



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

RE: Information Pertaining to Initial Approval of Program Approved Service Agencies (PASAs)

Thank you for your interest in becoming a Program Approved Service Agency (PASA). As you requested, enclosed is the packet of information regarding initial approval of PASAs.

This packet consists of the following documents:

1. Application for Program Approval (PASA Application) – Fillable Adobe PDF
2. Claim Submission Process Selection form
3. Fire Department Sign Off (only required for facility-based Specialized Habilitation/Day Habilitation services)
4. “You Are Ready for An Initial Survey When:” document
5. Policies and Procedures Technical Assistance guide (Policies and procedures do not need to be submitted with your PASA application. However, they must be available for review if and when an on-site inspection occurs and they must contain all of the items addressed in the Policies and Procedures Technical Assistance document).
6. Service Descriptions and Minimum Provider Qualifications (You must provide an individualized description of each of the services you are applying for and these descriptions must be consistent with the waiver service descriptions contained in the Service Descriptions and Minimum Provider Qualifications document).

Please read through the application thoroughly and complete all items. Incomplete applications will not be processed. Applications will be accepted via mail, email or fax at:

Colorado Department of Public Health and Environment (CDPHE)
Health Facilities and Emergency Medical Services Division
Attn: Certification, Licensing and Records Section
4300 Cherry Creek Drive South
Denver, CO 80246
E-Mail: cdphe.healthfacilities@state.co.us Fax: (303) 753-6214

Prior to receiving initial approval from CDPHE, the agency must obtain a Medicaid Provider ID Number by completing the provider enrollment application process through the Department of Health Care Policy and Financing (HCPF). Please ensure that your name and contact information on your provider enrollment application is consistent with your name and contact information on your PASA application. Provider enrollment information and applications are available on the Colorado Department of Health Care Policy and Financing (HCPF) website located here:

<https://www.colorado.gov/hcpf/provider-enrollment>

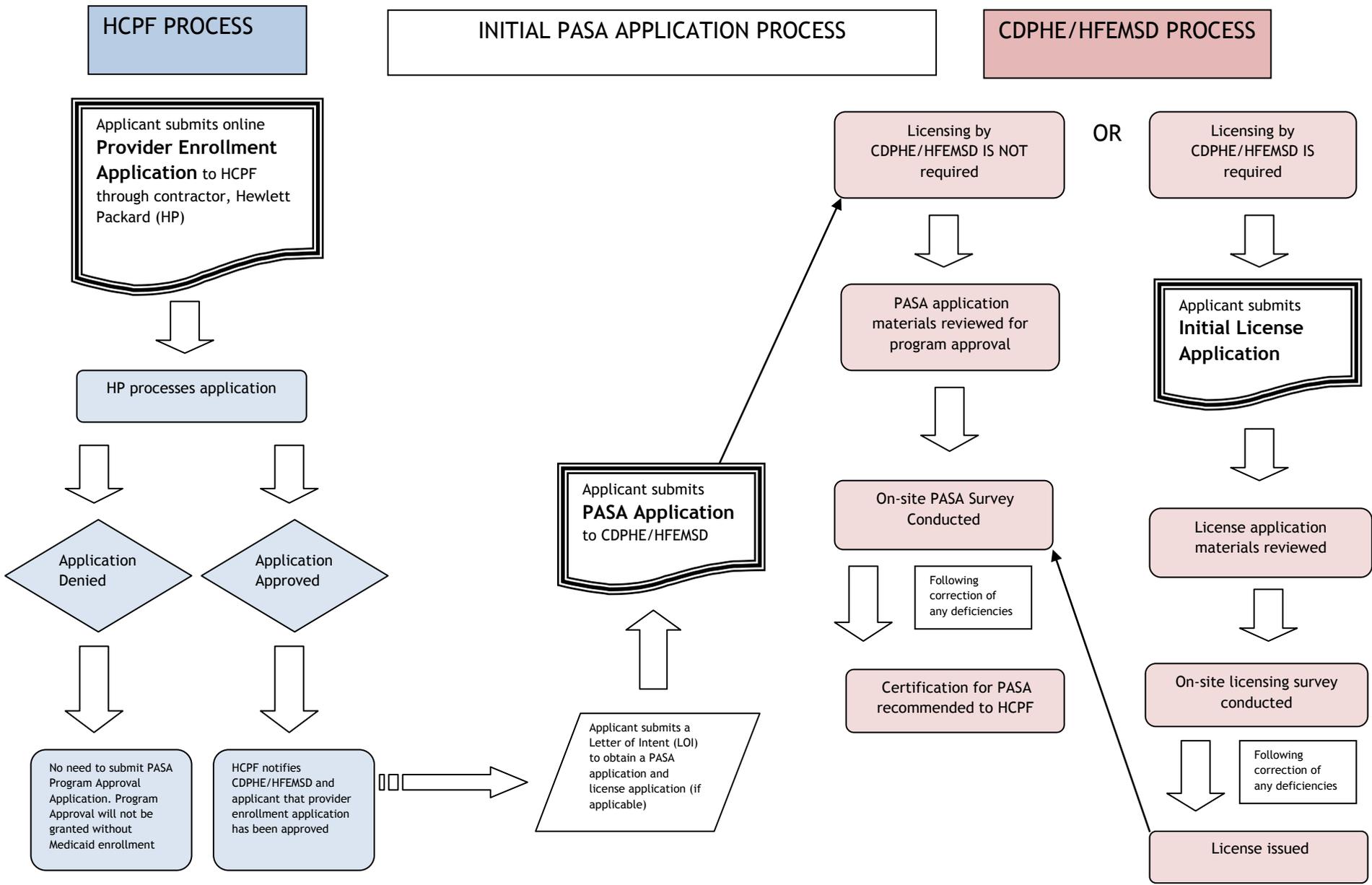
(Select HCBS Developmental Disabilities from the dropdown menu, then select Provider Enrollment Applications and select Standard Provider Application. **For provider type, choose #36 for the HCBS-DD/SLS/CES waivers**)

Once HCPF processes this application, they will assign a Medicaid Provider ID Number and notify CDPHE that the application has been approved. Please note that this number is not activated until the on-site survey by CDPHE has been completed and CDPHE has recommended final approval to HCPF. Agencies can neither provide nor be reimbursed for services without program approval and an active Medicaid Provider Number.

Once an agency obtains a Medicaid Provider Number from HCPF and submits a completed PASA application packet to CDPHE, please allow 30 business days for CDPHE to review and process the application. CDPHE will notify the agency by email if additional information is required. When review of the application is complete, an on-site health survey by CDPHE will be conducted.

If you have any questions, please call the customer assistance line at 303-692-2836.

