

Family Guide

2009

Colorado Medicaid

Home and Community Based

Supported Living Services Waiver

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Colorado Department of Health Care and Policy Financing

Colorado Medicaid Home & Community Based Services

Supported Living Services Waiver

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Section One: Background

Purpose of this guide

In July of 2009, major changes to the Colorado Medicaid Home and Community Based Services **Supported Living Services Waiver (HCBS-SLS)** took effect. We have produced this guide to explain those changes and help individuals and their families understand the services and supports available for adults (18 or older) with developmental disabilities who are eligible for Colorado Medicaid and enrolled in the HCBS-SLS waiver.

Why are changes to the waiver necessary?

Colorado has experienced many changes in the system that provides services for people with developmental disabilities. In 2005 after a routine audit, the **Center for Medicare and Medicaid Services (CMS)** required Colorado to make changes in the service system. **CMS** is the federal government agency that has responsibility for Medicare, Medicaid and the Children's Health Insurance Program. Medicare is health care coverage for people 65 and older (and others with special circumstances.) Medicare is paid for by Medicare payroll taxes—there is no state money involved in Medicare.

Medicaid is health care coverage for low income families, pregnant women, children, people who are blind or who have disabilities and elderly low income persons. Medicaid funding comes from the federal government and from the states. **CMS** is responsible for making certain that tax dollars are spent wisely and appropriately and for the purposes for which they are intended.

After the **CMS** audit in 2005, Colorado made major changes in order to comply with **CMS** rules. **CMS** directed the state to: 1) define specific services for eligible individuals rather than use broad service categories as had been done in the past, 2) develop standard rates for those specific services and 3) if the state's rate system included different rates for services based on levels of need, to come up with a consistent and common way to determine the support level of people enrolled in the system.

In 2007, the state began to put these changes in place beginning with the HCBS Waiver that covers adults in residential settings. In Colorado, this waiver is commonly known as the **Comprehensive Services** waiver.

In 2009, the state completed the process of changing the system to comply with CMS rules by making changes to the system that assists children and adults with developmental disabilities who live in their own homes or with families. In Colorado, these services are covered by two HCBS Waivers (see Section Two for the definition of the HCBS Waiver): **Supported Living Services (SLS)** for adults and **Children's Extensive Services (CES)** for children.

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Section Two: About Medicaid Waivers

What is a Medicaid HCBS Waiver?

A **Medicaid Home and Community Based Services (HCBS) Waiver** is a way that states can use Medicaid dollars to pay for services for a person with a need for long-term supports including someone with a developmental disability. It lets the state pay for services in the community, not an institution. A waiver means that some of the regular Medicaid State Plan contract rules are “waived,” that is, not applied. For example, low-income men and women who are not parents are not eligible for benefits of the Medicaid State Plan but those individuals can be eligible for Waiver services if they meet the targeted group criteria.

Colorado has eleven different HCBS Waivers designed to assist different groups of people with defined needs. The waivers have resulted in considerable cost savings over the years because of fewer admissions to nursing homes and other institutions; most importantly, waivers allow people to live in their own communities.

Who is served under the HCBS waivers?

The person must be eligible for Medicaid and meet the definition of the targeted group of people that the specific waiver is designed to serve; e.g. people with traumatic brain injuries; persons who are elderly, blind or disabled; and children or adults with developmental disabilities.

AND

Meet what’s called the level of care (LOC) for an Intermediate Care Facility for the Mentally Retarded (ICF-MR) or other institutional setting like a nursing home. (**The individual does NOT have to seek or want institutional care**). Each state decides how to assess level of care. In Colorado the Uniform Long Term Care Assessment 100.2 (ULTC100.2) was developed to determine care needs.

The **HCBS-SLS Waiver** is one of the four waivers in Colorado for persons with developmental disabilities. A description of the four waivers is provided with this document. You can get information on all eleven Colorado HCBS Medicaid waivers at <http://www.colorado.gov/cs/Satellite/HCPF/1223894303509>.

Who is responsible for operating Colorado’s HCBS waivers for people with developmental disabilities?

