

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

**PROGRAM APPROVED SERVICE AGENCY
NOTIFICATION OF CCB SERVICE AREA EXPANSION**

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number(s): _____ Fax Number: _____

E-Mail Address: _____

Director/CEO: _____

In which CCB(s) service area(s) does the PASA currently provide services? _____

To which CCB(s) service area(s) is the PASA expanding services? _____

Have specific individuals been identified to receive services? Yes No

Is the agency establishing an additional administrative unit? Yes No

If yes, what is the address? _____

The PASA is expanding the provision of the following program approved service(s):

- Assistive Technology (HCBS-SLS and HCBS-CES)
- Behavioral Supports (HCBS-DD, HCBS-SLS and HCBS-CES)
- Community Connector (CES)
- Group Residential Services and Supports (*An initial program approval application must be submitted for new GRSS facilities*)
- Home Accessibility Adaptations (HCBS-SLS and HCBS-CES)
- Homemaker Services (SLS and CES)
- Individual Residential Services and Supports
- Personal Care (SLS and CES)
- Personal Emergency Response System (HCBS-SLS)
- Prevocational Services (HCBS-DD and HCBS-SLS)
- Movement Therapy- Professional Services (HCBS-SLS and HCBS-CES)
- Hippotherapy- Professional Services (HCBS-SLS and HCBS-CES)
- Massage Therapy- Professional Services (HCBS-SLS and HCBS-CES)
- Mentorship (SLS)
- Respite (SLS and CES)
- Specialized Habilitation (HCBS-DD and HCBS-SLS) *For new facilities submit a copy of the local fire authority inspection.*
- Supported Community Connections (HCBS-DD and HCBS-SLS)
- Supported Employment (HCBS-DD and HCBS-SLS)
- Transportation (HCBS-DD and HCBS-SLS)
- Vehicle Modifications (HCBS-SLS and HCBS-CES)
- Vision Services (HCBS-DD, HCBS-SLS and HCBS-CES)

What is the anticipated start date of services within the new CCB(s) catchment area(s)? _____

CDPHE will notify the current and new CCBs of the service area expansion within 10 days of receipt of this form.

Signature of Agency Director

Date

Agency Director's Printed Name