Certification, Licensing and Records Section
Health Facilities and Emergency Medical Services Division



PASA: Program Approved Service Agency: Home and Community Based Services (HCBS) for the Developmentally Disabled (DD), Supported Living Services (SLS) and Children's Extensive Supports (CES)
 HCPF: Health Care Policy and Financing
 CDPHE/HFEMSD: Colorado Department of Public Health, Health Facilities and Emergency Medical Services Division

STATE OF COLORADO
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

**APPLICATION FOR PROGRAM APPROVAL
DEVELOPMENTAL DISABILITIES WAIVER SERVICES**

Service Agency Name: _____

Agency Address: _____

Mailing Address (if different): _____

Email Address: _____

Phone Number(s): _____

Full Legal Name and Title of Agency Director/CEO: _____

Full Legal Name of Agency Owner(s): _____

This application is for a new Program Approved Service Agency:

This application is for an already-existing Program Approved Service Agency:

Has the agency/owner/operator ever been under prohibition or sanction from a contracting authority or licensing entity? _____

If yes, please explain: _____

Proposed Opening/Start Date: _____

In which CCB(s) service area(s) does the agency intend to provide services? _____

Programs(s)/services for which approval is being sought:

Residential Habilitation Services and Supports (DD)*

Individual Residential Services and Supports/Host Home

Group Residential Services and Supports/Group Home

Facility Name: _____ Requested Person Capacity: _____

Facility Address: _____

Service Agency Name: _____

Day Habilitation Services and Supports (DD and SLS)*

Specialized Habilitation Facility Address: _____

Supported Community Connections

Supported Employment (DD and SLS)

Prevocational Services (DD and SLS)

Supported Living Services and Children's Extensive Support Services

Personal Care (SLS and CES)**

Mentorship (SLS)

Respite Services (SLS and CES)**

Community Connector (CES)

**Agencies consisting of more than one employee (including volunteers) who wish to provide "hands-on" Personal Care and/or Respite Services in the Client's home will require a Class B Non-Medical Home Care Agency (HCA) License.

Other Services:

Behavioral Supports (DD, SLS and CES)

* Program Approval for Non-Medical Transportation is included when approved for these services

Additional Services:

Assistive Technology (SLS and CES)

Home Accessibility Adaptations (SLS and CES)

Homemaker Services (SLS and CES)

Personal Emergency Response (SLS)

Professional Services – Hippotherapy (SLS and CES)

Professional Services – Massage (SLS and CES)

Professional Services – Movement Therapy (SLS and CES)

Non-Medical Transportation (DD and SLS)

Vehicle Modifications (SLS and CES)

Service Agency Name: _____

I certify that I have read and am familiar with all rules and statutes regulating developmental disabilities services and I agree to fully comply with them. Furthermore, I certify all information provided as part of this application is accurate and all assurances have been completed. Documentation that demonstrates the assurances have been met is on file at the agency's administrative office and available for review.

Agency Director/CEO:

Signature: _____ Date _____

Agency Owner:

Signature _____ Date _____

Board President, if applicable:

Signature _____ Date _____

AGENCY ASSURANCES

Each of the following assurances must be initialed by the agency owner(s), agency CEO and/or Board of Directors President, as applicable.

The service agency assures:

_____ - Compliance with all applicable statutory and regulatory requirements and policies in Colo. Rev. Stat. Title 25.5-10, et seq and accompanying rules at 10 CCR 2505-10, Section 8.600 et seq as amended within the Colorado Department of Health Care Policy and Financing, Division for Intellectual and Developmental Disabilities (hereinafter referred to as "Division") rules, including any subsequent changes.

_____ - The program site meets all applicable requirements and is operating within all applicable local zoning requirements.

_____ - A copy of a local fire authority inspection will be submitted to the Division or its designee, prior to the provision of facility-based services for each facility operated by the service agency and at such time that facility locations change. This only applies to facility-based Specialized Habilitation Day Habilitation Programs.

_____ - Receipt of an agreement to operate according to Generally Accepted Accounting Principles (GAAP).

Service Agency Name: _____

AGENCY ASSURANCES CONT'D

_____ - All of the information submitted to the Division or its designee in support of its request for program approval is accurate. The agency will notify the Division or its designee of any change or reconfiguration to the program(s) and seek new program approval, if needed, prior to implementation of a change.

_____ - Compliance with requests from the Division or its designee to update any or all of the information applicable to program approval.

_____ - Cooperation with and response to on-site monitoring visits, matters of inquiry and plans of correction as may be required by the Division or its designee and cooperation with Federal and State auditing authorities.

_____ - Cooperation with and response to monitoring activities conducted by the Community Centered Board(s) including but not limited to case management monitoring, on-site monitoring visits and investigations.

_____ - The provision of services and submission of claims only for services the agency is qualified and approved to provide pursuant to the Home and Community Based Services Developmental Disabilities, Supported Living Services and Children's Extensive Support Medicaid waivers.

_____ - Immediate reporting of all suspected cases of abuse, neglect, exploitation and mistreatment to the Community Centered Board and when appropriate, Adult Protective Services or Child Protective Services.

_____ - Monitoring of service provision will be completed by the agency pursuant to 10 CCR 2505-10, Section 8.600 et seq as amended.

_____ - The applying entity is registered and in good standing with the Colorado Secretary of State. If Out-of-State corporation, a local advisory board has been developed as set forth in 10 CCR 2505-10, Section 8.602.1 B.

_____ - The Claims Submission Method form will be submitted to the Division or its designee along with the Program Approval application and prior to changing billing method.

_____ - All required policies and procedures have been developed pursuant to 10 CCR 2505-10, Section 8.600 et seq as amended prior to the provision of services.

Service Agency Name: _____

APPLICATION SUBMISSION REQUIREMENTS

Applicants must also submit the following with the Program Approval application:

- Resume or Curriculum Vitae with complete work history for owner/director/operator, director and associate director as applicable.
- Copies of any relevant licenses or certifications as required (e.g., CDPHE licensure for either a Group Home or a Home Care Agency, Federal Dept. of Labor Subminimum Wage Certificate, local fire authority inspection, city/county zoning documentation, etc.).
- Listing of the membership of the board of directors or trustees of the agency along with their affiliations, as applicable.
- Detailed organizational chart including staff identified for positions.
- Description and location of each service to be provided.
- Claim Submission Process Selection form (initial application only)
- Fire Department Sign Off form (only required for facility-based Specialized Habilitation Day Habilitation services)

Submit completed applications via mail, email or fax to:

Colorado Department of Public Health and Environment (CDPHE)
Health Facilities and Emergency Medical Services Division
Attn: Certification, Licensing and Records Section
4300 Cherry Creek Drive South
Denver, CO 80246
Fax: (303) 753-6214
E-Mail: cdphe.healthfacilities@state.co.us

POLICIES AND PROCEDURES

Applicants applying to provide Residential Habilitation, Day Habilitation, Behavioral Supports, Supported Living or Children's Extensive Support Services must have the following policies and procedures available for review at the time of survey:

- Dispute Resolution (Section 25.5-10-212 C.R.S. and 10 C.C.R. 2505-10 Section 8.605.2)
- Grievances (10 C.C.R. 2505-10 Section 8.605.5)
- Incident reporting (10 C.C.R. 2505-10 Section 8.608.6)
- Mistreatment, abuse, neglect and exploitation (Section 25.5-10-221 C.R.S. and 10 C.C.R. 2505-10 Section 8.608.6)
- Personal needs funds, if applicable (10 C.C.R. 2505-10 Section 8.609.5 and Title 25.5-6-411 C.R.S.)
- Rights of persons receiving services (Sections 25.5-10-218 through 231, C.R.S. and 10 C.C.R. 2505-10 Section 8.604.2)
- Use of physical restraint (10 C.C.R. 2505-10 Section 8.608.3)
- Use of emergency control procedures (10 C.C.R. 2505-10 Section 8.608.4 A)
- Use of safety control procedures (10 C.C.R. 2505-10 Section 8.608.4 B)

Each policy and procedure is followed by a statutory and/or rule citation for reference and guidance on, at minimum, what the agency's policies and procedures must address in order to be in compliance.