1. **The Division for Developmental Disabilities (DDD)** is the State agency that:

- provides leadership and expertise for policy, planning, program and budget development for services to Coloradoans with developmental disabilities,
- provides assistance and training to service providers,
- determines funding needs, sets priorities, and works with the Colorado Health Care Policy and Financing department (HCFP) to contract with Community Centered Boards (CCBs) and other service providers. There are 20 private non-profit CCBs authorized by state law to provide case management services in designated geographic areas for Coloradoans with developmental disabilities,
- allocates the money appropriated by the Legislature for services, and
- assesses program quality and monitors the providers who receive state funds.

DDD is a division of the Colorado Department of Human Services.

The mission for Colorado's **Division for Developmental Disabilities** is to join with others to offer the necessary supports with which all people with developmental disabilities have their rightful chance to:

- be included in Colorado community life,
 - make increasingly responsible choices,
 - exert greater control over their life circumstances,
 - establish and maintain relationships and a sense of belonging,
 - develop and exercise their competencies and talents, and
 - experience personal security and self-respect.
2. The Colorado department of **Health Care Policy and Financing (HCPF)** administers Colorado's Medicaid program as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities. **HCPF** pays for approved services that are delivered to individuals by service providers.

DDD works with individuals with developmental disabilities and their families, advocates, service providers and HCPF to design, develop and implement services and supports.

HCPF provides oversight for the waivers operated by **DDD**. **HCPF** ensure that all Medicaid programs in Colorado meet the standards set by the federal government as well

as state standards. **HCPF** is responsible for tracking and monitoring the state and federal dollars that pay for Medicaid services.

State/Federal Partnerships

All HCBS waivers are partnerships between the federal government through CMS and the state of Colorado through DDD and the state Medicaid agency, HCPF. The state of Colorado applies to CMS for new waivers and for renewals. HCBS Waivers are approved for an initial three-year period and can be renewed for five-year periods. The current **HCBS SLS** Waiver was renewed for five years on July 1, 2009.

The waiver renewal process:

It takes a long time to design a new waiver and almost as long to re-write and re-vamp an existing waiver.

1. CMS provides states with an application to fill out (called the waiver template or format). The **HCBS- SLS** waiver application can be found at the following link on the **DDD** website:
http://www.cdhs.state.co.us/ddd/PDFs/Application_SLS_Waiver.pdf
2. The waiver application must conform to all HCBS waiver regulations found in the CMS Technical Guide on the **DDD** website:
<http://www.dddwaiverrevisions.com/Files/Version%203.5%20Instructions%20Final%202.1.2008.pdf>
3. Colorado submitted an application for renewal of the **HCBS-SLS** Waiver in the spring of 2009. CMS approved the waiver for implementation on July 1, 2009.

The HCBS-SLS Waiver –like all Medicaid waivers--is a state and federal program to pay for services and there are *some* rules...

The State **MUST** do these things:

- The state **MUST** do what it said in the way it said it would in the waiver. After a waiver is approved by CMS, the state can apply for an amendment to change aspects of the waiver.
- Everyone in service must have an Individual Service Plan developed by qualified people based on the assessment of the person's need.
- The waiver services must directly address an identified need of the enrolled person.
- States must have provider standards approved by CMS to make sure the people giving support know what they are doing.

- The state must assure that necessary safeguards are in place to protect the health and welfare of people enrolled in the waiver.

Under the HCBS Waiver, the state **cannot**:

- give cash directly to a waiver participant or parent...(but consumer-directed and controlled services are permissible and Colorado is working to implement consumer directed support),
- pay for room and board with Medicaid money,
- pay for exactly the same services under the waiver that are covered by the Medicaid State Plan
- pay for services that Vocational Rehabilitation, Mental Health or the public schools are supposed to cover,
- pay for general home repair or maintenance with Medicaid money,
- serve people who don't meet the Medicaid eligibility rules that Colorado describes in the waiver, or
- cover services that are not included in the waiver such as guardianship or institutional care like nursing homes.

