



# Home and Community-Based Services - Children's Habilitation Residential Program (HCBS-CHRP) Waiver Case Management Frequently Asked Questions

August 2019

## Eligibility and Enrollment

- **Question:** Does the ULTC 100.2 assessment need to be completed within ten (10) days upon referral as is the requirement for other waivers?
  - ✓ **Answer:** The ULTC 100.2 assessment needs to be completed within ten (10) days of verification of Medicaid eligibility or submission of a Medicaid application, in compliance with contract requirements.
- **Question:** Is Supplemental Security Income (SSI) eligibility required?
  - ✓ **Answer:** Financial SSI eligibility is not required for HCBS-CHRP eligibility. However, an application to the Social Security Administration (SSA) for disability determination is needed. The County will determine if an Arbor application is needed while the SSA disability determination is pending. Note: if a child/youth needs to access Habilitation services, they will need to have income to pay for room and board so SSI will likely be necessary if there is no other income source.  
  
Please see: [www.ssa.gov/disability/disability\\_starter\\_kits\\_child\\_eng.htm](http://www.ssa.gov/disability/disability_starter_kits_child_eng.htm)
- **Question:** What is the County's role in eligibility?
  - ✓ **Answer:** For children/youth not in Child Welfare, financial eligibility shall be determined by the County Eligibility Technician. For children in Child Welfare, they are automatically eligible for Medicaid, so the Child Welfare Case Worker completes the eligibility. (Please see next question for more detail)



- **Question: How will the Community Centered Board-Case Management Agency (CCB-CMA) be made aware of Medicaid eligibility if the child/youth is in child welfare?**
  - ✓ **Answer:** When a child/youth is in Child Welfare, it is the County Child Welfare Case Worker who completes the Medicaid eligibility. This is done through the Trails system and not the Colorado Benefits Management System (CBMS). The County Child Welfare Case Worker will provide the case manager a screen shot of the Medicaid eligibility from the Trails system.
- **Question: How is eligibility criteria differentiated between the HCBS-CHRP and the HCBS-Children’s Extensive Supports (CES) waiver?**

**Answer:** This is determined by the child’s/youth’s needs. Considerations:

1. Does the child/youth have Extraordinary Needs that are Complex Medical and/or Support Needs as defined by 10 CCR 2505-10 8.508? Documentation by the Medical Professional identified in the definition must be provided.\*
2. Does the Extraordinary need put the child/youth at risk of/or in need of out of home placement (need for Habilitation Service)?\*
3. Would the child/youth benefit from the two new services to receive Wraparound supports to remain in the family home or transition back to the family home?
4. Would the child have greater benefit from the services available in the HCBS-CHRP waiver or the HCBS-CES waiver?

Numbers 1 and 2 must be met for HCBS-CHRP eligibility. Numbers 3-4 are additional considerations.

- **Question: Is there a waiting list for HCBS-CHRP?**
  - ✓ **Answer:** There is not currently a waiting list for this waiver.
- **Question: Is there a third-party review for eligibility criteria like HCBS-CES?**
  - ✓ **Answer:** There is not a third-party review. The CCB-CMAs determine if eligibility criteria is met.
- **Question: Does the Inventory for Client and Agency Planning (ICAP) assessment scoring dictate over-all plan levels/Service Plan Authorization Limits (SPAL)?**



- ✓ **Answer:** There are no SPALs or overall spending limit for HCBS-CHRP. The ICAP assessment score correlates to a Support Need Level 1-6 for Habilitation services only.
- **Question:** Will the Department of Health Care Policy & Financing (HCPF) review all ICAP assessments completed and the resulting Support Need Levels?
  - ✓ **Answer:** HCPF will not review all ICAP assessments/Support Need Levels.
- **Question:** Will there be an appeal process for the Support Need Level?
  - ✓ **Answer:** There is a process to submit a Support Need Level review request to HCPF. An Operational Memo 19-026 was issued by HCPF June 21, 2019 and may be viewed at: [www.colorado.gov/hcpf/2019-memo-series-communications](http://www.colorado.gov/hcpf/2019-memo-series-communications)
- **Question:** Is the Support Need Level 6 a specific amount or negotiated amount?
  - ✓ **Answer:** The Support Need Level 6 is a set reimbursement amount on the HCBS-CHRP rate schedule, not negotiated or negotiable.
- **Question:** Does an ICAP Assessment need to be done if the child/youth is not accessing Habilitation services?
  - ✓ **Answer:** It is a waiver and regulatory requirement that all HCBS-CHRP participants have an ICAP assessment completed.
- **Question:** Does the CCB-CMA need to notify HCPF of new HCBS-CHRP enrollments?
  - ✓ **Answer:** The CCB-CMA does not need to notify HCPF of new enrollments. However, the CCB-CMA should notify HCPF by the beginning of each fiscal year the number of HCBS-CHRP participants who will be transitioning to HCBS-DD.
- **Question:** How many respondents should there be for the ICAP?
  - ✓ **Answer:** There must be at least one (1) respondent, in addition to the assessor. The respondent should be an individual who has known the child/youth for at least three (3) months and sees him or her on a day to day basis.
- **Question:** Who do CCB-CMA's contact to request more ICAP assessment forms?
  - ✓ **Answer:** Please email HCPF at [HCPF\\_CHRP@state.co.us](mailto:HCPF_CHRP@state.co.us) and include the number of assessments requested and the name and address to whom the assessment should be mailed.



