8.6## TELEHEALTH DELIVERY OF HOME AND COMMUNITY-BASED SERVICES

8.6##.A.. DEFINITIONS

1. Assessment means the Department prescribed instruments to obtain information about a client including his/her condition, personal goals and preferences, functional abilities, health status, and other factors relevant to determine the client's level of functioning.

2. Assessment Process means collecting information from the client and appropriate collaterals pertaining to service needs, available resources, and potential funding sources and includes supporting diagnostic information from a licensed medical professional.

3. Case Management means assistance provided by a Case Management Agency on behalf of an eligible child, which includes referral of needed Medicaid services and supports to enable the member to remain in his/her community based setting.

4. Case Management Agency means a public, private, or non-governmental non-profit agency which is certified by the State in accordance with procedures found in [ccr] , and Provider Responsibilities [ccr, of, to provide services throughout the State].

5. County Department means the Department of Human or Social Services in the county where the member resides.

6. Client means an individual who has met long term care (LTC) eligibility requirements, is enrolled in and chooses to receive LTC services, and receives LTC services.

7. Client Representative means a person who is designated by the client to act on the client's behalf. A client representative may be: (A) a legal representative including, but not limited to a court-appointed guardian, a parent of a minor child, or a spouse; or (B) an individual, family member or friend selected by the client to speak for or act on the client's behalf.

8. Community Centered Board (CCB) means a private corporation, for profit or not for profit, which when designated pursuant to Section 27-10.5-105, C.R.S., provides case management services to clients with developmental disabilities, is authorized to determine eligibility of such clients within a specified geographical area, serves as the single point of entry for clients to receive services and supports under Section 27-10.5-101, C.R.S. et seq , and provides authorized services and supports to such clients either directly or by purchasing such services and supports from service agencies.

9. Department means the Department of Health Care Policy and Financing.

10. Functional Eligibility means that the client meets the criteria for long term care services as determined by the Department's prescribed instrument.

11. Guardian means an individual at least twenty-one years of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated person pursuant to appointment by a court. Guardianship may include a limited, emergency, and temporary substitute court appointed guardian but not a guardian ad litem.

12. Home And Community Based Services (HCBS) means services and supports authorized through a 1915(c) waiver of the Social Security Act and provided in community settings to a client who requires a level of institutional care that would otherwise be provided in an institutional setting.

13. Home and Community-Based Telehealth (HCBS Telehealth) is a method of delivering a broad range of non-clinical support of those HCBS services listed at 8.6##.

14. Level of Care (LOC) means the specified minimum amount of assistance a client must require in order to receive services in an institutional setting under the Medicaid State Plan.

15. Medicaid Eligible means an applicant or client meets the criteria for Medicaid benefits based on the applicant's financial determination and disability determination. Code of Colorado Regulations

16. Medicaid State Plan means the federally approved document that specifies the eligibility groups that a state serves through its Medicaid program, the benefits that the state covers, and how the state addresses additional federal Medicaid statutory requirements concerning the operation of its Medicaid program.

17. Prior Authorization Request (PAR) means the Department prescribed form to authorize the reimbursement for services.

18. Professional Medical Information Page (PMIP) means the medical information signed by a licensed medical professional used as a component of the Assessment to determine the client's need for institutional care.

19. Relative means a person related to the client by virtue of blood, marriage, adoption or common law marriage.

20. Service Plan means the document used to identify the client's needs and sets forth the services to be provided to the client including the funding source, amount, scope, duration, and frequency, provider of each service, and the expected outcome or purpose of such services.

21. Telehealth is the broad use of technologies to provide non-clinical services and supports through HCBS waivers, when the member is in a distanced location from the provider.

22. Waiver Service means optional services defined in the current federally approved waiver documents and do not include Medicaid State Plan benefits.

8.6##.B.. INCLUSIONS

1. HCBS Telehealth may be used to deliver a broad range of non-clinical support through the following authorized HCBS waiver services:

    a. Adult Day Services - Basic, Tier 1; defined at Section 8.491;

    b. Adult Day Services - Brain Injury, defined at Section 8.515.70.

    c. Behavioral Management and Education;defined at [CCR]

    d. Behavioral Services - Behavioral Consultation; defined at [CCR]

    e. Behavioral Services - Behavioral Counseling, Group; defined at [CCR]

f. Behavioral Services - Behavioral Counseling, Individual; defined at [CCR]

g. Behavioral Services - Behavioral Plan Assessment; defined at [CCR]

h. Bereavement Counseling; defined at [CCR]

i. Community Connector; defined at [CCR]

j. Day Treatment;defined at [CCR]

k. Expressive Therapy - Art and Play Therapy, Group; defined at [CCR]

l. Expressive Therapy - Art and Play Therapy, Individual; defined at [CCR]

m. Expressive Therapy - Music Therapy, Group;defined at [CCR]

