



**CO L O R A D O**

**Department of Health Care  
Policy & Financing**

**Adult IDD Waiver Redesign Stakeholders:  
Draft Service & Coverage Standards**  
*Residential Services – Working Draft*

**Disclaimer: Deliberative Document**

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Service Development & Evaluation Unit  
Policy, Innovation & Engagement Division  
Office of Community Living  
Updated: August 8, 2019

# Residential Services

## Service Specifications

### Definition

1. Residential Services support members whose needs require 24/7 access to supports that ensure the health, safety, and welfare of the member. Services include supporting members' empowerment, self-advocacy and independence. This service assists the member to live and participate fully in their community in the natural rhythm and routines of their life, to the same degree of access of individuals not receiving Medicaid Home and Community-Based Services, by supporting the member in pursuing what is important to them as indicated in their Person Centered Support Plan.

### Eligibility

1. To be eligible for Residential Services, a member must meet Needs-Based Criteria including amount, type, frequency and duration of their daily support needs, their support needs for community protection and safety, and that their needs require 24/7 access to supports.

### Service Inclusions

1. 24/7 access to supports
2. Home maintenance to ensure safety of the living residence, including home and yard maintenance, snow removal, and pest eradication.
3. Health and Wellness Coordination liaison between residential direct support providers and medical professionals or health and wellness professionals to support the member's overall wellbeing.
4. Transportation to enable the participant to routinely engage in their community and live a full life. Travel services may include providing, arranging, transporting, or accompanying the member. Travel services do not include transportation to Employment Supports or Community and Personal Engagement waiver services.
5. Supports and training as indicated in the member's Person-Centered Support Plan, essential to daily independent community living, and which may be provided across the following areas:
  - a. Supportive Supervision as identified in the member's Person-Centered Support Plan, including access to 24/7 supports.

**Commented [SR1]:** Service responsibilities to be integrated into the natural rhythm and routines of a person's day

**Commented [TL2R1]:** Incorporated "natural rhythm and routines" and "same degree of access..." as required in the HCBS Settings Final Rule.

**Commented [BM3]:** This is part of the bundled Res Services per diem rate and provider responsibilities to ensure safe living environments

**Commented [TL4R3]:** 6/18/19 stakeholders requested deleting qualifier of "Owned or Operated by the Residential Services provider"; as this component of the Res Service is necessary no matter where the member lives (e.g. owns home, family home, Host Home, Group Home). Consider indicating this caveat in the "Limitations" section, per CMS TA- "If not otherwise provided by the property management company" The bundled res rate includes this service. If in PSS, the member buys this service separately, if they need it, and if it is not otherwise included in the property management responsibilities.

**Commented [SR5]:** These services are individually planned and coordinated through the member's Person-Centered Support Plan. The frequency, duration, and scope of these services are determined by the member's needs identified in the Person-Centered Support Plan.

**Commented [SR6]:** More detail and supports for things like healthy lifestyles, etc.

**Commented [TL7R6]:** Included an element of healthy lifestyles in #3 "support the member's wellbeing" and in d. "experiencing healthy lifestyle"

**Commented [SR8]:** Needs to match language in the definition including the suggested empowerment, self-advocacy, and independence language

**Commented [TL9R8]:** Matched language from PSS in broad overall Definition above in 1.

**Commented [SR10]:** Consider adding "Characterized by independent living and community living options available to non-HSBC participants"

**Commented [TL11R10]:** LT incorporated verbatim language from HCBS Settings Final Rule in broad overall definition in 1. above

