

Title of Rule: Revision to the Medical Assistance Long-Term Services and Supports Benefit Division Rule Concerning Home and Community Based Services for Persons with Spinal Cord Injury, Section 8.517

Rule Number: MSB 15-02-19-A

Division / Contact / Phone: Long Term Services and Supports / Candace Bailey / (303)866-3877

## STATEMENT OF BASIS AND PURPOSE

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

Section 8.517 outlines all aspects The Home and Community-Based Services for persons with Spinal Cord Injury (HCBS-SCI) waiver pilot program. The current rules have limited complementary and integrative health providers participating in the pilot program. The proposed rule changes will expand provider type and requirements allowing more providers to enroll. Other changes will align the rule with language and changes proposed in the waiver renewal application and in the legislation to extend the waiver. These changes are necessary to meet requirements outlined in legislation and the states application for a waiver renewal to Centers for Medicare & Medicaid Services. Additional benefits of the proposed rule changes are increased client choice and increased client accessibility to receive services.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain:

Senate Bill 15-011 extends the SCI waiver pilot program for an additional 5-year period and requires that the waiting list be eliminated effective July 1, 2015. As such, an emergency rule is necessary to comply with SB 15-011. Additionally, immediate passage is necessary for the preservation of public health, safety and welfare because the proposed waiver renewal makes changes to the provider model, enrollment cap, and eligibility requirements, which will allow for more individuals to be served under the SCI waiver and will also increase the amount of providers available to serve this population. If this rule is in effect at the time of CMS approval of the waiver, services to those in need can be immediately provided without any further delay

3. Federal authority for the Rule, if any:

42 U.S.C. Section 1915 (c)

Initial Review

Proposed Effective Date

**07/01/2015**

Final Adoption

Emergency Adoption

**06/12/2015**

**DOCUMENT #01**



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4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2014);  
25.5-6-1301 et seq., C.R.S.  
SB15-011

Initial Review

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## **REGULATORY ANALYSIS**

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

This rule will benefit individuals currently enrolled on the SCI Waiver by ultimately increasing the number of complementary and integrative health services providers. An increase in services providers will increase client's choice regarding where they receive their services.

The rule will benefit the current complementary and integrative health service provider by enabling them to create care plans without having to consult with a physician. The current provider is already at capacity, and the waiver is scheduled to expand its client count in July of 2015; the rule will enable additional providers to enroll and assist in meeting the waivers growing needs.

The rule will benefit additional providers of complementary and integrative health services in the community who have expressed interest in the SCI waiver but have been unable to meet the requirements outlined in the current rule.

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

The impact of this rule on SCI waiver clients is positive. The waiver can enroll more providers, giving clients the choice of whom they would like to provide their service. Additionally, many clients have expressed the need and want to receive services in their home. This rule will enable this option and will positively impact the Department's relationship with SCI Waiver clients.

The rule may impact the current complementary and integrative health service provider financially, however the extent and direction of that impact is dependent on many variables. Currently their facility is running at full capacity and the staff has been working hours beyond their regular operation hours. This rule may allow them to lower the client count, staff hours, and support staff's work load.

The impact of the rule on complementary and integrative health providers who are currently not enrolled in the SCI Waiver will be positive both financially and in being a part of this

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innovative program. There have been multiple providers interested in the waiver and this rule will allow many of those providers to enroll.

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

The proposed rule changes will have a budget impact, however the additional funds have been forecasted and allocated by the Department's budget division. The updated forecast for the 2015-2016 waiver year has the total expenditure for this program at \$3,608,566 with an average cost per client as \$33,106. This forecast accounts for an increase to the client count as the legislations states that the SCI waiver shall not have a waiting list.

The legislation currently has a fiscal note that accounts for all clients utilizing the full amount of services. While the rule aims to increase the number of enrolled clients and qualified providers, the allotted units of services for those client's will remain the same.

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

Although the annual cost of the program will increase, the increase is a result of the state being able to provide services to more individuals and the funds have already been allocated. The benefit of the proposed rule changes will increase client choice, client enrollment, provider capacity, and allow a contracted, independent evaluator to further evaluate the effectiveness of the program and the complementary and alternative health services.

