

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

Rule Number: MSB 16-08-19-A

Division / Contact / Phone: LTSS / Samantha Saxe / 303-866-4289

## 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).

The purpose of this rule change is to modify the Complementary and Integrative Health Service (CIHS) provider qualifications to increase provider capacity, accessibility, and client choice among available service providers. The provider qualifications were set in 2012 when the waiver was initiated as a pilot program. In 2015-16, CMS approved a 5-year waiver renewal that included changes to the CIHS provider model to increase provider capacity and also eliminated the waiting list for the SCI waiver. The qualifications are currently a minimum of 5 years' experience in their licensed field. This rule is proposing that the qualifications be changed to 3 years' experience in their licensed field; or 2 years' experience in their licensed field with at least one year of experience working with individuals with a long term physical disability. Provider capacity has been a challenge since this waiver's inception. Through our research and stakeholder engagement, we think this proposed modification to provider qualifications strikes a better balance between issues of access and having trained providers.

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:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2015);  
25.5-6-1301, C.R.S.

Initial Review

**09/09/2016**

Final Adoption

**10/14/2016**

Proposed Effective Date

**11/30/2016**

Emergency Adoption

**DOCUMENT #10**

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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.

The primary class of persons who will be affected by the proposed rule change is the current and prospective clients enrolled in the HCBS-SCI waiver who access and benefit from Complementary and Integrative Health Services, which include acupuncture, chiropractic care, and massage therapy. Specifically, these clients will have an increased network of providers to select from, taking into account their personal preferences or relationships with practitioners, accessibility to the provider's service location, the client's schedule, and the goals of their service treatments.

Secondarily, this rule change will affect the current and prospective practitioners and provider facilities by allowing more provider facilities with more therapists to enroll to better serve the growing waiver population.

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

This rule will have a positive qualitative impact on SCI waiver clients by providing them with great accessibility and choice of providers. It will also positively impact current providers by allowing them greater opportunity to hire therapists to serve waiver clients; some providers have expressed interest in expanding their availability to include weekends which would greatly increase opportunities for clients to receive services that work with their schedules. This will also impact prospective providers who have expressed interest in enrolling to provide services but do not have sufficient staff who meet the current qualifications to make it worth their while to enroll as a Medicaid provider.

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 change is not anticipated to have any budgetary impact. There may be a slight increase in service expenditures to account for clients who have not been receiving frequent services due to provider capacity or accessibility issues.

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

The proposed rule change is not anticipated to have any budgetary impact. The slight increase in expenditures that may occur are a result of clients have access to, and personal choice, of providers and would indicate that they are using the services to improve their health and wellbeing and remain in their communities.

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

The proposed rule change is not anticipated to have any budgetary impact. There are no other methods to achieve the purpose of the proposed rule.

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 options to modify the provider qualifications for these services. If the qualifications remain the same, these services will continue to face provider capacity and client access challenges.

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 Complementary and Integrative Health Services means services as defined at Section 8.517.11.

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

8 Electronic Monitoring means services as defined at Section 8.488.

9 Home Modification means services as defined at Section 8.493.

10 Homemaker Services means services as defined at Section 8.490.

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

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

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

14 Respite Care means services as defined at Section 8.492.

15 **8.517.2 GENERAL DEFINITIONS**

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

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

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

25 Complementary and Integrative Health Provider means an individual or agency certified annually  
26 by the Department of Health Care Policy and Financing to have met the certification standards  
27 listed at Section 8.517.11. Denver Metro Area means the counties of Adams, Arapahoe, Denver,  
28 Douglas, and Jefferson.

1 Emergency Systems means procedures and materials used in emergent situations and may  
2 include, but are not limited to, an agreement with the nearest hospital to accept patients; an  
3 Automated External Defibrillator; a first aid kit; and/or suction, AED, and first aid supplies.

4 Individual Cost Containment Amount means the average cost of services for a comparable  
5 population institutionalized at the appropriate level of care, as determined annually by the  
6 Department.