These are only a few of the policies and procedures the agency is required to develop. The agency must develop all operating policies and procedures for program administration and service provision as required and applicable to the services for which program approval is being sought. The Division provides neither templates nor consultation on the development of policies and procedures.

The above listed policies and procedures are not required to be submitted at the time of initial application for applicants applying to provide only the services listed under the Additional Services heading (Page 2 of this application). They are however required to be developed and implemented at the time of survey.



**PROGRAM APPROVED
SERVICE AGENCIES
(HCBS-DD/SLS/CES)**

FIRE DEPARTMENT
Sign off for Local Authorities

Written evidence of compliance with local fire codes must be obtained prior to Program Approval for facility-based Specialized Habilitation Day Habilitation Programs and prior to the provision of these services for each facility operated by the Program Approved Service Agency and at such time that facility locations change. Contact the city or county department in your area and have the director or designee sign below. The original signed form must be returned to Health Facilities and Emergency Medical Services Division (HFEMSD) as part of your application.

SECTION A: TO BE COMPLETED BY THE APPLICANT

PURPOSE OF APPLICATION:

- Initial Application
 Increase in Beds (group home only) From _____ To _____
 Change of Location (includes Specialized Habilitation Day Programs):

From _____

To _____

SECTION B: TO BE COMPLETED BY THE APPLICANT

Name of Facility: _____

Address: _____

City

County

No. of Licensed Beds Requested: _____

Name of Person to Contact: _____ Phone: (____) _____ Fax: (____) _____

SECTION C: TO BE COMPLETED BY THE CITY/COUNTY FIRE DEPARTMENT

Fire Department having Jurisdiction: _____

The above-named facility meets the requirements for fire safety: YES NO (If "no" please explain on a separate attachment.)

Signature: _____ Date: _____

Name of Person to Contact: _____ Phone: (____) _____ Fax: (____) _____

Address: _____

Policies and Procedures Technical Assistance

The Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services Division (HFEMSD) created this document to assist applicants in the initial certification process and to help agencies become more familiar in accessing the required information. Each policy and procedure required for the initial certification process has been outlined in the pages that follow to identify the information the HFEMSD survey staff look for when completing initial on-site surveys. In order for initial certification to be recommended, applicants must ensure each bullet outlined in this document is included in the agency's policy and procedures.

Following the name of the policy and procedure is the statutory and/or rule citation for reference. When developing policies and procedures the agency must reference the actual citation provided. This document identifies the information the agency is required to provide in the policies and procedures but does not include all required detail. All information is provided in Colorado statute and rules.

This document is intended to provide technical assistance; this document does not replace the need for the agency to understand, utilize and reference Colorado statute, Department of Health Care Policy & Financing, Division for Intellectual & Developmental Disabilities rules. It is the responsibility of the agency to ensure all policies and procedures meet requirements.

Applicants applying to provide Residential Habilitation, Day Habilitation, Behavioral Supports, Supported Living and/or Children's Extensive Support Services must develop and have ready the following policies and procedures prior to the initial on-site survey:

- Dispute Resolution
 - Grievance/Complaints
 - Incident Reporting
 - Mistreatment, Abuse, Neglect and Exploitation
 - Personal Needs Funds
 - Rights of Persons Receiving Services
 - Use of Physical Restraint
 - Use of Emergency Control Procedures
 - Use of Safety Control Procedures
- Other Potentially Applicable P & P's:
- Transportation
(10 C.C.R. 2505-10 Section 8.611)
 - Use of Medication Reminder Boxes
(10 C.C.R. 2505-10 Section 8.609.6 D)
 - Medication Procurement, Storage,
Distribution & Disposal
(10 C.C.R. 2505-10 Section 8.609.6 D)

The policies and procedures listed above are only a portion of the policies and procedures the agency is required to develop prior to providing services. It is the agency's responsibility to develop all operating policies and procedures for program administration and service provision as required and applicable to the services for which initial certification is being sought.

Department of Health Care Policy & Financing, Division for Intellectual & Developmental Disabilities Rules:

Citations beginning with “10 C.C.R. 2505-10” followed by a 8.600 number, refer to the Department of Health Care Policy & Financing, Division for Intellectual & Developmental Disabilities rules and stand for the Code of Colorado Regulations (CCR).

- Go to the Division for Intellectual & Developmental Disabilities website
- On the left side of the website is a tab titled “Rules.” When this tab is selected, the site will provide a link to the Division for Intellectual & Developmental Disabilities rules and a link to the Health Care Policy and Financing rules
- Select the link for the Division for Intellectual & Developmental Disabilities rules
- After selecting the link, The Code of Colorado Regulation Titles will be displayed

To access Colorado Revised Statute:

Citations that begin with “C.R.S. 27-10.5” refer to the Colorado Revised Statute (C.R.S.).

- To access the Colorado Revised Statute go to the Colorado Secretary of State web site and select Colorado Revised Statute or go to <http://www.sos.state.co.us/pubs/elections/statutes.html> and select “view the Colorado Revised Statutes”
- This link connects to the LexisNexis free public access to the Colorado Revised statutes
- Review the Terms and Conditions and select “I agree” to enter the site
- Select Colorado Revised Statue in the upper left corner
- “27-10.5” indicates Title 27, Article 10.5
 - Once the statutes appear, scroll down to select “Title 27. Behavioral Health” by clicking on the plus sign to the left of the title
 - Select “Mental Illness and Defects” again by clicking on the plus sign
 - Select “Article 10.5 Care and Treatment of the Developmentally Disabled” by clicking on the plus sign
 - Select “Part 1. Rights of Developmentally Disabled” by clicking on the plus sign
- The individual citations will now be visible for instance: “27-10.5-114. Right to medical care and treatment.” Click on each citation individually to view, save or print
- At this level of detail, the documents can also be saved or printed

Policy and Procedure for Dispute Resolution

(Section 25.5-10-212 C.R.S. and 10 C.C.R. 2505-10 Section 8.605.2)

NOTE: Dispute and Grievance are two separate processes used for different purposes. Dispute and Grievance cannot be combined into one policy.