- b. Activities of Daily Living (ADLs), which include basic self-care activities of mobility, transferring, bathing, personal hygiene, dressing, toileting, and eating.
- c. Instrumental Activities of Daily Living (IADLs), which include activities related to independent living, including, but not limited to, preparing meals, managing money, shopping for groceries or personal items, performing housework, and communication.
- d. Self-advocacy support, which may include education or training in expressing personal preferences, experiencing healthy lifestyles, increasing self-representation, increasing self-protection from and reporting of abuse, neglect and exploitation, advocating for individual rights and making increasingly self-determined choices.
- e. Emergency assistance training, which includes developing responses in case of emergencies, prevention planning, and training in the use of equipment or technologies used to access emergency response systems in so far as providing the training does not require qualifications beyond those of the Personal Support provider. Such training includes any relocation plans and continuity of supports in the event of caregiver incapacity.
- f. Life Skills Training, which are designed and directed with the client to develop and maintain their ability to sustain themselves physically, emotionally, socially and economically in the community; specifically training includes assessing, training, supervising, or assisting the client with activities to include, but not limited to, personal care (e.g. self-care and the activities of daily living), infant and childcare (for parents who have a developmental disability, medication reminders and supervision, time management skill building, safety awareness, skill development and training, task completion, communication skill building, interpersonal skill development, socialization training, community mobility training, identifying and accessing mental and behavioral health services, reduction or elimination of maladaptive behaviors, understanding and following plans for occupational or sensory skill development, problem solving, benefits coordination, resource coordination, financial management and household management.
- g. Integration of recommended follow-up counseling, behavioral or other therapeutic interventions by residential direct support provider, under the direction of a professional. Integration of strategies prescribed from physical, occupational or speech therapists delivered under the direction of a licensed or certified professional in that discipline. Services are aimed at increasing the overall effective functioning of the member as identified in the member's plan of care from the licensed or certified professional.
- h. Community access services to explore community services available to all people, to explore unpaid supports available to the member, and to

**Commented [SR12]:** Change to "supports – including training"

**Commented [SR13R12]:** Changed to "self-advocacy support, which may include education or training..."

**Commented [SR14]:** Is there a better word than "responsible"?

**Commented [SR15R14]:** "increasingly independent choices"

**Commented [SR16R14]:** Number of choices

**Commented [BM17R14]:** I've updated to "self-determined" choices.

**Commented [SR18]:** Possibly retitle "life skills support" and get rid of IADLs list – disagreement: this is a comprehensive list for providers that is necessary to cover all of our bases, title "life skills training and supports"

Reply: Maintained title as Life Skills Training-because this exact same service is available in CCT-Transition Service and members may not receive this service separately and simultaneous to Res Service, because it is duplicative and mutually exclusive.

**Commented [SR19R18]:** List IADLS, "to include but not exhaustive", title "supports and teaching"

**Commented [SR20R18]:** Tie into service plan

Reply: All sub-services tie into the Service Plan as described in the overall broad definition in 1. above

**Commented [SR21R18]:** "integrated life skills supports, modeling, and teaching which is included in the service plan."

**Commented [TL22R18]:** Life Skills Training component cannot be changed as it is identical to the CCT Transition Life Skills Training Service which is mutually exclusive and thus may not be received when a member is receiving Res Services

**Commented [SR23]:** Add language to ensure individuals with IDD are able to integrate back into the community ...

**Commented [SR24R23]:** Identifying a step by step plan for if a caregiver or host home provider is no longer able to ...

**Commented [SR25]:** Add something about plan of care after "therapies"

**Commented [TL26R25]:** Added "as identified in the member's plan of care from the licensed or certified ...

**Commented [SR27]:** Replace word "staff" with "provider" – in all documents, possibly "residential direct ...

**Commented [TL28R27]:** Replaced word "staff" with term "residential direct support provider"

develop methods to access additional support services, activities, and a full community life important to the member.

- i. Assistance with routine health-related tasks in a person's home and community. For the purposes of this service, health-related tasks include those that an otherwise eligible direct support provider is authorized to perform as exempted under state law or as delegated by a Registered Nurse. Medical and health care services that are integral to meeting the daily needs of the member (e.g., routine administration of medications or tending to the needs of members who are ill or require attention to their medical needs on an ongoing basis), including administering medications, and administering gastrostomy tubes (g-tubes) services.

## Limitations & Exclusions

1. These services are individually planned and coordinated through the participant's Person-Centered Support Plan. The amount, type, frequency, and duration, of these services are determined by the participant's preferences and needs identified in the Person-Centered Support Plan.
2. These services are provided only when neither the member nor a Legally Responsible Person is willing and capable of performing or financially providing for them.
3. Waiver participants ages 18 to 20 who need assistance with health-related tasks may access those services under the Waiver to the extent that the services do not duplicate a service required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or to the extent that the Medicaid State Plan, other resources, or another Waiver service is not responsible.
4. Waiver participants ages 21 and older who need assistance with health-related tasks may access those services under the Waiver to the extent that the Medicaid State Plan, other resources, or another Waiver service is not responsible.
5. Residential Services is not to be delivered simultaneously during the direct provision or on the same Person-Centered Service Plan as the following mutually exclusive waiver services: Assistive Technology (Personal Support Technology), Caregiver Supports, Home Maintenance Services, Personal Supports, Intensive Supports (Site-Based Supports), Transition Services (Life Skills Training).
6. Retainer payments may be made to the Residential Services provider when the Waiver participant is hospitalized or absent from his or her home. Retainer payments must equal the amount of paid care the direct support provider would have otherwise provided over the period of absence of the participant. Direct support providers, whether employed by an agency or the participant, may collect retainer payments for an aggregate maximum of 30 days per year.

