



**COLORADO**

Department of Health Care  
Policy & Financing

## OPERATIONAL MEMO

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**OPERATIONAL MEMO NUMBER: HCPF OM 19-026**

**TITLE: CHILDREN'S HABILITATION RESIDENTIAL PROGRAM (CHRP) WAIVER SUPPORT NEED LEVEL REVIEW PROCESS**

**SUPERSEDES NUMBER: N/A**

**ISSUE DATE: JUNE 21, 2019**

**EFFECTIVE DATE: JULY 1, 2019**

**DIVISION AND OFFICE: BENEFITS AND SERVICES DIVISION, OFFICE OF COMMUNITY LIVING**

**PROGRAM AREA: CHRP WAIVER**

**APPROVED BY: CANDACE BAILEY**

**KEY WORDS: CHILDREN'S HABILITATION RESIDENTIAL PROGRAM (CHRP), INVENTORY FOR CLIENT AND AGENCY PLANNING (ICAP), ASSESSMENT, SUPPORT LEVEL**

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*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Operational Memo is to provide direction to Clients, their parents/legally responsible parties, families, representatives, and Case Management Agencies (CMA) on the process for requesting a Support Need Level review for the Home and Community Based Services- Children's Residential Program (HCBS-CHRP).

### **Background:**

The Inventory for Client and Agency Planning (ICAP) assessment is used for the HCBS-CHRP waiver to determine the Support Need Level for the CHRP Habilitation services as required in 10 CCR 2505-10 8.503.40.B.

### **Information/Procedure:**

The Client, his or her parent or legal guardian, Client Representative, family member, or CMA may request a review regarding the Support Need Level assigned to meet the Client's needs.

The CMA shall complete the information required by the Department of Health Care Policy and Financing (the Department) on the Request for Support Level Review-CHRP waiver form to request that the Client's assigned Support Need Level be reviewed. Prior to submitting the request, the CMA shall provide an opportunity for the Client, his or her parent, his or her legal guardian, authorized representative, or family member, as

appropriate, to review and provide additional information that will be submitted to the Department. Form should be submitted to: [hcbs\\_chrp@state.co.us](mailto:hcbs_chrp@state.co.us).

The Department shall examine all of the information submitted by the CMA and seek to identify any significant factors not included in the Support Need Level calculation, which may cause the Client to have higher support needs than those in the established Support Need Level.

In cases where the Department finds that the Client does have higher support needs than those in the initial Support Need Level, the Department may assign the Client to a Support Need Level that is a closer representation of the Client's overall support needs.

A Client who has been assigned to a higher Support Need Level shall have this assignment re-examined by the Department annually or as determined by the Department, unless the Department determines that the Client's condition necessitating a higher Support Need Level is unlikely to improve.

The Client shall be notified, pursuant to the Department's rules in section 8.057.2.A (10 C.C.R. 2505-10) when a waiver service is terminated, reduced, or denied. At any time, the Client may pursue a Medicaid Fair Hearing in accordance with section 8.057.3.A (10 C.C.R. 2505-10).

**Attachment(s):**

Request for Support Level Review- CHRP waiver

**Department Contact:**

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