The agency dispute policy must include:

- The four types of situations where an individual or guardian would file an agency dispute including:
 - The applicant is not eligible for services or supports
 - The person receiving services is no longer eligible for services or supports
 - Services or supports are to be terminated
 - Services in the Individualized Plan are to be modified, reduced or denied
- The requirements for informing the person receiving services/guardian of the dispute resolution process
- The statement that the intended action will not occur until after reasonable notice has been provided to the person/guardian along with an opportunity to utilize the resolution process except in emergency situations as determined by the Department
- The statement that use of the dispute resolution procedure shall not prejudice the future provision of appropriate services or supports to the individual in need of/or receiving services
- The statement that an individual shall not be coerced, intimidated, threatened or retaliated against because that individual has exercised his or her right to file a complaint or has participated in the dispute resolution process
- Notice of the proposed action, as defined in Section 8.600.4 shall be provided to the person receiving services/guardian at least 15 days prior to the date of action
- The process to be used if the person receiving services/guardian is dissatisfied with the decision or action of the agency
- Step 1: Informal Negotiation
 - The agency shall provide an opportunity for resolution through an informal negotiation which may be waived by mutual consent
 - A meeting of all parties shall be scheduled within 15 days of the receipt of the complaint
 - If informal negotiation has been attempted or waived the following provisions shall be initiated

- Step 2: Formal Negotiation
 - An opportunity to present information and evidence to an impartial decision maker
 - Notification of the meeting at least 10 days prior to the meeting unless waived by the objecting parties
 - Representation by council, authorized representative or another individual if the objecting party desires
 - The opportunity to respond to questions
 - Recording of the proceeding by electronic device or reporter
 - Written decision within 15 days of the meeting
 - Notification that if the dispute is not resolved, the objecting party may request that the Executive Director of the Department or a designee review the decision
- Step 3: Review by the Department of Health Care Policy and Financing
 - The request to review the outcome of the dispute resolution process shall be submitted to the Department within 15 days from which the decision was postmarked
 - Community centered board, regional center or the program approved service agency or other party shall be afforded the opportunity to respond within fifteen (15) working days
 - The Department has a right to request additional information or may request an oral argument or a hearing
 - The Department shall render a decision within 10 working days of the submission of all relevant information
 - The decision of the Department shall constitute final agency action on the dispute
 - A statement that the agency will keep a written record of all proceedings
 - The statement that no person receiving services be terminated from such services or supports during the resolution process

**Policy and Procedure for
Grievance/Complaint Process**

(10 C.C.R. 2505-10 Section 8.605.5)

NOTE: When a person receiving services/guardian has a complaint that does not meet the requirements for Dispute Resolution, then the person receiving service/guardian can file a grievance/complaint.

The agency grievance/complaint policy must include:

- The statement that the use of the grievance procedure shall not prejudice the future provision of appropriate services or supports
- The requirements for informing the person receiving services/guardian of the grievance process
- Who within the agency will receive the grievance
- Identification of support persons to assist in the submission of a grievance
- An opportunity for individuals to come together to find a mutually acceptable solution
- A timeline for the resolution of the grievance
- If the grievance cannot be resolved at a lower level the agency director or a designee will review the grievance
- The statement that no individual shall be coerced, intimidated, threatened or retaliated against because the individual has exercised his or her right to file a grievance or has participated in the grievance process

Policy and Procedure for Incident Reporting

(10 C.C.R. 2505-10 Section 8.608.6)

The agency incident reporting policy must include:

- The types of events that require an incident report including:
 - Injury to a person receiving services
 - Lost or missing persons receiving services
 - Medical emergencies involving persons receiving services
 - Hospitalization of persons receiving services
 - Death of person receiving services
 - Errors in medication administration
 - Incidents or reports of actions by persons receiving services that are unusual and require review
 - Allegations of abuse, mistreatment, neglect, or exploitation
 - Use of safety control procedures
 - Use of emergency control procedures
 - Stolen personal property belonging to a person receiving services
- Information regarding the documentation requirements of incidents including:
 - Name of the person reporting
 - Name of the person receiving services who was involved in the incident
 - Name of persons involved or witnessing the incident
 - Type of incident
 - Description of the incident
 - Date and place of occurrence
 - Duration of the incident
 - Description of the action taken
 - Whether the incident was observed directly or reported to the agency
 - Names of persons notified
 - Follow-up action taken or where to find documentation for further follow-up
 - Name of the person responsible for follow-up
- Timelines for reporting to the agency administrator, Community Centered Boards and guardian or parent of a minor as applicable, based on the type of incident (e.g. critical incident; allegation of mistreatment, abuse, neglect or exploitation; hospitalization or death)
- Documentation indicating the reports of incidents will be kept in the individual's record
- The agency process to review and analyze incident reports to identify trends and problematic practices and a statement that the agency will take appropriate corrective action if problematic practices are identified

**Policy and Procedure for
Mistreatment, Abuse Neglect and Exploitation (MANE)**

(Section 25.5-10-221 C.R.S. and 10 C.C.R. 2505-10 Section 8.608.6)

The agency MANE policy must include:

- A statement prohibiting abuse, mistreatment, neglect or exploitation of any person receiving services
- Definitions of abuse, mistreatment, neglect and exploitation (Section 8.600.4 Definitions)
- How the agency will monitor to detect instances of abuse, mistreatment, neglect or exploitation
- The procedure for reporting allegations including the required timelines for contacting the agency administrator, guardian or parent of a minor, and the Community Centered Boards
- The procedure for reviewing and investigating all allegations
 - NOTE: Agencies are encouraged to contact the Community Centered Boards for the areas where the agency will provide services. The agency itself will not conduct investigations. The investigations will be conducted by the Community Centered Boards or in some situations by the Department. If the Community Centered Board determines the situation does not warrant an investigation, the agency can conduct an internal investigation at the agency's discretion
- The required information to be documented in the agency's written administrative record as it relates to the report, review and the investigation
- The agency's immediate personnel actions when an allegation has been made and the agency's follow up actions and documentation if the allegation is substantiated
- How the agency will ensure the safety of the individual and provide the necessary victim supports
- How the agency will inform employees and contractors of applicable state law and agency policies and procedures
- Information regarding reporting to outside authorities as appropriate including the police, Adult Protective Services and Child Protective Services
- All allegations will be reviewed by the Community Centered Boards' Human Rights Committee
- A statement that "no individual will be coerced, intimidated, threatened or retaliated against because the individual, in good faith, makes a report of suspected abuse, mistreatment, neglect or exploitation or assists or participates in any manner in an investigation of such allegations in accordance with Section 8.608.8 D"

**Policy and Procedure for
Personal Needs Funds**

(10 C.C.R. 2505-10 Section 8.609.5 and Title 25.5-6-411 C.R.S.)

The agency is required to have a policy to determine the agency's procedure for handling personal needs funds and personal possessions.

If the agency will be providing Representative Payee services for persons receiving services additional information can be found at:

- The Social Security Guide for Organizational Representative Payees at <http://www.ssa.gov/payee/NewGuide/toc.htm>
- Title 25.5-6-411 C.R.S.—Personal needs trust fund required

**Policy and Procedure for
Rights of Persons Receiving Services**

(Sections 25.5-10-218 through 231, C.R.S. and 10 C.C.R. 2505-10 Section 8.604.2)

The agency rights policy must be easily understood and must include:

- Information that identifies a person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws unless such rights are modified pursuant to state or federal law
- Information as to when and how the rights will be provided to the person receiving services/guardian
- The statement that “No person receiving services, his/her family members, guardian or authorized representatives, may be retaliated against in their receipt of services or supports or otherwise as a result of attempts to advocate on their own behalf”
- How the agency will ensure employees and contractors are aware of the rights of the person receiving services
- The process for a suspension of rights
 - An individual’s rights may be suspended only to protect the individual from endangering his/herself, others or significant property and in a manner which will promote the least restriction on the person’s rights
 - The process for suspending a right
 - The documentation requirements
 - Human Rights Committee (HRC) review
 - The process for ongoing Inter-disciplinary Team (IDT) review including frequency and content
- Additionally the policy must list and describe each right identified in C.R.S. 27-10.5 113-123 and 128 including:
 - Right to an Individualized Plan
 - Right to medical care and treatment
 - Right to humane care and treatment
 - Right to religious belief, practice and worship
 - Rights to communications and visits
 - Right to fair employment practices
 - Right to vote
 - Records and confidentiality of information pertaining to eligible persons or their families
 - Right to personal property
 - Right to influence policy
 - Right to notification
 - Sterilization Rights

**Policy and Procedure for
The Use of Physical Restraint**

(10 C.C.R. 2505-10 Section 8.608.3)

NOTE: Additional information is provided in the Division for Intellectual & Developmental Disabilities Communication Brief titled “Rights Suspensions and Individual Service and Support Plans including Restrictive Procedures.” This document is available on the Division for Intellectual & Developmental Disabilities website by selecting the tab for Service Providers and then selecting the tab for Technical Assistance and Training or by entering:

<http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251587093642>

The agency physical restraint policy must include:

- Definitions of physical restraint and mechanical restraint
- Situations that may warrant the use of a physical restraint or mechanical restraint
- The statement that restraint may be employed only when necessary to protect the person receiving services for injury to self or others and may not be employed as punishment, for the convenience of staff or as a substitute for a program of services and supports
- A statement the mechanical restraint is subject to special review and oversight and shall only be applied in an emergency if alternative techniques have failed
- A statement that mechanical restraints shall be designed and used so as not to cause physical injury and the least possible discomfort
- The process for monitoring the individual during the restraint
- That the individual will be released from physical or mechanical restraint as soon as the emergency condition no longer exists
- The agency policy for physical restraint exceeding 15 minutes
- The process for review by the Inter-disciplinary Team (IDT) and Human Rights Committee (HRC)

**Policy and Procedure for
Requirements for Emergency Control Procedures**

(10 C.C.R. 2505-10 Section 8.608.4 A)

The agency Emergency Control Procedures policy must include:

- The definition for an Emergency Control Procedure
- The types of procedures that may be used
- The requirements for staff training
- A statement that an Emergency Control Procedure shall not be employed as punishment, for the convenience of staff or as a substitute for services, supports or instruction
- The requirements for documentation including identifying the requirement for an Incident Report
- The timelines for notification of the use of an Emergency Control Procedure to the Community Centered Boards, parent of a minor, guardian and authorized representative if appropriate

**Policy and Procedure for
Requirements for Safety Control Procedures**

(10 C.C.R. 2505-10 Section 8.608.4 B)

The agency Safety Control Procedures policy must include:

- The definition for a Safety Control Procedure
- The types of procedures that may be used
- The requirements for staff training
- The requirements for documentation
- The timeline for the agency to file an incident report with the Community Centered Boards
- A Safety Control Procedure must be approved by the HRC as soon as possible after its development
- If the Safety Control Procedure is used more than three times in 30 days, the Interdisciplinary team must meet to review the situation

Policy and Procedure for the use of Medication Reminder Boxes (MRB)

(10 C.C.R. 2505-10 Section 8.609.6 D)/ Pursuant to Section 25.1-107(1)(ee)(1.5)C.R.S.

If unlicensed persons are used to fill and label medication reminder boxes, the agency has developed and implemented policies and procedures concerning the following for medication reminder boxes

- Filling
 - For no more than 2 weeks at a time
 - No PRN or special instruction medications
- Labeling
 - Name of PRS
 - Name of medications in MRB
 - Medication dosage/amount in MRB
 - Frequency/time medication is to be taken
 - Count of medication
 - Day medication is to be taken
- Administration
 - Unlicensed staff/provider has QMAP
 - Unlicensed staff/provider- Specific MRB training
 - Name of Qualified Manager (QM)
 - Qualified Mgr. monitor staff/provider
 - QM Doc. training to fill and label MRB's
 - Signed Disclosure Statement
 - QM passed QMAP and MRB training
 - Re-tested every 4 years

Medication Procurement, Storage, Distribution and Disposal

(10 C.C.R. 2505-10 Section 8.609.6 D)

The agency's Medication Policy must include:

- Each program approved service agency shall establish and implement written procedures for the appropriate procurement, storage, distribution and disposal of medications:
 - All drugs shall be stored under proper conditions of temperature, light, and with regard for safety
 - Discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels shall be promptly disposed of in a safe manner
 - A record shall be maintained of missing, destroyed or contaminated medications

Transportation (10 C.C.R. 2505-10 Section 8.611)

The agency's Transportation policy must include:

- Vehicles owned and operated by the community centered board or program approved service agency- shall develop and implement written policies and procedures which shall be in accordance with Department policies and procedures and which shall include, but not be limited to:
 - Insurance coverage;
 - Safety equipment;
 - Vehicle condition and maintenance;
 - Emergency procedures;
 - Personnel qualifications;
 - Use of aides;
 - Volunteers; and,
 - Recordkeeping.

- Policies and procedures **shall also address the provision of transportation to individuals in vehicles not owned or operated by the community centered board or program approved service agency.** These policies and procedures shall include, at a minimum section 8.611.A.1 through 8 and other procedures which may be needed for safety.

- Agencies shall ensure that all drivers are appropriately qualified and that drivers and vehicles meet all legal requirements.

Service Agency Name: _____

PROGRAM APPROVED SERVICE AGENCY
CLAIM SUBMISSION PROCESS SELECTION

As a Medicaid provider the following options are available for claim submission. Please initial the option the prospective service agency has chosen:

_____ Option 1—Submit claims directly to ACS, the Medicaid fiscal agent, through MMIS (Medicaid Management Information System). *The Program Approved Service Agency (PASA) is responsible for the correct submission of claims and completing any follow up for denied or incorrectly paid claims.*

_____ Option 2—Utilize a business/billing agent to submit claims. *The PASA contracts with a business/billing agent to conduct the claim submission functions. This may include completing any follow up for denied or incorrectly paid claims.*

Business/Billing Agent Name: _____

Address: _____

Phone: _____

_____ Option 3—Subcontract with a Community Centered Board (CCB) as the Organized Health Care Delivery System (OHCDS). *The CCB is responsible to follow up on denied or incorrectly paid claims.*

The PASA must maintain documentation to support all submitted claims.