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

This is the least costly and intrusive method for adjusting the provider model. This is the only method to aligning the Department with State Statute and our agreement with CMS.

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

There are no other methods available to establish a new provider model or change the name of the complementary and integrative health services.

1 **8.517 HOME AND COMMUNITY-BASED SERVICES FOR PERSONS WITH SPINAL CORD**  
2 **INJURY WAIVER**

3 **8.517.1 DEFINITIONS OF SERVICES PROVIDED**

4 Adult Day Services means services as defined at Section 8.491.

5 Alternative Therapies Complementary and Integrative Health Services means services as defined  
6 at Section 8.517.11.

7 Consumer Directed Attendant Support Services (CDASS) means services as defined at Section  
8 8.510.

9 Electronic Monitoring means services as defined at Section 8.488.

10 Home Modification means services as defined at Section 8.493.

11 Homemaker Services means services as defined at Section 8.490.

12 In-Home Support Services means services as defined at Section 8.552.

13 Non-Medical Transportation means services as defined at Section 8.494.

14 Personal Care Services means services as defined at Section 8.489.

15 Respite Care means services as defined at Section 8.492.

16 **8.517.2 GENERAL DEFINITIONS**

17 Acupuncture means the stimulation of anatomical points on the body by penetrating the skin with  
18 thin, solid, metallic, single-use needles that are manipulated by the hands or by electrical  
19 stimulation for the purpose of bringing about beneficial physiologic and /or psychological  
20 changes.

21 ~~Alternative Therapies Complementary and Integrative Health Care Plan means the plan~~  
22 ~~developed prior to the delivery of Alternative Therapies Complementary and Integrative Health~~  
23 ~~Services in accordance with Section 8.517.11.D.~~

24 ~~Alternative Therapies Center Complementary and Integrative Health Provider means a location~~  
25 ~~an individual or agency certified annually by the Department of Health Care Policy and Financing~~  
26 ~~to have met the certification standards listed at Section 8.517.11.C.~~

27 Chiropractic Care means the use of manual adjustments (manipulation or mobilization) of the  
28 spine or other parts of the body with the goal of correcting alignment and other musculoskeletal  
29 problems.

30 ~~Complementary and Integrative Health Care Plan means the plan developed prior to the delivery~~  
31 ~~of Complementary and Integrative Health Services in accordance with Section 8.517.11.D.~~

32 ~~Complementary and Integrative Health Provider means an individual or agency certified annually~~  
33 ~~by the Department of Health Care Policy and Financing to have met the certification standards~~  
34 ~~listed at Section 8.517.11.~~

- 1 Denver Metro Area means the counties of Adams, Arapahoe, Denver, Douglas, and Jefferson.
- 2 Emergency Systems means procedures and materials used in emergent situations and may  
3 include, but are not limited to, an agreement with the nearest hospital to accept patients; an  
4 Automated External Defibrillator; a first aid kit; and/or suction, AED, and first aid supplies.
- 5 Individual Cost Containment Amount means the average ~~costs of institutional services for the~~  
6 ~~nursing facility cost of services for a comparable population institutionalized at the appropriate~~  
7 level of care, as determined annually by the Department.
- 8 Massage Therapy means the systematic manipulation of the soft tissues of the body, (including  
9 manual techniques of gliding, percussion, compression, vibration, and gentle stretching) for the  
10 purpose of bringing about beneficial physiologic, mechanical, and/or psychological changes.
- 11 Medical Director means an individual that is contracted with the Department of Health Care Policy  
12 and Financing to provide oversight of the Complementary and Integrative Health Services and the  
13 program evaluation.
- 14 Spinal Cord Injury means an injury to the spinal cord and includes the International Classification  
15 of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes 952 through 954.9.
- 16 ~~Supervising Physician means an individual that is employed or contracted by a certified~~  
17 ~~Alternative Therapies Center to supervise the provision of Alternative Therapies and meets the~~  
18 ~~qualifications required by Section 8.517.11.C.1.f.~~

