10 CCR 2505-10, Section 8.040.2 or after actions have been taken by the
1611 Department, the Medicaid Fraud Control Unit or their authorized agents to
1612 terminate any provider agreement or recover funds.

1613 G. Emergency termination of any provider agreement shall be in accordance with
1614 procedures at 10 CCR 2505-10, Section 8.050.

1615
1616 **8.508.170 — DEFINITIONS**

1617 ~~Habilitative services are defined as those services which are recommended by a~~
1618 ~~licensed practitioner, as defined in §26-4-527(3), C.R.S. to assist clients with~~
1619 ~~developmental disabilities eligible under the State Plan to achieve their best possible~~
1620 ~~functional level. All clients of Residential habilitation services and supports will receive~~
1621 ~~some type of habilitation services in order to acquire, retain, or improve self-help,~~
1622 ~~socialization, or other skills needed to reside in the community. Some clients may~~
1623 ~~receive a combination of habilitative services (skill building) and support services (a task~~
1624 ~~performed for the client, where learning is secondary or incidental to the task itself).~~

1625 ~~A. Assessment: The process of collecting and evaluating information for the~~
1626 ~~purpose of developing an individual child plan on which to base services~~
1627 ~~and referral. The assessment process is both initial and ongoing.~~

1628 ~~B. Case Management: Activities that are intended to ensure that clients~~
1629 ~~receive the services they need, that services are coordinated, and that~~
1630 ~~services are appropriate to the changing needs and stated desires of the~~
1631 ~~clients and families over time. The goals of case management are: 1) to~~
1632 ~~bring about positive changes in client's status; 2) to assist clients hi~~
1633 ~~reaching their highest potential; and 3) to achieve the best possible quality~~
1634 ~~of life for clients and their families in the community. Goals are developed~~
1635 ~~to the extent possible among case managers, referral sources, families~~
1636 ~~and clients.~~

1637 ~~C. Client: A child or youth who is receiving habilitative services in the~~
1638 ~~Children's Habilitation Residential Program.~~

1639 ~~D. County Caseworker: A designated representative from the local County~~
1640 ~~Department of Social/Human Services.~~

1641 ~~E. Developmental Disability: A disability that is manifested before the child~~
1642 ~~reaches twenty-two years of age, which constitutes a substantial disability~~
1643 ~~to the affected individual, and is attributable to mental retardation or~~

1644 ~~related conditions which include cerebral palsy, epilepsy, autism, or other~~
1645 ~~neurological conditions when such conditions result in impairment of~~
1646 ~~general intellectual functioning or adaptive behavior similar to that of a~~
1647 ~~person with mental retardation. It includes children less than five years of~~
1648 ~~age with slow or impaired development at risk of having a developmental~~
1649 ~~disability.~~

1650 ~~F. Family: Defined in 27-10.5-102, C.R.S.~~

1651
1652 ~~G. Family Foster Care Home: A family care home providing 24-hour care for~~
1653 ~~a child or children. It is a facility certified by either a County Department of~~
1654 ~~Social/Human Services or a child placement agency. A family foster care~~
1655 ~~home, for the purposes of this waiver, shall not be a family member as~~
1656 ~~defined in 27-10.5-102(15), C.R.S.~~

1657 ~~Qualifications: A qualified family foster home shall adhere to the service~~
1658 ~~provision requirements of this waiver, as well as those specified and~~
1659 ~~contained in CDHS Social Services Staff Manual (12 CCR 2509-6, 7.500~~
1660 ~~Resource Development).~~

1661 ~~H. Individual: Any person, such as a co-worker, neighbor, etc., who does not~~
1662 ~~meet definition of a family member as described in 27-10.5-102(15).~~
1663 ~~C.R.S.~~

1664 ~~Qualifications: Any individual providing a service or support must receive~~
1665 ~~training commensurate with the service or support to be provided and~~
1666 ~~must meet any applicable state licensing and/or certification requirements.~~

1667 ~~I. Level of Need Worksheet: A format to assess the child's level of need for~~
1668 ~~services.~~