The state must **assure** the federal government that the waiver meets the following requirements:

- **Cost-effectiveness:** This means the *average* cost per person under the waiver can't be more than the *average* cost per person in a nursing home or an Intermediate Care Facility for people with Mental Retardation (**ICF-MR**).
- **Evaluation of need:** This means every person must be assessed for the level of care when applying for services and as needed after that, but at least once each year.
- **Freedom of choice of providers:** This means people can choose any willing provider they want who qualifies, under state rules, to do the work.
- **Informed choice** of institutional or community-based services. This means that people have to be presented with all options. (Colorado was one of the first states to close big institutions for people with developmental disabilities so, fortunately, there are not many such options. However, the federal government requires each state to assure that people are informed of choices.)
- **Fair Hearing:** The state must provide an opportunity for people to request a Fair Hearing when they are not given free choice of waiver services as an alternative to institutional services, are denied a service they choose, or when their services are suspended, reduced or terminated.

- ***Portability of funding:*** Medicaid money “follows the person,” i.e. the benefit “belongs” to the individual, not the provider.
- ***Financial accountability for all funds.*** This means the state has to know how the money is spent, for each person and for each service.
- ***The state has to offer waiver services statewide*** unless the state has special permission to only have a waiver in some areas.
- ***Ensure access to service:*** This means that the state makes sure that people enrolled in the waiver get the same types of services all over the state when the services are available.
- ***Medicaid is the last payor:*** This means that people must first use natural supports, their own insurance and any other resources they have to pay for services before Medicaid is used.
- ***Formal System for Monitoring Health and Safety: The state must:***
 - have standards for providers for all types of services provided in the waiver and assure that the standards are met before services are delivered,
 - assure that all facilities where services are delivered meet state standards,
 - provide oversight of services based on information gathered from reports and from visits with providers and with people enrolled in the waiver,
 - get information from waiver participants about how satisfied (or not) they are with their services, and
 - have a formal system to prevent, report and resolve instances of abuse or neglect.

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Section Three: Colorado State Medicaid Plan

Colorado Medicaid is public health insurance for Colorado families, children, pregnant women, persons who are blind or persons with disabilities and the elderly of low income. The cost of Medicaid is paid by the state and federal government. Colorado Medicaid is often simply called the “**State Plan.**”

The State Plan covers the cost of basic medical services. People with developmental disabilities who are eligible for (even if they are on a waiting list) or receiving waiver services such as those included in are also eligible for all basic Medicaid covered services except nursing facility and long-term hospital care.

There are no enrollment limits—i.e. no “waiting lists” for those eligible for services through the State Plan. However, some of the services covered by the State Plan may have annual limits. The state sets the rates for paying doctors, nurses, hospitals etc. for Medicaid services.

The Colorado Medicaid State Plan and Medicaid waivers are different methods to pay for services.

Natural community supports provided by individual, family or friends, private insurance benefits and State Plan benefits as well as HCBS Supported Living Service benefits should be included in the Individual Service Plan that is jointly created by families, self advocates and the case manager at the Community Centered Board.

Services and supports based on medical necessity available to qualified Medicaid recipients through the State Plan:

- Durable medical equipment and supplies
- Early and periodic screening, diagnosis, and treatment (EPSDT) for children under the age of 21—includes immunizations and well-child care
- Emergency dental services
- Emergency services such as visit to a hospital emergency room
- Family planning services and supplies and nurse midwife services
- Hearing services except for hearing aids
- Home health services—personal care functions provided by a nurse, certified nurse’s aide or other licensed medical professional

- Hospice services
- Immunizations for adults to prevent illnesses like the flu or hepatitis
- In patient hospital care but not long-term hospitalization
- In patient psychiatric services for children under the age of 21 or for people 65 and over
- Laboratory and x-ray services
- Mental health services
- Nurse practitioner services
- Occupational therapy
- Out patient hospital services such as minor surgery
- Pharmacy services
- Physical therapy
- Physician services
- Podiatry services
- Rural health clinics and federally qualified health center services
- Speech therapy
- Vision services
- Wheelchairs

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Section Four: The 2009 HCBS Supported Living Service Waiver

HCBS Supported Living Services Waiver (HCBS-SLS)

The Colorado HCBS Supported Living Services Waiver can add to the things that individuals can do for themselves, support provided by families, or supplement benefits covered by private insurance and the state Medicaid Plan.