### 19 8.517.3 LEGAL BASIS

20 The Home and Community-Based Services for Persons with Spinal Cord Injury (HCBS-SCI)  
21 ~~program-waiver~~ is created upon authorization of a waiver of the state-wideness requirement  
22 contained in Section 1902(a)(1) of the Social Security Act (42 U.S.C. § 1396a); and the amount,  
23 duration, and scope of services requirements contained in Section 1902(a)(10)(B) of the Social  
24 Security Act (42 U.S.C. § 1396a). Upon approval by the United States Department of Health and  
25 Human Services, this waiver is granted under Section 1915(c) of the Social Security Act (42  
26 U.S.C. § 1396n). 42 U.S.C. § § 1396a and 1396n are incorporated by reference. Such  
27 incorporation, however, excludes later amendments to or editions of the referenced material.  
28 Pursuant to 24-4-103(12.5), C.R.S., the Department of Health Care Policy and Financing  
29 maintains either electronic or written copies of the incorporated texts for public inspection. Copies  
30 may be obtained at a reasonable cost or examined during regular business hours at 1570 Grant  
31 Street, Denver, CO 80203. Additionally, any incorporated material in these rules may be  
32 examined at any State depository library. This regulation is adopted pursuant to the authority in  
33 Section 25.5-1-301, C.R.S. and is intended to be consistent with the requirements of the State  
34 Administrative Procedures Act, Section 24-4-101 et seq., C.R.S. and the Colorado Medical  
35 Assistance Act, Sections 25.5-6-1301 et seq., C.R.S.

36 The addition of "individual" to the Complementary and Integrative Health Provider definition in  
37 section 8.517.2, the addition of hospital level of care eligibility criteria in section 8.517.5.C, the  
38 elimination of the waitlist at section 8.517.6.1, the addition of the client's residence as a service  
39 location at section 8.517.11.B.3 and all Medical Director responsibilities are contingent and shall  
40 not be in effect until the HCBS-SCI Waiver Renewal CO.0961.R01.00 has been approved by the  
41 Centers for Medicare and Medicaid Services (CMS).

42

### 43 8.517.4 SCOPE AND PURPOSE

1 8.517.4.A. The Home and Community-Based Services for Persons with Spinal Cord Injury  
 2 (HCBS-SCI) ~~program-waiver~~ provides assistance to individuals with spinal cord injuries in  
 3 the Denver Metro Area that require long term supports and services in order to remain in  
 4 a community setting.

5 8.517.4.B. The HCBS-SCI ~~program-waiver~~ provides an opportunity to study the  
 6 effectiveness of Alternative Therapies Complementary and Integrative Health Services  
 7 and the impact the provision of ~~this~~ these service may have on the utilization of other  
 8 HCBS-SCI ~~program-waiver~~ and/or acute care services.

9 8.517.4.C. An independent evaluation shall be conducted ~~in the third year of program~~  
 10 ~~operation no later than January 1, 2020~~ to determine the effectiveness of the ~~Alternative~~  
 11 Therapies Complementary and Integrative Health Services.

12 **8.517.5 CLIENT ELIGIBILITY**

13 8.517.5.A. ELIGIBLE PERSONS

14 Home and Community-Based Services for Persons with Spinal Cord Injury (HCBS-SCI)  
 15 ~~waiver~~ services shall be offered only to ~~persons~~ individuals who meet all of the following  
 16 eligibility requirements:

- 17 1. Individuals shall be aged 18 years or older.
- 18 2. Individuals shall have a diagnosis of Spinal Cord Injury. This diagnosis must be  
 19 documented on the individual's Professional Medical Information Page (PMIP)  
 20 and in the Uniform Long Term Care 100.2 (ULTC 100.2) assessment tool.
- 21 3. Individuals shall have been determined to have a significant functional  
 22 impairment as evidenced by a comprehensive functional assessment using the  
 23 ULTC 100.2 assessment tool that results in at least the minimum scores required  
 24 per Section 8.401.1.15.
- 25 4. Individuals shall reside in the Denver Metro Area as evidenced by residence in  
 26 one of the following counties:
  - 27 a. Adams;
  - 28 b. Arapahoe;
  - 29 c. Denver;
  - 30 d. Douglas; or
  - 31 e. Jefferson

32 8.517.5.B FINANCIAL ELIGIBILITY

33 Individuals must meet the financial eligibility requirements specified at Section 8.100.7  
 34 LONG TERM CARE MEDICAL ASSISTANCE ELIGIBILITY.