**Commented [SR29]:** "beyond our community and personal engagement"

**Commented [SR30]:** Language more about supporting individuals to participate in community activities that they like and enjoy – currently seems too rehab-like, "important to the member" or "valued by" or "things the individual enjoys"

**Commented [TL31R30]:** Added language to convey that this component of community access service is to support the member to participate in activities that are important to them in living a full community life.

**Commented [SR32]:** Reference personal care plan

**Commented [SR33]:** Don't want to eliminate opportunity for direct nursing care, strike "routine"

**Commented [SR34R33]:** Clarify role of professional nurses in res hab document

Reply: The SCS is not the place to clarify roles of professional nurses, rather this is clarified in the Nurse Practice Act and associated exemptions are articulated in the DD Statute.

**Commented [TL35R33]:** This component (i) does not provide for direct nursing care, rather it does allow for "routine" health-related tasks provided by the residential direct support provider under the delegation of the nurse. If a member needs direct nursing care, this would be obtained through the Medicaid State Plan, if the person has skilled nursing care needs.

**Commented [BM36]:** Covered as IADLs in "iii." Above.

**Commented [BM37]:** CMS required language. The member and the LRP decide who is/is not "willing and capable"

**Commented [SR38]:** SDE team is consulting with CMS TA consultant regarding exception to this required language.

**Commented [TL39R38]:** Consultation with CMS TA confirmed this required language must remain in the SCS.

**Commented [BM40]:** 1. Residential providers often feel it is important to go to the hospital with their client and we need to encourage their being supportive.

2. Would legislators have concerns about a provider being paid while the client was on vacation with family for 30 days per year, either in or outside of Colorado? And if Medicaid is paying the hospital, how can the provider bill for exactly the same hour ...

**Commented [TL41R40]:** The Department will explore methodologies and the mechanism for claiming and ...

**Commented [BM42]:** We've incorporated Final Rule service provision requirements (choice, autonomy, ...

## GLOSSARY

Term	Definition
Activities of Daily Living (ADLs)	Activities of Daily Living (ADLs), which include basic self-care activities of mobility, transferring, bathing, dressing, toileting, and eating. Components of these ADLs may include such activities as grooming, hygiene, walking, and support for maintaining continence.
Authorized Representative	Authorized Representative means an individual designated by the client or the legal guardian, if appropriate, who has the judgment and ability to assist the client in acquiring and utilizing supports and services. (Current definition in CCR 8.500).
Comprehensive Daily Access	Comprehensive Daily Access is 24/7 access to supports that ensure the health, safety, and welfare of a member and those supports that assist the member in the acquisition, retention or improvement in skills necessary to support the participant to live and participate successfully in their community.
Daily Support Time	Daily Support Time is the specified type and amount of assistance in ADLs needed by the member on a daily basis.
Empowerment	
Guardian	Guardian means an individual at least twenty-one years (21) of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated client pursuant to appointment by a court. Guardianship may include limited, emergency or temporary substitute court appointed guardian but not a guardian ad litem.
Important For	Includes Issues of health, safety, well-being and what others see as necessary to help the person be valued, and be a contributing member of their community.
Important To	Includes those things in life which helps us to be satisfied, content, comforted and happy; what matters most to the person.
Independence	
Instrumental Activities of Daily Living (IADLs)	Instrumental Activities of Daily Living (IADLs), which include activities related to independent living, including, but not limited to, preparing meals, managing money, shopping for groceries or personal items, performing housework, and communication. Components of these IADLs may include such activities as daily planning, decision-making, problem-solving, transportation management, shopping, communication devices and techniques, service animal care, laundry.