- HCBS-SLS is primarily for people who can live independently with a limited need for assistance or people who live with families and need services beyond what their family can reasonably provide.
- HCBS-SLS does not pay for the entire cost of services for people who need 24-hour supervision.
- HCBS-SLS is not intended to meet all needs.
- Service needs and the level of support for those needs are identified in the individual service plan.

Each HCBS waiver in Colorado has an enrollment limit and most have a limit on the annual amount of money that can be spent per person each year. (See Authorization Limits later in this section). There are waiting lists for most HCBS waivers in Colorado. An individual can be on more than one waiting list but can only be enrolled in one waiver at a time.

However, many people on the HCBS-SLS waiting list may be able to receive medical services through the Colorado Medicaid **State Plan**. (See section three.)

Also, people should explore the Colorado HCBS Elderly Blind and Disabled Waiver (HCBS-EBD). While the HCBS-EBD waiver is not specifically designed for people with developmental disabilities, some of the services included in the HCBS-EBD waiver might be helpful. If you are on the HCBS-SLS waiting list, you must meet the eligibility criteria for HCBS-EBD to be able to receive services through that waiver. You can stay on the HCBS-SLS waiting list while enrolled in another waiver. If you are interested in obtaining information about the HCBS-EBD waiver, please contact the Single Entry point agency that serves your area. Your Community Centered Board can provide you with that information or you can go online at www.colorado.gov/cs/Satellite/HCPF/1205189474220. You can call HCPF for information at 303-866-5942.

Some families may benefit from the HCBS Children's Habilitation Residential Program Waiver (HCBS-CHRP). Children with developmental disabilities from birth to age 21 with extraordinary needs

requiring residential services could benefit from the CHRP waiver. There are no waiting lists for the CHRP waiver. Children can remain on the Children's Extensive Support waiver wait list while receiving assistance from this waiver.

Contact your case manager or go to <http://www.cdhs.state.co.us/childwelfare/CHRPWaiverRequest.htm> or call the Department of Human Services at 303-866-4393.

Services provided by the HCBS-SLS Waiver are to be used only after all other means of support have been explored including:

- [Natural supports](#) through family and friends
- [Private insurance](#)
- Other [state and Federal programs such as the Colorado Medicaid State Plan](#) (Services cannot be provided through an HCBS waiver if those services are covered under the Medicaid State Plan)
- [Community supports](#) such as church programs, neighborhood centers, and other non-profit service organizations.

Services provided to individuals enrolled in the HCBS-SLS Waiver

Federal and state laws and regulations require that certain services are provided to people enrolled in the HCBS SLS waiver (and other waivers as well.) Beyond the services required by law, the state determines other services available.

- **Targeted Case Management (TCM):** This is a required service for all people on the HCBS - SLS Waiver and is provided by an individual's **case manager** at the local **Community Centered Board (CCB)**. CCBs have different titles for case managers, such as resource coordinator or support coordinator. Regardless of the title, case managers are required to:
 - advocate for the person in services,
 - coordinate needed services,
 - communicate with service providers about service delivery and concerns,
 - review and revise services if necessary,
 - notify clients about any change in services,

- notify clients when services are denied, suspended, terminated, or reduced
- document, report and resolve client complaints and concerns, and
- report abuse, neglect, mistreatment, and exploitation to the proper authority.

Case managers coordinate all services to the person in service whether provided by the waiver, the Colorado Medicaid State Plan, community resources, or the public educational system (where appropriate.)

1. Other HCBS-SLS Services: In addition to targeted case management, there are 16 services that can be paid for under the HCBS-SLS waiver depending on individual needs: Some of these services have annual limits on the number of units a person can access. A unit is a segment of time, generally 15 minutes. Where limits on individual services apply, they are noted below in italics.