- **Question:** How current must the documentation of the diagnosis be that is used to determine if the “Extraordinary Needs” requirement is met?
  - ✓ **Answer:** Within the last twelve (12) months or attested to by a Physician, Psychiatrist, Psychologist, Nurse Practitioner, or Physician’s Assistant annually.
  
- **Question:** If the Professional Medical Information Page (PMIP) is used to document the diagnosis that meets the Extraordinary Needs definition, can the PMIP be signed by a Registered Nurse?
  - ✓ **Answer:** If used for the purposes of documenting the diagnosis that meets the Extraordinary Needs definition, the PMIP needs to be signed by a licensed Physician, Psychiatrist, Psychologist, Nurse Practitioner, or Physician’s Assistant.
  
- **Question:** Where should it be documented that the child/youth met the targeting criteria for “extraordinary needs that put the child at risk of, or in need of, out of home placement”?
  - ✓ **Answer:** This may be documented in the Benefits Utilization System (BUS) in the Assessment Demographic section of the ULTC 100.2.

<p style="text-align: center;"><b>*Location of Assessment</b></p> <p><input type="radio"/> Applicants Private Residence/Home</p> <p><input type="radio"/> Nursing Home</p> <p><input type="radio"/> Hospital/Other Health Care Facility</p> <p><input type="radio"/> Assisted Living</p> <p><input type="radio"/> Agency Office</p> <p><input type="radio"/> Relatives Home</p> <p><input type="radio"/> Telephone</p> <p><input type="radio"/> Other <input style="width: 100px;" type="text"/></p>	<p style="text-align: center;"><b>*Present at Interview</b></p> <p><input type="radio"/> Applicant Only</p> <p><input type="radio"/> Caregiver(s) Only</p> <p><input type="radio"/> Applicant and Caregiver(s)</p> <p><input type="radio"/> Applicant and Others</p> <p><input type="radio"/> Other <input style="width: 100px;" type="text"/></p>
<p style="text-align: center;"><b>*Most of the interview information was provided by</b></p> <p><input type="radio"/> Applicant</p> <p><input type="radio"/> Caregiver</p> <p><input type="radio"/> Medical Record</p> <p><input type="radio"/> Facility Staff</p> <p><input type="radio"/> All of the Above</p> <p><input type="radio"/> Other <input style="width: 100px;" type="text"/></p>	<p style="text-align: center;"><b>*Living Environment</b></p> <p><input type="checkbox"/> Safe</p> <p><input type="checkbox"/> Safe with feasible modifications</p> <p><input type="checkbox"/> Services can not be delivered here</p> <p><input type="checkbox"/> Client needs to move so services can be delivered</p> <p><input type="checkbox"/> Client needs to move to a safer environment</p> <p><input type="checkbox"/> Special home assessment needed</p> <p><input type="checkbox"/> Unknown</p>
<p style="text-align: center;"><b>*Eligibility Assessment Summary</b></p> <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
<p><input type="button" value="Save"/> <input type="button" value="Clear"/></p>	