35 8.517.5.C LEVEL OF CARE CRITERIA

1 Individuals shall require long term support services at a level of care comparable to  
2 services typically provided in a nursing facility or hospital.

3 8.517.5.D NEED FOR HOME AND COMMUNITY-BASED SERVICES FOR PERSONS  
4 WITH SPINAL CORD INJURY (HCBS-SCI) WAIVER SERVICES

5 1. Only clients-individuals that currently receive Home and Community-Based  
6 Services for Persons with Spinal Cord Injury (HCBS-SCI) waiver services, or that  
7 have agreed to accept HCBS-SCI services as soon as all other eligibility criteria  
8 have been met, are eligible for the HCBS-SCI program waiver.

9 a. Case management is not an HCBS-SCI service and shall not be used to  
10 satisfy this requirement.

11 b. The desire or need for any Medicaid services other than HCBS-SCI  
12 waiver services, as listed at Section 8.517.1, shall not satisfy this  
13 eligibility requirement.

14 2. Clients-Individuals that have not received at least one (1) HCBS-SCI waiver  
15 services for a period greater than 30 consecutive days shall be discontinued from  
16 the waiver.

17 8.517.5.E EXCLUSIONS

18 1. Clients-Individuals who are residents of nursing facilities or hospitals are not  
19 eligible to receive Home and Community-Based Services for Persons with Spinal  
20 Cord Injury (HCBS-SCI) waiver services.

21 2. HCBS-SCI clients that enter a nursing facility or hospital may not receive HCBS-  
22 SCI waiver services while admitted to the nursing facility or hospital.

23 a. HCBS-SCI clients admitted to a nursing facility or hospital for 30  
24 consecutive days or longer shall be discontinued from the HCBS-SCI  
25 program.

26 b. HCBS-SCI clients entering a nursing facility for Respite Care as an  
27 HCBS-SCI service shall not be discontinued from the HCBS-SCI  
28 program.

29 8.517.5.F COST CONTAINMENT AND SERVICE ADEQUACY

30 1. ~~The client~~ Individuals shall not be eligible for the Home and Community-Based  
31 Services for Persons with Spinal Cord Injury (HCBS-SCI) program-waiver if the  
32 case manager determines any of the following during the initial assessment and  
33 service planning process:

34 a. The client's individual's needs cannot be met within the Individual Cost  
35 Containment Amount.

36 b. The client's individual's needs are more extensive than HCBS-SCI  
37 program-waiver services are able to support and/or that the client's  
38 individual's health and safety cannot be assured in a community setting.

- 1           2.    ~~The client Individuals~~ shall not be eligible for the HCBS-SCI waiver at  
 2                    reassessment if the case manager determines the ~~client's individual's~~ needs are  
 3                    more extensive than HCBS-SCI ~~program waiver~~ services are able to support  
 4                    and/or that the ~~client's individual's~~ health and safety cannot be assured in a  
 5                    community setting.
- 6           3.    ~~The client Individuals~~ may be eligible for the HCBS-SCI ~~program waiver~~ at  
 7                    reassessment if the case manager determines that HCBS-SCI ~~program waiver~~  
 8                    services are able to support the ~~client's individual's~~ needs and the ~~client's~~  
 9                    ~~individual's~~ health and safety can be assured in a community setting.
- 10           a.    If the case manager expects that the services required to support the  
 11                    ~~client's individual's~~ needs will exceed the Individual Cost Containment  
 12                    Amount, the Department or its agent will review the service plan to  
 13                    determine if the ~~client's individual's~~ request for services is appropriate  
 14                    and justifiable based on the ~~client's individual's~~ condition.
- 15                    i)    ~~The client Individuals~~ may request of the case manager that  
 16                            existing services remain intact during this review process.
- 17                    ii)   In the event that the request for services is denied by the  
 18                            Department or its agent, the case manager shall provide the  
 19                            ~~client individual~~ with:
- 20                            1)    The client's appeal rights pursuant to Section 8.057; and
- 21                            2)    Alternative options to meet the ~~client's individual's~~ needs  
 22                                    that may include, but are not limited to, nursing facility  
 23                                    placement.