- **Personal Care** is provided in a person’s home to help an individual with daily living activities such as personal hygiene, dressing, bathing, grooming and eating. Personal care services can be “hands on,” i.e. the caregiver actually does the task or the caregiver helps the person do the task by prompting or providing cues. Depending on need, personal care can be provided on a regular or occasional basis.
- **Respite Care** is care for an individual when the family member or other caregiver is absent or needs a rest from regular responsibilities. Respite care can be provided in the person’s home, the respite caregiver’s home or in a community setting. Respite can be day or overnight. *(Limited to 1,880 units --about 470 hours—per year. Included is a limit of 30 days per year for services that exceed 10 hrs per day. Additional hours/days can be requested by the person’s case manager to the Division for Developmental Disabilities (DDD) Program and Operations unit.)*
- **Basic Homemaker Services** are household services essential for good health and comfort such as changing bed linens, laundry, cleaning, preparation of a shopping list and meal preparation.
- **Enhanced Homemaker Services** are the household services listed above but include helping a person learn how to do these activities for themselves.
- **Mentorship** includes services to help an individual obtain skills in self-advocacy such as interviewing potential providers, and understanding complicated health and safety issues. Mentorship includes training in child and infant care for parent(s) who themselves have a developmental disability. *(Limited to 192 units—about 48 hours per year—people who need childcare training to care for their own child can receive more units of service if approved by DDD.)*

- **Day Habilitation Services** are day services to help people learn both daily living and social skills. Day Habilitation services and supports can be provided in two different ways:
 1. Specialized Habilitation is provided in non-integrated settings where a majority of people have a developmental disability, such as program sites. Specialized habilitation services may serve to reinforce skills or lessons taught in school or therapy.
 2. Supported Community Connection is a day service with activities to help people be a part of their communities. These are activities such as community education, volunteering or joining clubs.
- **Supported Employment** provides training and support to improve skills and to support the individual to get and maintain a job. *(Limited to 1,517 hours per year—about 254 six-hour days per year.)*
- **Non-Medical Transportation Services** enables people to travel to community services, activities and resources. Whenever possible, family, neighbors, friends or community agencies that can provide transportation without charge will be used. *(Bus passes are available to those who can use public transportation. Payments for other forms of transportation are based on round trip mileage ranges Transportation is limited to “to and from” day habilitation services and 10 extra trips per week for other services.)*
- **Home Accessibility Adaptations** are home changes necessary to ensure health, welfare and safety like adding a ramp or making doors wider for wheelchairs. General home improvements and home maintenance are not covered (e.g., carpeting, roof repair, central air installation, lawn care). *(Home accessibility, Vehicle Modifications and Assistive Technology are limited to a combined maximum of \$10,000 over the life of the waiver, which is five years)*
- **Vehicle Modifications** cover changes to an individual’s primary automobile or van to accommodate the special needs of the person. *(Home accessibility, vehicle modifications and assistive technology are limited to a combined maximum of \$10,000 over the life of the waiver, which is five years).*
- **Assistive Technology** pays for devices that allow people to do daily living activities or to help them communicate, (e.g. hearing aids.) *(Home accessibility, vehicle modifications and assistive technology are limited to a combined maximum of \$10,000 over the life of the waiver, which is five years).*
- **Personal Emergency Response Systems** are devices that allow people who live alone to call for help.
- **Specialized Medical Equipment and Supplies** helps to cover the cost of special items that people need because of their disability. The waiver may cover these items when the Medicaid State Plan and other insurance or programs do not.

- **Professional Services** include Hippo-therapy (therapy involving horses), Movement Therapy and Massage. The cost to *access* a recreation center (such as purchase of a membership) in order to receive approved professional services is allowed.
- **Behavioral Services** help people learn effective ways to express their feelings and communicate with others. It can also help families and friends learn new ways of responding to their loved ones. This service helps people who have behavior problems to live in their community.
- **Dental Services** are provided on a limited basis when not available through the Medicaid State Plan. Dental Services can include periodic exams, treatment for infections and some restoration of decayed or fractured teeth. This benefit covers the cost of dental insurance premiums.
- **Vision Services** are provided on a limited basis when not available through the Medicaid State Plan. Services can include exams, glasses, contact lenses, and other services needed to improve vision. This benefit covers the cost of dental insurance premiums.