## Waiver Services

### Residential Habilitation

- **Question: Who is responsible for finding a Habilitation provider when a child is in Child Welfare and HCBS-CHRP?**
  - ✓ **Answer:** The Community Centered Board-Case Management Agency (CCB-CMA) and Child Welfare should work together to find a provider.
- **Question: What happens when a residential provider cannot be found, who is ultimately the responsible party?**
  - ✓ **Answer:** The legally responsible party for the child is ultimately responsible.
- **Question: Can Long-Term Home Health be used by HCBS-CHRP participants if they are receiving Habilitation services?**
  - ✓ **Answer:** Long-Term Home Health services may only be used concurrent with Habilitation services if they are not duplicative of waiver services.
- **Question: Who completes the appeal request to exceed capacity limits for Foster Care Homes?**
  - ✓ **Answer:** The Service Agency completes the appeal request to the Colorado Department of Human Services (CDHS). CDHS and HCPF will make a joint decision on the request and CDHS will notify the Service Agency.
- **Question: For the Habilitation capacity limits, do the “Non HCBS-CHRP participants” apply to any child in the home or just children/youth in Child Welfare?**
  - ✓ **Answer:** The limits only apply to children/youth in the home that are in Child Welfare.
- **Question: Can adults and children live together in a Foster Care Home/Host Home?**
  - ✓ **Answer:** There may be one (1) HCBS-CHRP participant and two (participants in either the HCBS-Developmental Disabilities (DD) or Supported Living Services (SLS) waiver; or two (2) HCBS-CHRP participants and either 1 HCBS-DD or HCBS-SLS participant. The total maximum of three (3) may not be exceeded. There is no appeals process.



- **Question: Can HCBS-DD participants live in the same group home as HCBS-CHRP participants?**
  - ✓ **Answer:** HCBS-DD and HCBS-CHRP participants may not live in the same group home.

## Respite

- **Question: Can Respite be used during school breaks?**
  - ✓ **Answer:** Respite services may be authorized if the need for Respite meets the service definition (i.e. "For the temporary relief of the primary caregiver").
- **Question: Can Respite be utilized for a child/youth living a Foster Care Home?**
  - ✓ **Answer:** Habilitation and Respite may not be billed on the same day.
- **Question: How are Respite "days" defined?**
  - ✓ **Answer:** Respite is reimbursed on a 15-minute unit increment up to 10 hours. At 10 hours Respite is reimbursed on a per diem unit.
- **Question: How shall case managers calculate the number of days Respite is authorized to determine if the limit of 28 days is reached?**
  - ✓ **Answer:** Case managers shall count the number of days in which Respite is authorized. For example, even if only one unit is authorized on a particular day, that shall count as one of the 28 days allowed for Respite.

## Community-Based Support Services

- **Question: Are there unit limits for the two new services: Intensive Support and Transition Support?**
  - ✓ **Answer:** Intensive Support and Transition Support services do not currently have a limit.
- **Question: Is the Wraparound component of Intensive Support and Transition Support services available if the child/youth is living in a Foster Care Home?**
  - ✓ **Answer:** The Wraparound component may be authorized for children/youth living in a Foster Care Home. The In-Home Support component is only available for children/youth living in the family home.



- **Question: Can an In-Home Support provider for Intensive Support and Transition Support services take the child/youth into the community?**
  - ✓ **Answer:** Yes, as long as the activity is in alignment with the service definition and the identified need documented in the Service Plan.
- **Question: Can Supported Community Connections be accessed if the child/youth is receiving Habilitation services?**
  - ✓ **Answer:** Yes. However, the direct provider for Habilitation services (e.g. the Foster Care Home provider) may not also be the direct provider for the Supported Community Connection Services.

### Professional Services (Hippotherapy, Movement Therapy, Massage Therapy)

- **Question: For Hippotherapy services, can the reimbursement be used to cover barn/facility fees?**
  - ✓ **Answer:** The Hippotherapy reimbursement may not be used to pay for barn/facility fees as these fees are not included in the service definition.

### Miscellaneous

- **Question: In the near future, Child Welfare is changing Residential Child Care Facilities (RCCF) to Qualified Residential Treatment Provider (QRTP), will this impact the placement of a child/youth enrolled in HCBS-CHRP?**
  - ✓ **Answer:** No, it will not. At this time, HCPF plans to continue to use the RCCF provider type.
- **Question: Would HCBS-CHRP reimburse an out of state RCCF?**
  - ✓ **Answer:** No, the waiver services may only reimburse for services provided in the State of Colorado.
- **Question: How will CCB-CMA's be informed of approved HCBS-CHRP Service Agencies?**
  - ✓ **Answer:** To begin with, HCPF will issue a list of approved HCBS-CHRP Service Agencies, by service to the CCB-CMAs by the 1st of each month. The provider search function on HCPF's website may be used as well: [www.colorado.gov/hcpf/find-doctor](http://www.colorado.gov/hcpf/find-doctor). Search by selecting "Home & Community (HCBS)" under "Find Providers by Type" and then drop downs for "Find Services by Waiver" and "Find Waiver Services" will appear.