7 Massage Therapy means the systematic manipulation of the soft tissues of the body, (including  
8 manual techniques of gliding, percussion, compression, vibration, and gentle stretching) for the  
9 purpose of bringing about beneficial physiologic, mechanical, and/or psychological changes.

10 Medical Director means an individual that is contracted with the Department of Health Care Policy  
11 and Financing to provide oversight of the Complementary and Integrative Health Services and the  
12 program evaluation.

13 Spinal Cord Injury means an injury to the spinal cord which is further defined at 8.517.2.1.

14 **8.517.2.1 SPINAL CORD INJURY DEFINITION**

15 A spinal cord injury is limited to the following broad diagnoses found within the most current  
16 version of the International Classification of Diseases (ICD) at the time of assessment:

- 17 1. Spinal cord injury unspecified
- 18 2. Complete lesion of spinal cord
- 19 3. Anterior cord syndrome
- 20 4. Central cord syndrome
- 21 5. Other specified spinal cord injury
- 22 6. Lumbar spinal cord injury without spinal bone injury
- 23 7. Sacral spinal cord injury without spinal bone injury
- 24 8. Cauda equina spinal cord injury without spinal bone injury
- 25 9. Multiple sites of spinal cord injury without spinal bone injury
- 26 10. Unspecified site of spinal cord injury without spinal bone injury
- 27 11. Injury to cervical nerve root
- 28 12. Injury to dorsal nerve root
- 29 13. Injury to lumbar nerve root

- 1 14. Injury to sacral nerve root
- 2 15. Injury to brachial plexus
- 3 16. Injury to lumbosacral plexus
- 4 17. Injury to multiple sites of nerve roots and spinal plexus
- 5 18. Injury to unspecified site of nerve roots and spinal plexus
- 6 19. Injury to cervical sympathetic nerve excluding shoulder and pelvic girdles
- 7 20. Injury to other sympathetic nerve excluding shoulder and pelvic girdles
- 8 21. Injury to other specified nerve(s) of trunk excluding shoulder and pelvic girdles
- 9 22. Injury to unspecified nerve of trunk excluding shoulder and pelvic girdles
- 10 23. Paraplegia
- 11 24. Paraplegia, Unspecified
- 12 25. Paraplegia, Complete
- 13 26. Paraplegia, Incomplete
- 14 27. Quadriplegia/Tetraplegia/Incomplete – unspecified
- 15 28. Quadriplegia – C1-C4/Complete
- 16 29. Quadriplegia – C1-C4/Incomplete
- 17 30. Quadriplegia – C5-C7/Complete
- 18 31. Quadriplegia – C5-C7/Incomplete

### 19 **8.517.3 LEGAL BASIS**

20 The Home and Community-Based Services for Persons with Spinal Cord Injury (HCBS-SCI)  
21 waiver is created upon authorization of a waiver of the state-wideness requirement contained in  
22 Section 1902(a)(1) of the Social Security Act (42 U.S.C. § 1396a); and the amount, duration, and  
23 scope of services requirements contained in Section 1902(a)(10)(B) of the Social Security Act (42  
24 U.S.C. § 1396a). Upon approval by the United States Department of Health and Human Services,  
25 this waiver is granted under Section 1915(c) of the Social Security Act (42 U.S.C. § 1396n). 42  
26 U.S.C. § § 1396a and 1396n are incorporated by reference. Such incorporation, however,  
27 excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103(12.5),  
28 C.R.S., the Department of Health Care Policy and Financing maintains either electronic or written  
29 copies of the incorporated texts for public inspection. Copies may be obtained at a reasonable

1 cost or examined during regular business hours at 1570 Grant Street, Denver, CO 80203.  
2 Additionally, any incorporated material in these rules may be examined at any State depository  
3 library. This regulation is adopted pursuant to the authority in Section 25.5-1-301, C.R.S. and is  
4 intended to be consistent with the requirements of the State Administrative Procedures Act,  
5 Section 24-4-101 et seq., C.R.S. and the Colorado Medical Assistance Act, Sections 25.5-6-1301  
6 et seq., C.R.S.