Support Levels and Service Plan Authorization Limits

Over the years Colorado has heard from providers, CCBs, people with developmental disabilities and their families about the wide range of needs for people enrolled in the SLS waiver. In response, Colorado decided to develop a rate structure that includes different levels for certain services based on the person's need.

In order to have standardized rates with different levels, CMS required the state to have an objective and consistent way to gauge the support and service needs of people enrolled in HCBS Waivers. Colorado adopted the **Supports Intensity Scale (SIS)** to meet this requirement. The SIS is used in many states to assess needs.

The SIS is not a tool to determine if a person has a developmental disability. People who are enrolled in the HCBS-SLS waiver have already met the eligibility requirements for services through the Colorado system.

At the current time in Colorado, the CCB SIS interviewer works with the individual and his or her family to work through a series of questions that help to figure out what kinds of supports and services are needed. (The SIS can be repeated when circumstances change and families can challenge the SIS score if they can show that all the factors that influence the need for services weren't addressed.)

- A. Each person is given a score based on the SIS and other life circumstances to figure out the **Support Level** of services needed. There are different rates for different support levels.

The assumption is that some of the services for a person with a higher support level will be more expensive than for a person with a lower support level. There are six common Support Levels: 1 for a person with the lowest needs and 6 for someone with more extensive needs. (There is also

a Support Level 7 for people who have needs that go beyond those of people in levels 1-6. A person with a Support Level of 7 could be someone with very extensive supervision needs but who still wants to live at home.)

The Support Level is used to determine how much money is available to pay for services.

- B. The **Service Plan Authorization Limit (SPAL)** is the *maximum* amount of money each year that the state makes available for on-going services according to a person’s Support Level. On-going services include day habilitation, behavioral services, dental services, homemaker services, mentorship, non-medical transportation, personal care and supported employment.

These limits are established using the amount of money that the Legislature appropriates to purchase services in the HCBS-SLS waiver and information about the average amount of money spent for on-going services delivered to people in similar categories last year.

- C. The **Authorization Limits** change based on the actual amount of services that people in different Support Levels need (not everyone will need the maximum amount.) The levels will also change based on the cost of services and how much money the Legislature provides to purchase services. The limits could also change if there are reductions to the state budget between legislative sessions.

There are four Service Plan Authorization Limits in the HCBS-SLS waiver. These limits are accurate as of September 15, 2009.

Support Level	1	Authorization Limit	A	\$12,422
Support Level	2	Authorization Limit	B	\$13,267
Support Levels	3&4	Authorization Limit	C	\$16,224
Support Levels	5&6	Authorization Limit	D	\$26,093

Some people in the HCBS- SLS waiver have more extensive needs than the standard Support Levels indicate—those with a Support Level 7; the State has established a Support Plan Authorization Level E for these individuals which cannot exceed \$35,000 per year.

Rates for services are established based on the individual’s Support Level and Service Authorization Limit.

Payment for most services is authorized for service units. A **Service Unit** is a time segment and can mean any of the following:

- a 15- minute increment (i.e., four units = one hour of service),
- one unit = one dollar,
- one unit = one day of respite care, or
- one unit = one transportation trip.

Individual Service Limits are the maximum number of units allowed for a particular service. Not all services have an Individual Service Limit. For example, personal care does not have any Individual Service Limit, but mentorship is limited to 192 units per plan year. (See pages 12 and 13 for information on service limits.)

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Section Five: Individualized Service Planning

All Colorado services for persons with developmental disabilities begin with an Individual Service Plan.

To make a Service Plan, individuals and their families and/or other people of significance to the individual get together with a case-manager or resource coordinator to discuss.

a. What do I want my life to be like?

- Where do I want to live? With whom?
- What kind of job do I want?
- What are my interests?
- What kind of everyday choices do I want to make?
- Do I want to continue to do what I am doing now?
- Are there other opportunities in the community that I would like to explore?
- What kind of setting makes me feel most comfortable?

b. What do I need to live the life I want?

- How do I make others aware of my preferences and interests?
- What do I need to stay healthy and live safely in my community?
- What do I need to help me be a life-long learner?
- Whom do I want to provide the supports and services I need?
- What skills do I want to develop?