Signature of PASA Director

Date

Signature of CCB Exec. Director or Designee
(If Option 3 is selected)

Date

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Adapted Therapeutic Recreational Equipment and Fees	<p>Recreational equipment that is adapted specific to the participant's disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, flotation collar for swimming, various types of balls with internal auditory devices and other types of adapted equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access professional services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.)</p> <p>Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and indoor/outdoors play structures.</p>	<p>The service to be delivered shall meet all applicable state licensing and certification requirements.</p>	<p>The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>The provider shall have all certifications required by the State of Colorado for the performance of the service or support being provided.</p>			X
Assistive Technology	<p>Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes:</p> <ol style="list-style-type: none"> 1. The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; 2. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 3. Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and 4. Devices that help the participant to communicate such as electronic communication devices (excluding cell phones, pagers, and internet access unless prior authorized by the state); skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the person's disability. <p>Assistive technology devices and services are only available when the cost is above and beyond that of typical expenses and are not available through the Medicaid State Plan or third party resource.</p>	<p>The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards.</p>	<p>The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>The provider shall have all certifications required by the State of Colorado for the performance of the service or support being provided.</p>	X		X

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Behavioral Services- Behavioral Consultation Services	Behavioral Consultation Services include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the individual's developmental disability and are necessary for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self management. Intervention modalities shall relate to an identified challenging behavioral need of the individual. Specific goals and procedures for the Behavioral Services must be established. Individuals with co-occurring diagnoses of developmental disabilities and Medicaid covered mental health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination by the Behavioral Services professional to obtain the best outcome for the individual.	2-CCR-503-1 16.220-DDCHC/PP Rules: 8.500.5 Behavioral Consultant shall meet one of the following requirements: 1. Shall have a Master's degree or higher in behavioral, social or health sciences or education and be nationally certified as a "Board Certified Behavior Analyst" (BCBA), or certified by a similar nationally recognized organization. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or 2. Shall have a Baccalaureate degree or higher in behavioral, social or health sciences or education and be 1) certified as a "Board Certified Associate Behavior Analyst" (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services Provider.	This provider may be qualified in several ways as described in the "Other Standard" below. One option is to be licensed in their field of practice as described in #1 below.	HCPF Program Approval This provider may be qualified in several ways as described in "Other Standard" below. One option is to be nationally certified as a "Board Certified Behavior Analyst" or certified by a similar nationally recognized organization with established standards of practice, as described in #2 below.	X	X	X
Behavioral Services- Behavioral Line Services	Behavioral Line Services include direct 1:1 implementation of the behavioral support plan, under the supervision and oversight of a Behavioral Consultant for acute, short term intervention at the time of enrollment from an institutional setting or to address an identified challenging behavior of an individual at risk of institutional placement and that puts the individual's health and safety and/or the safety of others at risk.	(8.519.6 H) Behavioral Line Staff shall meet the following minimum requirements: Must be at least 18 years of age, graduated from high school or earned a high school equivalency degree and have a minimum of 20 hours training, inclusive of practical experience in the implementation of positive behavioral supports and/or applied behavioral analysis; and that is consistent with best practice and research on effectiveness for people with developmental disabilities. cleared the provider's background check at time of hire. (8.500 1 d vii 1) Works under the direction of a Behavioral Consultant.	N/A	HCPF Program Approval	X	X	X

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Behavioral Services- Behavioral Plan Assessment Services	Behavioral Plan Assessment Services include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document.	Behavioral Plan Assessor shall meet one of the following minimum qualifications: 1. Shall have a Master's degree or higher in behavioral, social or health science or education and be nationally certified as a BCBA or certified by a similar nationally recognized organization. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or 2. Shall have a Baccalaureate degree or higher in behavioral, social or health science or education and be 1) certified as a "Board Certified Associate Behavior Analyst" (BCABA) or 2) be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and working under the supervision of a certified or licensed Behavioral Services provider.	This provider may be qualified in several ways as described in "Other Standard" below. One option is to be licensed in field of practice as described below.	HPCF Program Approval This provider may be qualified in several ways as described in "Other Standard" below. One option is to be nationally certified as a "Board Certified Behavior Analyst" (BCBA) or certified by a similar nationally recognized organization as described below.	X	X	X
Behavioral Services- Individual/Group Counseling Services	Individual/Group Counseling Services include psychotherapeutic or psychoeducational intervention related to the developmental disability in order for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management, to positively impact the individual's behavior or functioning. Counseling may be provided in an individual or group setting and may include Cognitive Behavior Therapy, Systematic Desensitization, Anger Management, Biofeedback, and Relaxation Therapy.	Counselors shall meet one of the following minimum requirements: 1. Shall hold the appropriate license or certification for the provider's discipline according to state law or federal regulations and represent one of the following professional categories: Licensed Clinical Social Worker, Certified Rehabilitation Counselor, Licensed Professional Counselor, Licensed Clinical Psychologist, or BCBA and must demonstrate or document a minimum of two years experience in providing counseling to individuals with developmental disabilities; or 2. Have a Baccalaureate degree or higher in behavioral, social or health science or education and work under the supervision of a licensed or certified professional as set forth above in Individual/Group Counselor Provider Qualifications.	This provider may be qualified in several ways as described in "Other Standard" below. One option is to be licensed in field of practice as described below.	HPCF Program Approval This provider may be qualified in several ways as described in "Other Standard" below. One option is to be nationally certified as a "Board Certified Behavior Analyst" (BCBA) or certified by a similar nationally recognized organization as described below.	X	X	X
Community Connector	Supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population. Community Connector provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment to provide services and supports as identified in the participant's service plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention, or improvement. Community Connector is provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.	Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.	The service to be delivered shall meet all applicable state licensing requirements.	HCPF Program Approval The service to be delivered shall meet all applicable state certification requirements.			X

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Day Habilitation	Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments: Specialized Habilitation (SH) and Supported Community Connections (SCC)	Specialized habilitation (SH) services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.		HPCF Program Approval	X	X	
Day Habilitation-Specialized Habilitation		DDD Rules: 2-CCR-503-1 16.221 B; CDHCPF Rules: 10CCR 2505-10 § 8.500.5 SLS waiver requirement: Program Management: Baccalaureate or higher Degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associate's Degree from an Accredited college and two years of successful experience in human services, or Four years successful experience in human services. Direct Care Staff: Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions. Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP). Have completed minimum training based on State training guidelines. Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with developmental disabilities.		HPCF Program Approval	X	X	
Day Habilitation-Supported Community Connections	Supported Community Connections (SCC) supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a participant's Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.	DDD Rules: 2-CCR-503-1 § 16.221 B; CDHCPF Rules: 10CCR 2505-10 § 8.500.5 Program Management: Baccalaureate or higher Degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associate's Degree from an Accredited college and two years of successful experience in human services, or Four years successful experience in human services. Direct Care Staff: Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions. Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP). Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with developmental disabilities.		HPCF Program Approval	X	X	

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Dental Services	Dental services through the waiver are available to individuals age 21 and over. Covered Dental Services are for diagnostic and preventative care to abate tooth decay, restore dental health and are medically appropriate. Services include preventative, basic and major services. These dental services require prior authorization at the local Community Centered Board (CCB) level pursuant to the DDD Prior Authorization Request (PAR) Process.	C.R.S. 12-35-101 et. seq.3 CCR 709.1: Colorado Board of Dental Examiners, Rules and Regulations	Per State Board of Dental Examiners		X	X	
Home Accessibility Adaptations	Those physical adaptations to the primary residence of the participant's family, required by the participant's Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility (e.g., carpeting, roof repair, central air conditioning, etc.) and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Prior authorization is required for any adaptation adding square footage to a home. All devices and adaptations shall be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid State Plan or third party resources shall be utilized prior to accessing waiver funds	The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards.	The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.	The provider shall have all certifications required by the State of Colorado for the performance of the service or support being provided.		X	X