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

### 13 **8.517.4 SCOPE AND PURPOSE**

14 8.517.4.A. The Home and Community-Based Services for Persons with Spinal Cord Injury  
15 (HCBS-SCI) waiver provides assistance to individuals with spinal cord injuries in the  
16 Denver Metro Area that require long term supports and services in order to remain in a  
17 community setting.

18 8.517.4.B. The HCBS-SCI waiver provides an opportunity to study the effectiveness of  
19 Complementary and Integrative Health Services and the impact the provision of these  
20 service may have on the utilization of other HCBS-SCI waiver and/or acute care services.

21 8.517.4.C. An independent evaluation shall be conducted no later than January 1, 2020 to  
22 determine the effectiveness of the Complementary and Integrative Health Services.

### 23 **8.517.5 CLIENT ELIGIBILITY**

#### 24 8.517.5.A. ELIGIBLE PERSONS

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

- 28 1. Individuals shall be aged 18 years or older.
- 29 2. Individuals shall have a diagnosis of Spinal Cord Injury. This diagnosis must be  
30 outlined in 8.517.2.1 and documented on the individual's Professional Medical  
31 Information Page (PMIP) and in the Uniform Long Term Care 100.2 (ULTC  
32 100.2) assessment tool.
- 33 3. Individuals shall have been determined to have a significant functional  
34 impairment as evidenced by a comprehensive functional assessment using the  
35 ULTC 100.2 assessment tool that results in at least the minimum scores required  
36 per Section 8.401.1.15.

1 4. Individuals shall reside in the Denver Metro Area as evidenced by residence in  
2 one of the following counties:

- 3 a. Adams;
- 4 b. Arapahoe;
- 5 c. Denver;
- 6 d. Douglas; or
- 7 e. Jefferson

8 8.517.5.B FINANCIAL ELIGIBILITY

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

11 8.517.5.C LEVEL OF CARE CRITERIA

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

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18 8.517.5.D NEED FOR HOME AND COMMUNITY-BASED SERVICES FOR PERSONS  
19 WITH SPINAL CORD INJURY (HCBS-SCI) WAIVER SERVICES

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

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

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

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

1 8.517.5.E EXCLUSIONS

- 2 1. Individuals who are residents of nursing facilities or hospitals are not eligible to  
3 receive Home and Community-Based Services for Persons with Spinal Cord  
4 Injury (HCBS-SCI) waiver services.
  
- 5 2. HCBS-SCI clients that enter a nursing facility or hospital may not receive HCBS-  
6 SCI waiver services while admitted to the nursing facility or hospital.
  - 7 a. HCBS-SCI clients admitted to a nursing facility or hospital for 30  
8 consecutive days or longer shall be discontinued from the HCBS-SCI  
9 program.
  - 10 b. HCBS-SCI clients entering a nursing facility for Respite Care as an  
11 HCBS-SCI service shall not be discontinued from the HCBS-SCI  
12 program.

13 8.517.5.F COST CONTAINMENT AND SERVICE ADEQUACY

- 14 1. Individuals shall not be eligible for the Home and Community-Based Services for  
15 Persons with Spinal Cord Injury (HCBS-SCI) waiver if the case manager  
16 determines any of the following during the initial assessment and service  
17 planning process:
  - 18 a. The individual's needs cannot be met within the Individual Cost  
19 Containment Amount.
  - 20 b. The individual's needs are more extensive than HCBS-SCI waiver  
21 services are able to support and/or that the individual's health and safety  
22 cannot be assured in a community setting.
  
- 23 2. Individuals shall not be eligible for the HCBS-SCI waiver at reassessment if the  
24 case manager determines the individual's needs are more extensive than HCBS-  
25 SCI waiver services are able to support and/or that the individual's health and  
26 safety cannot be assured in a community setting.
  