#### 24    8.517.6 WAITING LIST

- 25           1.    The number of clients who may be served through the Home and Community-  
 26                    Based Services for Persons with Spinal Cord Injury (HCBS-SCI) waiver during a  
 27                    fiscal year ~~shall~~ may be limited by the federally approved waiver.
- 28           2.    Individuals determined eligible for the HCBS-SCI waiver who cannot be served  
 29                    within the federally approved waiver capacity limits shall be eligible for placement  
 30                    on a waiting list.
- 31           3.    The waiting list shall be maintained by the Department.
- 32           4.    The ~~Case Manager~~ case manager shall ensure the individual meets all eligibility  
 33                    criteria as set forth at Section 8.517.5 prior to notifying the Department to place  
 34                    the individual on the waiting list.
- 35           5.    The date the ~~Case Manager~~ case manager determines an individual has met all  
 36                    eligibility requirements as set forth at Section 8.517.5 is the date the Department  
 37                    will use for the individual's placement on the waiting list.
- 38           6.    When an eligible individual is placed on the waiting list for the HCBS- SCI  
 39                    Wwaiver, the ~~Case Manager~~ case manager shall provide a written notice of the  
 40                    action in accordance with section 8.057 et seq.

- 1 7. As openings become available within the capacity limits of the federally approved  
2 waiver, individuals shall be considered for [the HCBS-SCI waiver services](#) in the  
3 order of the individual's placement on the waiting list
- 4 8. When an opening for the HCBS-SCI ~~W~~waiver becomes available the Department  
5 will provide written notice to the Case Management Agency.
- 6 9. Within ten business days of notification from the Department that an opening for  
7 the HCBS-SCI waiver is available the Case Management Agency shall:
- 8 a. Reassess the individual for functional level of care using the  
9 Department's prescribed instrument if more than six months has elapsed  
10 since the previous assessment.
- 11 b. Update the existing functional level of care assessment in the official  
12 client record if less than six months has elapsed since the date of the  
13 previous assessment.
- 14 c. Reassess for eligibility criteria as set forth at 8.517.5.
- 15 d. Notify the Department of the individual's eligibility status.

#### 16 8.517.7 START DATE FOR SERVICES

17 8.517.7.A. The start date of eligibility for Home and Community-Based Services for Persons  
18 with Spinal Cord Injury (HCBS-SCI) [waiver services](#) shall not precede the date that all of  
19 the requirements at Section 8.517.5, have been met. The first date for which HCBS-SCI  
20 [waiver services](#) may be reimbursed shall be the later [of](#) the following:

- 21 1. The date at which financial eligibility is effective.
- 22 2. The date at which the level of care and targeting criteria are certified.
- 23 3. The date at which the ~~client~~ [individual](#) agrees to accept services and signs all  
24 necessary intake and service planning forms.
- 25 4. The date of discharge from the hospital or nursing facility.

#### 26 8.517.8 CASE MANAGEMENT FUNCTIONS

27 8.517.8.A. The requirements at Section 8.486 shall apply to the Case Management  
28 Agencies performing the case management functions of the Home and Community-  
29 Based Services for Persons with Spinal Cord Injury (HCBS-SCI) ~~program~~ [waiver](#).

#### 30 8.517.9 PRIOR AUTHORIZATION OF SERVICES

31 8.517.9.A. All Home and Community-Based Services for Persons with Spinal Cord Injury  
32 (HCBS-SCI) [waiver services](#) must be prior authorized by the Department or its agent.