1669 ~~J. Professional: Any person, except a family member as described in 27-~~
1670 ~~10.5-102(15), C.R.S. performing an occupation that is regulated by the~~
1671 ~~State of Colorado and requires state licensure and/or certification.~~

1672 ~~Qualifications: Any person performing a professional service must~~
1673 ~~possess any and all license(s) and/or certifications(s) required by the~~
1674 ~~State of Colorado for the performance of that profession or professional~~
1675 ~~service.~~

1676 ~~K. Programming: A plan that provides intensive, comprehensive, longitudinal~~
1677 ~~instruction to help the child achieve his or her best possible functioning~~
1678 ~~level.~~

~~L. Vendor: The supplier of a product or services to be purchased for a recipient of services under this waiver.~~

~~Qualifications: In order to be approved as a vendor, the product or service to be delivered must meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. In addition, such expenses over \$1,000 should be chosen through a bid process. When a bid process is used and the lowest bid is not chosen, proper justification for selection of a vendor with a higher bid must be documented.~~

8.508.180 CHILDREN'S RIGHTS

Clients rights are defined in this section to provide the fullest possible measure of privacy, dignity and other rights to persons undergoing care and treatment in the least restrictive environment.

- A. Advisement of Children's Rights: Each authorized facility shall have written policy and procedures which address and ensure the availability of each of the following rights for clients in residence.
- B. All children or youth and their guardians receiving services through the HCBS-CHRP waiver shall be advised in writing of the following rights on admission.
 - 1. A written copy of his or her rights shall be furnished;
 - 2. A list of such rights shall be posted prominently in the facility and translated into Spanish or any other appropriate language as needed.
 - 3. A child or youth may be photographed upon admission for identification and administrative purposes of the facility. No other non-medical photographs shall be taken or used without the written consent of the client's parent or legal guardian.
 - 4. Every client has the right to the same consideration and treatment as anyone else regardless of race, color, national origin, religion, age, sex, political affiliation, sexual orientation, financial status or disability.
 - 5. Every child or youth's guardian has the right to request to see the child's medical records, to see the records at reasonable times, and to be given written reasons if the request is denied.

1714 C. Children's Rights as defined in CDHS Social Services Staff Manual,
1715 Section 7.714.50, "CHILDREN'S RIGHTS" (12 CCR 2509-8) shall also
1716 apply.

1717

1718 **8.508.190 APPEALS**

1719 ~~An individual who has applied for or is receiving CHRP services has a right to the~~
1720 ~~appeal process established in Section 8.058 of this Manual. When an individual~~
1721 ~~disagrees with a Community Centered Board (CCB) determination of developmental~~
1722 ~~disability services, the dispute resolution process in the Colorado Department of Human~~
1723 ~~Services, Developmental Disabilities Services rules and regulations shall apply. Section~~
1724 ~~16.320 (2 CCR 503-1).~~

1725 A. The Community Centered Board (CCB) shall provide the Long Term Care notice
1726 of action form (LTC 803) to applicants and clients and their parent or legal
1727 guardian within ten (10) business days regarding the applicant's appeal rights in
1728 accordance with Section 8.057 et seq. when:

1729 1. The applicant is determined not to have a developmental delay or
1730 developmental disability,

1731 2. The applicant is determined eligible or ineligible for Long Term Services and
1732 Supports (LTSS),

1733 3. The applicant is determined eligible or ineligible for placement on a waiting list
1734 for LTSS services,

1735 4. An adverse action occurs that affects the client's waiver enrollment status,

1736 5. The applicant or client requests such information.

1737 B. The CCB shall appear and defend their decision at the Office of Administrative
1738 Courts as described in Section 8.057 et seq. when the CCB has made a denial or
1739 adverse action against a client.

1740 C. The CCB shall notify the County Department of Human/Social Services income
1741 maintenance technician within ten (10) business days of an adverse action that
1742 affects Medicaid financial eligibility.

1743 D. The Applicant's parent or legal guardian shall be informed of an adverse action if
1744 the Applicant or Client is determined ineligible as set forth in client eligibility and
1745 the following:

1746 1. The client is detained or resides in a correctional facility, and

1747
1748

2. The client enters an institute for mental health with a duration that continues for more than thirty (30) days.

DRAFT