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- 29 3. Individuals may be eligible for the HCBS-SCI waiver at reassessment if the case  
30 manager determines that HCBS-SCI waiver services are able to support the  
31 individual's needs and the individual's health and safety can be assured in a  
32 community setting.
  - 33 a. If the case manager expects that the services required to support the  
34 individual's needs will exceed the Individual Cost Containment Amount,  
35 the Department or its agent will review the service plan to determine if

1 the individual's request for services is appropriate and justifiable based  
2 on the individual's condition.

3 i) Individuals may request of the case manager that existing  
4 services remain intact during this review process.

5 ii) In the event that the request for services is denied by the  
6 Department or its agent, the case manager shall provide the  
7 individual with:

8 1) The client's appeal rights pursuant to Section 8.057; and

9 2) Alternative options to meet the individual's needs that  
10 may include, but are not limited to, nursing facility  
11 placement.

12 **8.517.6 WAITING LIST**

13 1. The number of clients who may be served through the Home and Community-  
14 Based Services for Persons with Spinal Cord Injury (HCBS-SCI) waiver during a  
15 fiscal year may be limited by the federally approved waiver.

16 2. Individuals determined eligible for the HCBS-SCI waiver who cannot be served  
17 within the federally approved waiver capacity limits shall be eligible for placement  
18 on a waiting list.

19 3. The waiting list shall be maintained by the Department.

20 4. The case manager shall ensure the individual meets all eligibility criteria as set  
21 forth at Section 8.517.5 prior to notifying the Department to place the individual  
22 on the waiting list.

23 5. The date the case manager determines an individual has met all eligibility  
24 requirements as set forth at Section 8.517.5 is the date the Department will use  
25 for the individual's placement on the waiting list.

26 6. When an eligible individual is placed on the waiting list for the HCBS- SCI waiver,  
27 the case manager shall provide a written notice of the action in accordance with  
28 section 8.057 et seq.

29 7. As openings become available within the capacity limits of the federally approved  
30 waiver, individuals shall be considered for the HCBS-SCI waiver in the order of  
31 the individual's placement on the waiting list

32 8. When an opening for the HCBS-SCI waiver becomes available the Department  
33 will provide written notice to the Case Management Agency.

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9. Within ten business days of notification from the Department that an opening for the HCBS-SCI waiver is available the Case Management Agency shall:

- a. Reassess the individual for functional level of care using the Department's prescribed instrument if more than six months has elapsed since the previous assessment.
- b. Update the existing functional level of care assessment in the official client record if less than six months has elapsed since the date of the previous assessment.
- c. Reassess for eligibility criteria as set forth at 8.517.5.
- d. Notify the Department of the individual's eligibility status.

**8.517.7 START DATE FOR SERVICES**

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

- 1. The date at which financial eligibility is effective.
- 2. The date at which the level of care and targeting criteria are certified.
- 3. The date at which the individual agrees to accept services and signs all necessary intake and service planning forms.
- 4. The date of discharge from the hospital or nursing facility.

**8.517.8 CASE MANAGEMENT FUNCTIONS**

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

**8.517.9 PRIOR AUTHORIZATION OF SERVICES**

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

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

8.517.9.C. Claims for services are not reimbursable if:

- 1           1.       Services are not consistent with the client's documented medical condition and  
2                   functional capacity;
- 3           2.       Services are not medically necessary or are not reasonable in amount, scope,  
4                   frequency, and duration;
- 5           3.       Services are duplicative of other services included in the client's Service Plan;
- 6           4.       The client is receiving funds to purchase services; or
- 7           5.       Services total more than 24 hours per day of care.

8   8.517.9.D.   Revisions to the PAR that are requested six months or more after the end date  
9                   shall be disapproved.