The long-term goal is to add approved HCBS-CHRP Service Agencies to the Program Approved Service Agency (PASA) list maintained by the Colorado Department of Public Health and Environment and posted on their website:  
[www.colorado.gov/cdphe/find-and-compare-facilities](http://www.colorado.gov/cdphe/find-and-compare-facilities)

## Case Management

- **Question: Will the CCB-CMA have the option to provide case management for Targeted Case Management (TCM) if the child/youth is living in a residential placement outside of their service area? Will there be exceptions to the quarterly face to face monitoring requirements in this instance?**
  - ✓ **Answer:** A CCB-CMA may provide case management to a child/youth outside of their service area, however, the quarterly face to face monitoring requirement will still apply. If a child/youth is living outside of the current CCB-CMA service area, then work with the CCB-CMA where the child/youth is living and their support team to determine if a transfer to the area's designated CCB-CMA should be completed.
- **Question: Who is the final decision maker for the child/youth when they are in Child Welfare?**
  - ✓ **Answer:** This depends on the child/youth's individual situation. In some cases, it will be the County Child Welfare Case Worker, if they have custody of the child. In other cases, there may be additional parties involved in decision making such as a Guardian Ad Litem or parent(s). CCB-CMAs will need to work with the County Child Welfare Case Worker to determine who the decision maker is on an individual basis.
- **Question: What is the appeal process for service denials? Will 803s be used for notice of denied services?**
  - ✓ **Answer:** The same appeals process as for other HCBS waivers and the 803 will be used. Regulatory requirements for appeals may be found at 10 CCR 2505-10 8.057 Recipient Appeals.
- **Question: CCB-CMAs must provide HCBS-CHRP case management, but Single Entry Points do not?**
  - ✓ **Answer:** At this time, CCB-CMAs will be the only entities authorized to provide Targeted Case Management for the HCBS-CHRP waiver.





- **Question: Can CCB-CMAs refuse a requested transfer to their service area for a HCBS-CHRP participant? At what point should the transfer occur?**
  - ✓ **Answer:** A CCB-CMA may not refuse a requested transfer. The transfer should be completed when requested by the decision-making party and when in the best interest of the child/youth.
- **Question: Can youth in HCBS-CHRP transition to the HCBS-DD?**
  - ✓ **Answer:** Yes, an individual that has been enrolled in HCBS-CHRP may bypass the waiting list and enroll directly from HCBS-CHRP into HCBS-DD.
- **Question: Will CCB-CMAs be required to complete the DD Section of the Service Plan?**
  - ✓ **Answer:** The DD Section of the Service Plan is not required.

## Child Welfare

- **Question: Will there be a referral form for counties to send to CCB-CMAs for potential HCBS-CHRP?**
  - ✓ **Answer:** HCPF will not mandate that CCB-CMAs and counties use a referral form. Counties and CCB-CMAs should work together to identify a process for referrals and on-going communication.
- **Question: What financial role will counties continue to have? Will the CCBs have a financial role?**
  - ✓ **Answer:** This is to be determined on an individual basis for children/youth in Child Welfare based on their individual need. CCB-CMAs will not be responsible to provide reimbursement to service agencies for HCBS-CHRP services.
- **Question: Will County Child Welfare Case Workers continue to use the Individual Choice Statement?**
  - ✓ **Answer:** No. According to HCBS-CHRP waiver requirements, CCB-CMAs will ensure choice during the Service Planning process.



## Miscellaneous

- **Question:** For children/youth in out of state placements, what is the role of the CCB-CMA in bringing them back in state?
  - ✓ **Answer:** The role would be the same as it is for anyone applying for and enrolled in a HCBS waiver.
- **Question:** Will Human Rights Committee (HRC) reviews be required?
  - ✓ **Answer:** Per the waiver requirements, Mistreatment, Abuse, Neglect, and Exploitation investigations are to be reviewed by the HRC. There are no other requirements for HCBS-CHRP and HRC reviews.
- **Question:** Where can we direct families with children/youth who have Medicaid who were adopted while in Foster Care, have complex behavioral support needs but do not meet the Developmental Disability criteria?
  - ✓ **Answer:** To the Regional Accountable Entity (RAE) for their county of residence to explore options for Medicaid State Plan services.

### For more information contact

[HCPF\\_CHRP@hcpf.state.co.us](mailto:HCPF_CHRP@hcpf.state.co.us)

[www.colorado.gov/hcpf/childrens-habilitation-residential-program-waiver-chrp](http://www.colorado.gov/hcpf/childrens-habilitation-residential-program-waiver-chrp)