33 8.517.9.B. The Department shall develop the Prior Authorization Request (PAR) form to be  
34 used by case managers in compliance with all applicable regulations.

35 8.517.9.C. ~~The Department or its agent shall determine if the~~ [Claims for](#) services [are not](#)  
36 [reimbursable if requested are](#):

1. ~~Services are not c~~onsistent with the client's documented medical condition and functional capacity;
2. ~~Services are not medically necessary or are not r~~Reasonable in amount, scope, frequency, and duration;
3. ~~Services are Not~~ duplicative of ~~the~~ other services included in the client's Service Plan;
4. ~~Not for services for which t~~he client is receiving funds to purchase services; ~~and/or~~
5. ~~Services total Do not total~~ more than 24 hours per day of care.

8.517.9.D. Revisions to the PAR that are requested six months or more after the end date shall be disapproved.

~~8.517.9.E. Approval of the PAR by the Department or its agent shall authorize providers of HCBS-SCI waiver services to submit claims to the fiscal agent and to receive payment for authorized services provided during the period of time covered by the PAR.~~

4. Payment for HCBS-SCI waiver services is also conditional upon:

- a. The client's eligibility for HCBS-SCI waiver services;
- b. The provider's certification status; and
- c. The submission of claims in accordance with proper billing procedures.

~~8.517.9.F. Prior authorization of services is not a guarantee of payment. The prior authorization of services does not constitute an entitlement to those services. All services provided and reimbursed must be delivered provided~~ in accordance with regulation and necessary to meet the client's needs.

8.517.9.G. Services requested on the PAR shall be supported by information on the Long Term Care Service Plan, the ULTC-100.2, and written documentation from the income maintenance technician of the client's current monthly income.

8.517.9.H. The PAR start date shall not precede the start date of HCBS-SCI eligibility in accordance with Section 8.517.7.

8.517.9.I. The PAR end date shall not exceed the end date of the HCBS-SCI eligibility certification period.

## **8.517.10 PROVIDER AGENCIES**

8.517.10.A. HCBS-SCI providers shall abide by all general certification standards, conditions, and processes established at Section 8.487.

## **8.517.11 ALTERNATIVE THERAPIES COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES**

Alternative Therapies Complementary and Integrative Health Services are limited to Acupuncture, Chiropractic Care, and Massage Therapy as defined at Section 8.517.2.

- 1 8.517.11.A. Inclusions
- 2 1. Acupuncture used for the treatment of conditions or symptoms related to the  
3 client's spinal cord injury.
- 4 2. Chiropractic Care used for the treatment of conditions or symptoms related to the  
5 client's spinal cord injury.
- 6 3. Massage Therapy used for the treatment of conditions or symptoms related to  
7 the client's spinal cord injury.
- 8 8.517.11.B. Exclusions / Limitations
- 9 1. ~~Alternative Therapies-Complementary and Integrative Health Services~~ shall be  
10 provided only for the treatment of conditions or symptoms related to the client's  
11 spinal cord injury.
- 12 2. ~~Alternative therapies-Complementary and Integrative Health Services~~ shall be  
13 limited to the client's assessed need for services as determined by the  
14 ~~Supervising Physician-Complementary and Integrative Health Provider~~ and  
15 documented in the ~~Alternative Therapies-Complementary and Integrative Health~~  
16 Care Plan.
- 17 3. ~~Alternative Therapies-Complementary and Integrative Health Services~~ shall be  
18 provided in an approved outpatient setting in accordance with 8.517.11.C.2 or in  
19 the client's residence.
- 20 4. ~~Alternative Therapies-Complementary and Integrative Health Services~~ shall be  
21 provided only by ~~agencies-a Complementary and Integrative Health Provider~~  
22 certified by the Department of Health Care Policy and Financing to have met the  
23 certification standards listed at Section 8.517.11.G.
- 24 5. Clients receiving ~~Alternative Therapies-Complementary and Integrative Health~~  
25 ~~Services~~ shall participate in an independent evaluation to determine the  
26 effectiveness of ~~this the~~ services.
- 27 6. ~~The utilization of Alternative Therapies may typically begin at a higher frequency~~  
28 ~~and is expected to decrease as the client progresses. Authorization and payment~~  
29 ~~for the Alternative Therapies service-The Complementary and Integrative Health~~  
30 ~~Services benefit~~ is limited as follows:
- 31 a. ~~During the first 90 days of the initial Alternative Therapies Care Plan, the~~  
32 ~~schedule of services recommended by the Supervising Physician shall~~  
33 ~~not exceed 15 visits for any one modality or 30 visits for any combination~~  
34 ~~of modalities.~~
- 35 b. ~~After the first 90 days of the initial Alternative Therapies Care Plan and in~~  
36 ~~all subsequent Alternative Therapies Care Plans, the schedule of~~  
37 ~~services recommended by the Supervising Physician shall not exceed 12~~  
38 ~~visits for any one modality or 24 visits for any combination of modalities~~  
39 ~~per 90-day period.~~
- 40 a. A client may receive each of the three individual Complementary and  
41 Integrative Health Services on a single date of service.