10 8.517.9.E.   Payment for HCBS-SCI waiver services is also conditional upon:

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

14 8.517.9.F.   Prior authorization of services is not a guarantee of payment. All services must  
15                   be provided in accordance with regulation and necessary to meet the client's needs.

16 8.517.9.G.   Services requested on the PAR shall be supported by information on the Long  
17                   Term Care Service Plan, the ULTC-100.2, and written documentation from the income  
18                   maintenance technician of the client's current monthly income.

19 8.517.9.H.   The PAR start date shall not precede the start date of HCBS-SCI eligibility in  
20                   accordance with Section 8.517.7.

21 8.517.9.I.   The PAR end date shall not exceed the end date of the HCBS-SCI eligibility  
22                   certification period.

23 **8.517.10       PROVIDER AGENCIES**

24 8.517.10.A.   HCBS-SCI providers shall abide by all general certification standards, conditions,  
25                   and processes established at Section 8.487.

26 **8.517.11       COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES**

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

29 8.517.11.A.   Inclusions

- 1           1.     Acupuncture used for the treatment of conditions or symptoms related to the  
2           client's spinal cord injury.
- 3           2.     Chiropractic Care used for the treatment of conditions or symptoms related to the  
4           client's spinal cord injury.
- 5           3.     Massage Therapy used for the treatment of conditions or symptoms related to  
6           the client's spinal cord injury.

7   8.517.11.B.   Exclusions / Limitations

- 8           1.     Complementary and Integrative Health Services shall be provided only for the  
9           treatment of conditions or symptoms related to the client's spinal cord injury.
- 10          2.     Complementary and Integrative Health Services shall be limited to the client's  
11          assessed need for services as determined by the Complementary and Integrative  
12          Health Provider and documented in the Complementary and Integrative Health  
13          Care Plan.
- 14          3.     Complementary and Integrative Health Services shall be provided in an approved  
15          outpatient setting in accordance with 8.517.11.C.2 or in the client's residence.
- 16          4.     Complementary and Integrative Health Services shall be provided only by a  
17          Complementary and Integrative Health Provider certified by the Department of  
18          Health Care Policy and Financing to have met the certification standards listed at  
19          Section 8.517.11.
- 20          5.     Clients receiving Complementary and Integrative Health Services shall  
21          participate in an independent evaluation to determine the effectiveness of the  
22          services.
- 23          6.     The Complementary and Integrative Health Services benefit is limited as follows:
  - 24           a.     A client may receive each of the three individual Complementary and  
25           Integrative Health Services on a single date of service.
  - 26           b.     A client shall not receive more than four (4) units of each individual  
27           Complementary and Integrative Health Service on a single date of  
28           service.
  - 29           c.     A client shall not receive more than 204 units of a single Complementary  
30           and Integrative Health service during a 365 day certification period.
  - 31           d.     A client shall not receive more than 408 combined units of all  
32           Complementary and Integrative Health Services during a 365 day  
33           certification period.

34   8.517.11.C.   Certification Standards

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1. Organization and Staffing

- a. Complementary and Integrative Health Services must be provided by licensed, certified, and/or registered individuals operating within the applicable scope of practice.
- b. Acupuncturists shall be licensed by the Department of Regulatory Agencies, Division of Registrations as required by the Acupuncturists Practice Act (12-29.5-101, C.R.S.) and have at least ~~five-three (3)~~ (3) years' experience practicing Acupuncture at a rate of 520 hours per year; or at least two (2) years' experience practicing acupuncture at a rate of 520 hours per year AND at least one (1) year of experience working with individuals with spinal cord injuries or other long term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using acupuncture. at a rate of at least 750 hours per year.
- c. Chiropractors shall be licensed by the State Board of Chiropractic Examiners as required by the Chiropractors Practice Act (12-33-101, C.R.S.) and have at least ~~five-three (3)~~ (3) years' experience practicing Chiropractic Care at a rate of 520 hours per year; or at least two (2) years' experience practicing Chiropractic Care at a rate of 520 hours per year AND at least one (1) year of experience working with individuals with spinal cord injuries or other long term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using chiropractic care. at a rate of at least 750 hours per year.
- d. Massage Therapists shall be registered by the Department of Regulatory Agencies, Division of Registrations as required by the Massage Therapy Practice Act (12-35.3-101, C.R.S.) and have at least ~~five-three (3)~~ (3) years' experience practicing Massage Therapy at a rate of 520 hours per year; or at least two (2) years' experience practicing massage therapy at a rate of 520 hours per year AND at least (1) year of experience working with individuals with spinal cord injuries or other long term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using massage therapy. at a rate of at least 750 hours per year.