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
H o m e c a r e	Basic Homemaker Services Basic Homemaker Services that consist of the performance of basic household tasks within the participant's primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.	Waiver requirements: Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.		HCPF Program Approval		X	X
	Enhanced Homemaker Services Enhanced Homemaker Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services, however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or	Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.		HCPF Program Approval			
Mentorship	Service provided to participants to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. This service includes assistance in interviewing potential providers, understanding complicated health and safety issues, and assistance with participation on private and public boards, advisory groups and commissions. This service may also include training in child and infant care for parent(s) who themselves have a developmental disability. This service does not duplicate case management or waiver services such as Day Habilitation.	Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.		HCPF Program Approval		X	
Non-Medical Transportation	Service provided in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. Transportation to and from work is a benefit in conjunction with Supported Employment service except when the Supported Employment service occurs at a frequency less than the number of days worked. In that case, transportation to and from the place of employment is a benefit when the participant does not have resources available, including personal funds, natural supports and/or third party resources. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(e) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized.	DHS Rules:2-CCR-503-16.640-16.644 Required liability coverage.	Colorado Drivers License, or Commercial Drivers License, or C.R.S. 40-10-101 et.ssq.; Public Utilities Commission (DORA)	HCPF Program Approval	X	X	

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Parent Education	Consultation and direct service costs for training parents and other care providers in techniques to assist in caring for the participant's needs, including sign language training. Acquisition of information, specific to the participant's disability, for family members from support organizations and special resource materials, cost of registration for parents/caregivers to attend conferences/educational workshops that are specific to the participant's disability, cost of membership to parent support/information organizations and publications designed for parents of children with disabilities.		The service to be delivered shall meet all applicable state licensing requirements for the performance of the service or support being provided.	The service to be delivered shall meet all applicable state certification requirements for the performance of the service or support being provided.			X
Personal Care	A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.	Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.		HCPF Program Approval		X	X
Personal Emergency Response	PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. The participant and their case manager develop a protocol for identifying who is to be contacted if/when the system is activated.	The product or service to be delivered must meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. The provider must have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.	The product or service to be delivered must meet all applicable state licensing requirements.			X	

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
<p>Prevocational Services (HCBS-SLS and HCBS-DD)</p>	<p>Prevocational Services prepare a participant for paid community employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety that are associated with performing compensated work. Services are identified in the participant's Service Plan and are directed to rehabilitative rather than explicit employment objectives. Services are provided in a variety of locations separate from the participant's private residence or other residential living arrangement. Participants are compensated in accordance with applicable federal laws and regulations. Prevocational services can be differentiated from supported employment services by using the following criteria: 1) Compensation is paid at less than 50 percent of the minimum wage (agencies that pay less than minimum wage shall ensure compliance with department of labor regulations); and, 2) Goals for prevocational services are general in nature and are not primarily directed at the intended outcome of prevocational services is to obtain paid or unpaid community employment within five years. Prevocational services may continue longer than five years when documentation in the annual service plan demonstrates this need and the need is based on an annual assessment. A comprehensive assessment and review for each person enrolled in prevocational services shall occur at least once every five years. The purpose of this assessment and review is to determine whether or not the person has developed the skills necessary for paid or unpaid community employment. While Prevocational Services may continue longer than five years when appropriate documentation show this need, the intended outcome of the service is employment within five years. If at the time of the five year evaluation or any time during those previous five years it is determined the client is not demonstrating progress toward their goal of community employment, the interdisciplinary team shall review other day program options and the Prevocational Services shall be discontinued.</p>	<p>DHS/DDD Rules: 2-CCR-503-1 § 16.221 B; CDH/CPH Rules: 10CCR 2505-10 § 8.500.5</p> <p>Program Management: Baccalaureate or higher degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associates degree from an accredited college and two years of successful experience in human services, or four years successful experience in human services.</p> <p>Direct Care Staff: Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions. Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP). Have completed minimum training based on State training guidelines. Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with developmental disabilities.</p>		<p>HCPH Program Approval</p> <p>Department of Labor Certificate</p>	X	X	

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Professional Services (HCBS-CES)	<p>Professional services include Hippotherapy, Movement Therapy and Massage. These services are only available from a provider who is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service shall be an identified need in the Service Plan. In addition, the service shall be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and monitors the progress towards goal achievement at least quarterly. The identified Professional Service cannot be available under the regular Medicaid State Plan, EPSDT or from a third party source.</p> <p>Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills; gross motor, sensory integration, attention, cognitive, social, behavioral and communication.</p> <p>Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.</p> <p>Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.</p>		<p>The service to be delivered shall meet all applicable state licensing requirements for the performance of the service or support being provided.</p>	<p>HCPT Program Approval The service to be delivered shall meet all applicable state certification requirements for the performance of the support or service being provided.</p>			X
Professional Services (HCBS-SLS)	<p>Professional services include Hippo-therapy, Movement Therapy and Massage. These services can be funded only when the provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service must be an identified need in the Service Plan. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least quarterly. The identified "Professional Service" cannot be available under the regular Medicaid State Plan or from a third party source. Passes to community recreation centers when used to access professional services is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes)</p> <p>Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills; gross motor, sensory integration, attention, cognitive, social, behavioral and communication.</p> <p>Movement Therapy: The use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.</p> <p>Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.</p>		<p>The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>HCPT Program Approval The service to be delivered shall meet all applicable state certification requirements for the performance of the support or service being provided.</p>	X		

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Residential Habilitation	<p>Residential Habilitation Services and Supports (RHSS) are designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community. These services are individually planned and coordinated through the participants Service Plan. The frequency, duration and scope of these services are determined by the participants needs identified in the Service Plan. These services may include a combination of lifelong - or extended duration - supervision, training and/or support (i.e. support is any task performed for the participant, where learning is secondary or incidental to the task itself, or an adaptation is provided) which are essential to daily community living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies. Reimbursement for RHSS does not include the cost of normal facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of participants or to meet the requirements of the applicable life safety code.</p> <p>Residential Habilitation Services and Supports are available to participants who live with and/or are provided services by members of their family, as defined in C.R.S. 27-10.5-102(15)(a) and (b). The cost of room and board is not included in the reimbursement for RHSS. When family members are paid to provide RHSS the following conditions apply: 1) The paid family member shall meet the provider qualifications that have been specified for this service. All of the participant's needs identified in the Service Plan to be met by RHSS shall be met either by the paid family member, other paid direct care or management staff of the service provider agency, or by other unpaid family members, friends or community members; 3) When RHSS services are provided in the family home it is the family's responsibility to ensure that the residence meets Housing and Urban Development standards and 4) When a family member is to be paid for providing services and supports the Service Plan must document that the IDT has determined that provision of services by a paid family member is in the best interest of the participant and the reasons for that determination.</p> <p>The following activities are performed by RHSS staff and are designed to assist participants to reside as independently as possible in the community. 1. Self-advocacy training may include training to assist in expressing personal preferences, self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices. 2. Independent living training may include personal care, household services, infant and childcare (for parents who have a developmental disability), and communication skills such as using the telephone. 3. Cognitive services may include training involving money management and personal finances, planning and decision making. 4. Implementation of recommended follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional. Services are aimed at increasing the overall effective functioning of the participant. 5. Medical and health care services that are integral to meeting the daily needs of participants (e.g., routine administration of medications or tending to the needs of participants who are ill or require attention to their medical needs on an ongoing basis). 6. Emergency assistance training includes developing responses in case of emergencies; prevention planning and training in the use of equipment or technologies used to access emergency response systems. 7. Community access services that explore community services available to all people, natural supports available to the participant, and develop methods to access additional services/supports/activities needed by the participant. 8. Travel services may include providing, arranging, transporting, or accompanying the participant to services and supports identified in the Service Plan. 9. Supervision services which ensure the health and welfare of the participant and/or utilizing technology for the same purpose. All direct care staff not otherwise licensed to administer medications must complete a training class approved by the Colorado Department of Public Health and Environment, pass a written test and a practical/competency test.</p> <p>The CCB is expected to review the list of qualified provider service agencies in its designated service area to verify that each agency has maintained a current program approval certification issued by the DDD, and a current license from the Colorado Department of Public Health and Environment if licensed as a community group home for the developmental disabled. The DDD and CCBs provide ongoing monitoring of all residential habilitation providers and the DDD is responsible for monitoring all individual and group residential service providers for certification purposes every two-years. The Colorado Department of Public Health and Environment is responsible to monitor each individually licensed group home every two years offset from the DDD on-site surveys. There are no differences with these processes if the provider or group home is operated by the CCB or by some other agency.</p> <p>Under Residential Habilitation Services and Supports the responsibility for the living environment rests with the service agency and encompasses two types of living environments:</p>	<p>HCBS-DD</p> <p>X</p>	<p>Certificate</p> <p>HCPPI Program Approval</p>	<p>HCBS-SLS</p>	<p>HCBS-CES</p>		