- What are my responsibilities for making my choices a reality?
- How do I stay connected to my family and friends in the community?
- What do I need so that I can be a contributing citizen of my state and local community?

c. How will the cost of services and supports that I need be paid for?

- What can I do for myself?
- What can my family or other caregivers do to help me live the life I want?
- What private insurance plans do I or my family have that could cover some of my needs?
- What services are available to me through the Colorado State Plan?

- What other needs could be met through the Supported Living Services waiver?

Choosing Providers

Targeted Case Management Providers:

In Colorado, people with developmental disabilities who want services covered by the HCBS Waivers or offered by other state programs start by going to one of the twenty **Community Centered Boards**. In Colorado law, the CCBs are the **targeted case management agencies**. CCB case managers or resource coordinators provide case management services for people who live in the CCB service area. (See Section 4) *A list of CCBs is included in “Additional Resources*

Service Providers:

There are many different types of qualified service providers in Colorado. Qualified providers are also known as Program Approved Service Agencies (PASAs). These agencies may be owned by CCBs or may be owned by some other agency. Some are individual providers and are employed by CCBs, some work under contract with a CCB and others are independent businesses.

In rural areas of Colorado there may be a limited number of qualified service providers. Likewise, throughout the state, re-imbursement rates may present challenges for some providers.

Deciding who provides your services and where they should be provided should be based on the kind of service you need, the kind of people you like to be with and the activities you enjoy or would like to learn about. Some services are provided individually and some are with groups of other people with or without developmental disabilities.

Services can be provided in many different environments; some are busy and noisy others are quiet and structured. The Colorado Division for Developmental Disabilities (DDD) has created a list of qualified providers for different services. A list of providers is available on the DDD website: http://www.cdhs.state.co.us/ddd/PDFs/PQ_QP-List_032609.pdf. Your case manager or resource coordinator will help you identify providers.

Service providers must be qualified as Medicaid providers in order to be paid for services included in your plan. A qualified provider can choose to send bills directly to the state for payment or use the services of a CCB or other billing agent to bill the state on your behalf.

The basic rates for each service are standardized-- the state will pay the CCB, PASA, or other independent business the same rate for the same service everywhere in Colorado. But the CCB, PASA or other business sets the amounts paid to the person or agency providing the direct service.

Section Six: Complaints, Challenges, Appeals

In almost all cases, if you have a complaint about services or want to challenge or appeal a decision, you should start with your case manager. If your complaint is about a case manager, you should contact the case management supervisor at the CCB.

However, you always have the right to contact the state Medicaid agency, HCPF, if you have a concern or complaint regarding your Medicaid services. (See “Additional Resources” for contact information.)

Below are examples of some of the reasons why people may wish to file a complaint or an appeal and instructions about what to do in each case.

1. If a person or the family is **unhappy about the way someone has been treated**, the complaint should start with the individual’s case manager. If the case manager cannot help, you can contact DDD at **303-866-7450** to find out about file a complaint on your own.

Staff will go over what is reported. If the call is about suspected abuse, neglect or mistreatment, an investigator will be called.

2. If you wish to file a complaint about the **quality, timeliness or availability** of services you should file a complaint through your case manager or with the DDD. Contact the Division at **303-866-7450** to register a complaint.
3. If you have believe that the **Support Level assigned as a result of the SIS score** and other information does not match your unique set of needs and characteristics, you should request a meeting with the CCB to explain your position and may ask for the SIS to be repeated. Your case manager will inform you of what you need to do.
4. If a service provider **reduces the amount of services they will provide or chooses to no longer provide service for reasons not related to eligibility**, you can appeal that decision by going through the dispute resolution process at your CCB. Each CCB is required to have procedures for resolving disputes .Your case manager will explain the procedures to you. You should be able to get a copy of the dispute resolution procedures in writing from your case manager. Some CCBs have this information on their website.

If you cannot resolve the problem through this process, you can request, within 15 days of the local CCB decision, that the Executive Director of the Department of Human Services (this department includes the Division of Developmental Disabilities) or a designee from the DDD review the CCB decision. Your case manager will provide you with the information you need to file this request.