- 1           2.     Environmental Standards for Complementary and Integrative Health Services  
2           provided in an outpatient setting.
- 3           a.     Complementary and Integrative Health Providers shall develop a plan for  
4           infection control that is adequate to avoid the sources of and prevent the  
5           transmission of infections and communicable diseases. They shall also  
6           develop a system for identifying, reporting, investigating and controlling  
7           infections and communicable diseases of patients and personnel.  
8           Sterilization procedures shall be developed and implemented in  
9           necessary service areas.
- 10          b.     Policies shall be developed and procedures implemented for the  
11          effective control of insects, rodents, and other pests.
- 12          c.     All wastes shall be disposed in compliance with local, state and federal  
13          laws.
- 14          d.     A preventive maintenance program to ensure that all essential  
15          mechanical, electrical and patient care equipment is maintained in safe  
16          and sanitary operating condition shall be provided. Emergency Systems,  
17          and all essential equipment and supplies shall be inspected and  
18          maintained on a frequent or as needed basis.
- 19          e.     Housekeeping services to ensure that the premises are clean and  
20          orderly at all times shall be provided and maintained. Appropriate  
21          janitorial storage shall be maintained.
- 22          f.     Outpatient settings shall be constructed and maintained to ensure  
23          access and safety.
- 24          g.     Outpatient settings shall demonstrate compliance with the building and  
25          fire safety requirements of local governments and other state agencies.
- 26          3.     Failure to comply with the requirements of this rule may result in the revocation of  
27          the Complementary and Integrative Health Provider certification.

28   8.517.11.D    COMPLEMENTARY AND INTEGRATIVE HEALTH CARE PLAN

- 29          1.     Complementary and Integrative Health Providers shall:
- 30          a.     Guide the development of the Complementary and Integrative Health  
31          Care Plan in coordination with the client and/or client's representative.
- 32          b.     Recommend the appropriate modality, amount, scope, and duration of  
33          the Complementary and Integrative Health Services within the  
34          established limits as listed at 8.517.11.B;

- 1 c. Recommend only services that are necessary and appropriate and will  
2 be rendered by the recommending Complementary and Integrative  
3 Health Provider.
  
- 4 2. The Complementary and Integrative Health Provider shall reassess the  
5 Complementary and Integrative Health Care Plan at least annually or more  
6 frequently as necessary. The reassessment shall include a visit with the client.
  
- 7  
8 3. When recommending the use of Complementary and Integrative Health Services  
9 for the treatment of a condition or symptom related to the client's spinal cord  
10 injury, the Complementary and Integrative Health Provider should use evidence  
11 from published medical literature that demonstrates the effectiveness of the  
12 services for the treatment of the condition or symptom.
  
- 13 a. Where no evidence exists, 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 Complementary and Integrative Health Care Plan shall be developed using  
20 Department prescribed form(s) or template(s).
  
- 21 6. The Complementary and Integrative Health Care Plan shall include at least the  
22 following:
  - 23 a. A summary of the client's treatment history;
  - 24 b. An assessment of the client's current medical conditions/needs.
  - 25 c. The amount, scope, and duration of each recommended Complementary  
26 and Integrative Health Services and the expected outcomes.
  - 27 d. The recommended schedule of services.
- 28