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
R c s i d e n t i a l	<p>Group Residential Services and Supports (GRSS) encompass group living environments of four (4) to eight (8) participants receiving services who may live in a single residential setting which is licensed by the State as a Residential Care Facility/Residential Community Home. All IRSS and GRSS settings are required to have staff available to meet the needs of the participant as defined in the Service Plan.</p>	<p>DDD Rules: 2-CCR-503-1 16.221 B; CDHCFP Rules: 10CCR 2505-10 § 8.500.5</p> <p>Program Management: Baccalaureate or higher Degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associates Degree from an Accredited college and two years of successful experience in human services, or Four years successful experience in human services.</p> <p>Direct Care Staff: Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions. Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP). Have completed minimum training based on State training guidelines. Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with developmental disabilities.</p>	<p>Colorado Department of Public Health and Environment (CDPHE).</p>	<p>HCFPF Program Approval</p>	X		
H a b i l i t a t i o n a l	<p>Individual Residential Services and Supports (IRSS) in which three (3) or fewer participants receiving services may live in a single residential setting or in a host home setting. The living environment does not require state licensure. However, the Division for Intellectual and Developmental Disabilities (DIDD) must approve the service agencies to provide such services. Monitoring of IRSS services to individuals is the responsibility of CCB Case Managers and the monitoring of IRSS provider agencies is a HCFPF responsibility. Specific requirements for Case Management monitoring of all providers is located at 2 CCR 503-1 16-460. HCFPF monitors IRSS providers on an ongoing basis and for the purpose of provider certification, as described in Appendix H of the application.</p>	<p>DDD Rules: 2-CCR-503-1 16.221 B; CDHCFP Rules: 10CCR 2505-10 § 8.500.5</p> <p>Program Management: Baccalaureate or higher Degree from an accredited college or university in the area of Education, Social Work, Psychology or related field and one year of successful experience in human services, or an Associates Degree from an Accredited college and two years of successful experience in human services, or Four years successful experience in human services.</p> <p>Direct Care Staff: Be at least 18 years of age, have the ability to communicate effectively, be able to complete required forms and reports and to follow verbal and written instructions. Have the ability to provide services in accordance with an Individual Services and Support Plan (ISSP). Have completed minimum training based on State training guidelines. Have necessary ability to perform the required job tasks, and have interpersonal skills needed to effectively interact with persons with developmental disabilities.</p>		<p>HCFPF Program Approval</p>	X		

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Respite	Respite services provided on a short-term basis, because of the absence or need for relief to those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Federal financial participation is not available for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite services shall be billed according to a unit rate or daily rate whichever is less.	Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.		HCPT Program Approval		X	X
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and supplies include: Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. 1. Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase their ability to perform activities of daily living. 2. Kitchen equipment required for the preparation of special diets if this results in a cost saving over prepared foods. 3. General care items such as distilled water for saline solutions, supplies such as specialized eating utensils, etc., required by a participant with a developmental disability and related to the disability. 4. Specially designed clothing (e.g. velcro) for participant if the cost is over and above the costs generally incurred for a participant's clothing. 5. Maintenance and upkeep of the equipment Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.	The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards.	The product or service to be delivered shall meet all applicable state licensing requirements.		X	X	X

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Supported Employment	<p>Supported employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting.</p> <p>Participants are required to apply for services through the Division for Vocational Rehabilitation. Supported employment does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).</p> <p>Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; payments that are passed through to users of supported employment programs; or payments for training that are not directly related to an individual's supported employment program.</p>	<p>DHS/DDDD Rules: 2-CCR-503-1 16.221 B; HCPF Rules: IOCCR 2505-10 § 8.500.5</p> <p>Supported Employment Agency Program Management:</p> <p>Baccalaureate or higher degree from an accredited college or university in the area of Vocational Rehabilitation, Education, Social Work, Psychology or related field and one year of successful experience in employment counseling, job placement, job coaching or vocational rehabilitation or,</p> <p>An Associates Degree, from an accredited college. Four years of successful experience in employment counseling, job placement, job coaching or vocational rehabilitation.</p> <p>Employment Consultant/Job Coach: Same requirements listed under Residential and Day Program Direct Care.</p>		HCPF Program Approval	X	X	

Service Descriptions and Minimum Provider Qualifications

Service	Service Description	Minimum Provider Qualifications	License	Certificate	HCBS-DD	HCBS-SLS	HCBS-CES
Vehicle Modifications	<p>Adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:</p> <ol style="list-style-type: none"> Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant; Purchase or lease of a vehicle; and Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications. 	<p>The product or service to be delivered shall meet all applicable manufacturer specifications, state and local codes, and Uniform Federal Accessibility Standards.</p>	<p>The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>The provider shall have all certifications required by the State of Colorado for the performance of the service or support being provided.</p>	X	X	X
Vision Services (HCBS-DD and HCBS-SLS)	<p>These services are provided only when the services are not available through the Medicaid State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision services are provided by a licensed Optometrist or physician and include eye exams and diagnosis, glasses, contacts, and other medically necessary methods used to improve specific dysfunctions of the vision systems. Lask and other similar types of procedures are only prior approved and allowable when the procedure is necessary due to documented specific behavioral complexities (i.e. constant destruction of eye glasses) associated with the participant that make other more traditional remedies impractical.</p>		<p>C.R.S. 12-40-101 et. Seq.</p>		X	X	
Vision Services (HCBS-CES)	<p>Vision therapy is provided only when the services are not available through the Medicaid State Plan or EPSDT due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third party resource. Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the participant and the participant's signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.</p>		<p>C.R.S. 12-40-101 et. Seq.</p>				X