**Commented [BM43]:** NOTE: These are only the terms identified at the 5.15.19 Waiver Redesign Stakeholder Meeting.

**Commented [BM44R43]:** Glossary of Terms

1. Legally Responsible Person
2. Daily Support Time
3. Needs-Based Criteria
4. Eligibility for Residential Services
5. Comprehensive Daily Access
6. Authorized Representative.
7. Important To (the Member)
8. Important For (the Member)

**Commented [SR45]:** Define "important to" and "important for"

Concern about adding "important for" could be taken as subjective and health and safety are more objective terms

**Commented [BM46]:** Request to define Legal Guardian

**Commented [TL47R46]:** Defined

Legally Responsible Person.	Legally Responsible Person means the parent of a minor child, or the member's spouse.
Needs-Based Criteria (Residential Services)	To access Residential Services, a member must establish that they require Residential Services by demonstrating needs through the following needs-based criteria: type, frequency and duration of their daily support needs; support needs for community protection and safety; and whether their demonstrated needs require 24/7 access to supports.
Person-Centered Support Plan	A Person-Centered Support Plan means the services and supports plan developed through the Person-Centered Planning Process, an ongoing problem-solving process used to help people with disabilities plan for their future. In person centered planning, groups of people focus on an individual and that person's vision of what they would like to do in the future.
Self-advocacy	

### **Disclaimer: Template Placeholder (following pages)**

All sections and content in the remaining pages of this Service and Coverage Standard are provided as a template placeholder for only contextual purposes of demonstrating the format of a full Service and Coverage Standard. All contents of the following sections should not be seen as, or be interpreted as, having any effect on the sections and deliberative content in the preceding pages of this document. Further, the following sections and content are not to be seen or interpreted as representative of the positions, comments, or feelings of the State of Colorado, the Department of Health Care Policy & Financing, or any of the Department's Offices, Divisions, Sections, or Units, individually or collectively. The following sections and content of this Service and Coverage Standard are to be developed upon the Department's deliberation, development, stakeholder collaboration, and proposed determination of the content in the preceding sections.

## **Provider Specifications**

### Provider Type

1. Program Approved Services Agency: Residential Services Provider

### Certification Requirements:

1. The Department of Health Care Policy and Financing Program Approval

### Other Standard

1. 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.
2. Direct Support Providers: Be at least 18 years of age, can communicate effectively, be able to complete required forms and reports, and be able to follow verbal and written instructions. Can provide services in accordance with the member's Person-Centered Support Plan. Have completed minimum training based on State training guidelines. Have necessary ability to perform the required job tasks and have the interpersonal skills needed to effectively interact with persons with developmental disabilities. Verification of Provider Qualifications Entity Responsible for Verification: The Department of Health Care Policy and Financing Frequency of Verification: Initially and every three years
3. All Direct Support Providers not otherwise licensed to administer medications must complete a training class approved by the Colorado Department of Public Health and Environment (CDPHE), pass a written test and a practical/competency test.

### Staffing Requirements

1. All individuals providing Residential Services shall be supervised by a person who, at a minimum, has met the credentials of Program Management, as outlined above.
2. All individuals providing Residential Services must meet the following qualifications:
  - a. Shall be at least 18 years of age.
  - b. Shall demonstrate competency in caring for the client.
  - c. Shall not have had a license as a nurse or certification as a nurse aide suspended or revoked or his application for such license or certification denied.
  - d. Shall be subject to a criminal background check and APS abuse registry requirements.
  - e. Oversight of staff shall include, but not be limited to, the following activities:
    - i. Orientation of staff to agency policies and procedures.
    - ii. Arrangement and documentation of training.
    - iii. Informing staff of policies concerning advance directives and emergency procedures.

- iv. Oversight of scheduling, and notification to clients of changes; or close communication with scheduling staff.
- v. Member-specific information.
- vi. Meetings and conferences with staff as necessary.
- vii. Supervisory visits to client's homes at least every three months, or more often as necessary, for problem resolution, skills validation of staff, client-specific or procedure-specific training of staff, observation of client's condition and care, and assessment of client's satisfaction with services. At least one Residential Services direct support must be present at supervisory visits at least once every three months.
- viii. Following incident reporting guidelines.
- ix. Investigation of complaints and critical incidents within 10 working days.
- x. Counseling with staff on difficult cases, and potentially dangerous situations.
- xi. Communication with the case managers, the physician, and other providers on the care plan, as necessary to assure appropriate and effective care. Oversight of record keeping by staff.

DRAFT