1 b. A client shall not receive more than four (4) units of each individual  
 2 Complementary and Integrative Health Service on a single date of  
 3 service.

4 c. A client shall not receive more than 204 units of a single Complementary  
 5 and Integrative Health service during a 365 day certification period.

6 d. A client shall not receive more than 408 combined units of all  
 7 Complementary and Integrative Health Services during a 365 day  
 8 certification period.

9 8.517.11.C. Certification Standards

10 1. Organization and Staffing

11 ~~a. Alternative Therapy Centers shall employ or contract with an adequate~~  
 12 ~~number of qualified professionals necessary for the provision of~~  
 13 ~~Alternative Therapies in accordance with this regulation.~~

14 a.b. Alternative Therapies Complementary and Integrative Health Services  
 15 must be provided by licensed, certified, and/or registered individuals  
 16 operating within the applicable scope of practice and under the direction  
 17 of a Supervising Physician.

18 b.e. Acupuncturists shall be licensed by the Department of Regulatory  
 19 Agencies, Division of Registrations as required by the Acupuncturists  
 20 Practice Act (12-29.5-101, C.R.S.) and have at least five years  
 21 experience practicing Acupuncture at a rate of at least 750 hours per  
 22 year.

23 c.d. Chiropractors shall be licensed by the State Board of Chiropractic  
 24 Examiners as required by the Chiropractors Practice Act (12-33-101,  
 25 C.R.S.) and have at least five years experience practicing Chiropractic  
 26 Care at a rate of at least 750 hours per year.

27 d.e. Massage Therapists shall be registered by the Department of Regulatory  
 28 Agencies, Division of Registrations as required by the Massage Therapy  
 29 Practice Act (12-35.3-101, C.R.S.) and have at least five years  
 30 experience practicing Massage Therapy at a rate of at least 750 hours  
 31 per year.

32 ~~f. Supervising Physicians shall be licensed to practice medicine in the~~  
 33 ~~State of Colorado as required by 12-36-107 et seq., C.R.S. Supervising~~  
 34 ~~Physicians must also be board certified in Physical Medicine and~~  
 35 ~~Rehabilitation, Internal Medicine, Neurology, and/or Family Practice and~~  
 36 ~~have at least five years experience incorporating Alternative Therapies~~  
 37 ~~as part of an overall care plan.~~

38 2. Environmental Standards for Complementary and Integrative Health Services  
 39 provided in an outpatient setting.

40 a. Alternative Therapy Centers Complementary and Integrative Health  
 41 Providers shall develop a plan for infection control that is adequate to  
 42 avoid the sources of and prevent the transmission of infections and

1 communicable diseases. ~~The facility~~ They shall also develop a system  
 2 for identifying, reporting, investigating and controlling infections and  
 3 communicable diseases of patients and personnel. Sterilization  
 4 procedures shall be developed and implemented in necessary service  
 5 areas.

6 b. Policies shall be developed and procedures implemented for the  
 7 effective control of insects, rodents, and other pests.

8 c. All wastes shall be disposed in compliance with local, state and federal  
 9 laws.