n. Expressive Therapy - Music Therapy, Individual; defined at [CCR]

o. Independent Living Skills Training; defined at [CCR]

p. Mental Health Counseling, Family; defined at [CCR]

q. Mental Health Counseling, Group; defined at [CCR]

r. Mental Health Counseling, Individual; defined at [CCR]

s. Mentorship; defined at [CCR]

t. Movement Therapy; defined at [CCR]

u. Palliative Supportive Care - Care Coordination; defined at [CCR]

v. Substance Abuse Counseling, Family; defined at [CCR]

w. Substance Abuse Counseling, Individual; defined at [CCR]

x. Supported Employment - Job Coaching, Levels 1-6, Group; defined at [CCR]

y. Supported Employment - Job Coaching, Individual; defined at [CCR]

z. Supported Employment - Job Development, Group; defined at [CCR]

aa. Supported Employment - Job Development, Levels 1-6, Individual; defined at [CCR]

bb. Transition Services - Life Skills Training; defined at [CCR]

cc. Transition Services - Peer Mentorship; defined at [CCR]

dd. Therapeutic Life Limiting Illness Support, Family; defined at [CCR]

ee. Therapeutic Life Limiting Illness Support, Group; defined at [CCR]

ff. Therapeutic Life Limiting Illness Support, Individual; defined at [CCR]

2. For the four services listed below, HCBSTelehealth is limited to delivering only consultation:
    a. Adaptive Therapeutic Recreational Fees and Equipment; defined at [CCR]
    b. Assistive Technology; defined at Section 8.500.94.A.1.,
    c. Home Modification and Adaptations; defined at Section 8.493; and
    d. Vehicle Modifications; defined at [CCR].

8.6##.C. LIMITATIONS

1. HCBS Telehealth is subject to the limitations of the respective service it supports listed at [CCR].
2. HCBS Telehealth is not a duplication of Health First Colorado Telehealth or Telemedicine services defined at [CCR].
3. HCBS Telehealth excludes any service not listed at CCR 8.6##.B.
4. HCBS Telehealth is not an available delivery method of those services defined under C.R.S. 25.5-5-320 (7).

8.6##.D. PROVIDER REQUIREMENTS

1. Eligible providers include home health agencies or county health departments who are enrolled as Colorado Medicaid providers and with capable system equipment, subject to those requirements defined in the waivers and Health First Colorado State Plan.
2. Providers shall give members a written statement that includes the following language:
    a. The member may refuse telehealth delivery at any time without affecting the member's right to any future services and without risking the loss or withdrawal of any service to which the member would otherwise be entitled;
    b. All applicable confidentiality protections shall apply to the services;
    c. The member shall have access to all medical information resulting from the services, under CO Revised Statutes 25.5-5-320.
3. Complete an assessment of client and caregiver prior to using telehealth services that identifies a client's ability to participate in and outlines any accommodations needed while utilizing HCBS Telehealth.
4. Providers must have a written policy for the utilization of HCBS Telehealth use with clients who require translation, or have limited visual and/ or auditory capabilities.
5. Providers must comply with all confidentiality procedures and private payer requirements listed at CO Revised Statutes 10-16-123.
6. Providers must be able to use a technology platform that allows real-time interaction which may include audio, visual and/ or tactile technologies.
7. Providers shall not use HCBS Telehealth to treat a member's emergency needs
8. Shall use a HIPAA compliant platform meeting all requirements [office of civil rights citation?]

9. Shall have a policy that outlines a contingency plan for service delivery if technology options fail.

8.6##.E. CASE MANAGEMENT REQUIREMENTS

1. Eligible members to use HCBS Telehealth are those enrolled in the waivers and services as defined [cite above list].

2. Case Management agencies shall ensure the use of Telehealth is the choice of the client.

3. HCBS Telehealth delivery must be prior authorized and documented in the member's service plan.

4. Case Managers shall ensure no more than half of authorized units be allocated to HCBS Telehealth used for any HCBS waiver service as listed at [cite list above].

    a. There may be an exception for those clients who for reasons of medical necessity need to distance themselves during periods of illness or risk of illness from being around others.

    b. Medical necessity for additional telehealth use shall be documented by a medical professional with knowledge of the client's needs.

5. Telehealth as a service delivery method for authorized HCBS waiver services, shall not interfere with any Client rights as outlined at 8.### or be used as any part of a Rights Modification or Suspension plan as outlined at 8.###.

8.6##.F. REIMBURSEMENT

1. HCBS Telehealth does not include reimbursement for the purchase or installation of telehealth equipment or technologies.

2. HCBS Telehealth does not change provider limitations to collect copays or no show payments from members as set out in [8.3 or 8.4].

3. HCBS waiver service providers utilizing Telehealth shall follow all billing policies and procedures as outlined in the Department's current waiver billing manuals and rates/fees schedules.