10 d. A preventive maintenance program to ensure that all essential  
 11 mechanical, electrical and patient care equipment is maintained in safe  
 12 and sanitary operating condition shall be provided. Emergency Systems,  
 13 and all essential equipment and supplies shall be inspected and  
 14 maintained on a frequent or as needed basis.

15 e. Housekeeping services to ensure that the premises are clean and  
 16 orderly at all times shall be provided and maintained. Appropriate  
 17 janitorial storage shall be maintained.

18 f. ~~Alternative Therapy Centers~~ Outpatient settings shall be constructed and  
 19 maintained to ensure access and safety.

20 g. ~~Alternative Therapy Centers~~ Outpatient settings shall demonstrate  
 21 compliance with the building and fire safety requirements of local  
 22 governments and other state agencies.

23 3. Failure to comply with the requirements of this ~~regulation-rule~~ may result in the  
 24 ~~suspension or recovery of payment for services provided and/or the~~ revocation of  
 25 the ~~Alternative Therapy Center provider~~ Complementary and Integrative Health  
 26 Provider certification.

27 8.517.11.D ALTERNATIVE THERAPIES COMPLEMENTARY AND INTEGRATIVE HEALTH  
 28 CARE PLAN

29 1. ~~The Supervising Physician~~ Complementary and Integrative Health Providers  
 30 shall:

31 a. Guide the development of the ~~Alternative Therapies Complementary and~~  
 32 Integrative Health Care Plan in coordination with the client and/or client's  
 33 representative, ~~and the Alternative Therapies practitioners as applicable;~~

34 b. Recommend the appropriate modality, amount, scope, and duration of  
 35 the ~~Alternative Therapies Complementary and Integrative Health~~  
 36 Services within the established limits as listed at 8.517.11.B;

37 c. ~~Order Recommend~~ only services ~~and/or modalities~~ that are necessary  
 38 and appropriate; and ~~will be rendered by the authorizing/recommending~~  
 39 Complementary and Integrative Health Provider.

40 d. ~~Supervise the Alternative Therapies practitioners and the services~~  
 41 provided.

- 1           2.     The Supervising Physician-Complementary and Integrative Health Provider shall  
2           reassess the Alternative Therapies-Complementary and Integrative Health Care  
3           Plan at least every three months-annually or more frequently as necessary. The  
4           reassessment may-shall include a visit with the client.
- 5           3.     When recommending the use of Alternative Therapies-Complementary and  
6           Integrative Health Services for the treatment of a condition or symptom related to  
7           the client's spinal cord injury, the Supervising Physician-Complementary and  
8           Integrative Health Provider should use evidence from published medical literature  
9           that demonstrates the effectiveness of Alternative Therapies-the services for the  
10          treatment of the condition or symptom.
- 11          a.     Where no evidence exists, the medical judgment of the Supervising  
12          Physician-and the input of the Alternative Therapies practitioners should  
13          guide recommendations. the Complementary and Integrative Health  
14          Provider shall use their field expertise to guide service  
15          recommendations.
- 16          b.     If additional expertise is required the Complementary and Integrative  
17          Health Provider may; consult the Medical Director and/or consult other  
18          Complementary and Integrative Health service providers.
- 19          4.     ~~The Supervising Physician may require consultation or referral to other~~  
20          ~~specialists prior to finalization of the Alternative Therapies Care Plan.~~
- 21          4.5.    The Alternative Therapies Care plan-Complementary and Integrative Health Care  
22          Plan shall be developed using any Department prescribed form(s) or template(s).
- 23          6.     The Alternative Therapies-Complementary and Integrative Health Care Plan shall  
24          include at least the following:
- 25          a.     A summary of the client's medical treatment history;
- 26          b.     An assessment of the client's current medical conditions/needs.  
27          determined by a comprehensive history and physical exam.
- 28          c.     The amount, scope, and duration of each recommended Alternative  
29          Therapies modality-Complementary and Integrative Health Services and  
30          the expected outcomes.
- 31          d.     The recommended schedule of services.
- 32