Your request should include a statement of the decision you wish to dispute and all of the relevant information about the subject. The CCB also has 15 days to respond to your request for a Department review. The Department can ask for more information or request a department hearing before making a decision.

The Department must make a decision within ten (10) working days after all of the necessary information has been supplied. This decision is the final action of the state. Of course, you can ask an attorney to review the issue and advise you about further legal action.

Your services must continue during the dispute resolution process.

5. If you have a complaint about services being **denied, reduced, suspended or terminated because the CCB has determined that you are no longer eligible** for the service, you can file a Medicaid appeal. You can also file a Medicaid appeal if there is action to change the services in your Individual Service Plan.

When the CCB has made a determination that you are not eligible for a service or if there is a change in the services identified in your individual plan, your **case manager will send you a letter notifying you of your appeal rights.** This is referred to as the Long Term Care (LTC) 803 form.

The LTC 803 form (a copy is in the appendix of this guide) will tell you that you have a right to appeal the decision and have a hearing with a State Administrative Law Judge. You have to file an appeal by the date shown on the form in order to have services continue during the appeal process.

In the appendix of this guide is a letter from Sharon Jacksi, the Director of the Division of Developmental Disabilities, that gives you information about where you can find the state rules and regulations that cover appeals listed above in items #4 and #5.

The information in this section reflects the general understanding of these issues. However, each situation is different. If you are interested in learning more about challenges and appeals, please contact your attorney, an advocate at your local chapter of The Arc or another advocacy organization. (See Appendix for contact information.

NOTES:

Section Seven: Realities about Colorado HCBS Waivers

Medicaid waiver funds are government funds, and the availability of waivers is dependent on federal and state government priorities and budgeting. Waivers are funded on an average cost of providing services per person and for a specific total number of people to be served.

At the current time, an opening of HCBS Waiver services available to a person occurs when another individual leaves services. For Colorado HCBS Waivers for persons with developmental disabilities, there are waiting lists of people who have already applied and been determined eligible.

In addition, being enrolled in an HCBS Waiver does not guarantee that a person will be able to get all the services included in the waiver. Services are based on an individual's need and the availability of natural, community, and third party supports.

Services can be provided only by approved agencies. There may be a limited number of approved people or agencies in a particular area to provide services. And, reimbursement rates may make it difficult to attract and retain skillful providers, so, just as in the health care profession in general, identifying a provider may be very challenging. The State will work closely with local communities to improve access to providers.

NOTES:

Additional Resources

Division for Developmental Disabilities

www.cdhs.state.co.us/ddd/WhatsNew.htm. Please email any questions to: DevelopmentDisabilities.FAQ@state.co.us.

Colorado Department of Human Services Rules

[www.stateboard.cdhs.state.co.us:8008/CDHS/rule_display\\$.DisplayVolume?p_vol_num=16](http://www.stateboard.cdhs.state.co.us:8008/CDHS/rule_display$.DisplayVolume?p_vol_num=16)

Colorado Department of Health Care Policy and Financing

Customer Service: Denver Metro Area: 303-866-3513

Outside of the Denver Metro Area: 1-800-221-3943

TDD: 1-800-659-2656

customer.service@hcpf.state.co.us

The Arc

The Arc is the nation's oldest volunteer organization supporting people with intellectual and developmental disabilities. The Arc of Colorado, with local chapters, provides crucial educational information for people with intellectual and developmental disabilities and their families. We connect clients to community resources, help them to understand and access government services, and stand with them when they need an advocate.

Local chapters of The Arc provide individual advocacy services in specified geographic areas. The Arc of Colorado provides advocacy, referral and information services to people who live outside of a local chapter area.

The Arc of Colorado

1580 Logan Street, Suite 730

Denver, CO 80212

(303) 864-9334

www.thearcofco.org

If you are looking for an advocate, start with your local Arc Chapter

Advocacy Denver

(serves the City and County of Denver)

1905 Sherman Street, Suite 300

Denver, CO 80203

(303) 831-7733

www.arcofdenver.org

The Arc of Adams County

(serves Adams County)

641 E. 112th

Northglenn, CO 80233

(303) 428-0310

www.arcadams.com

The Arc of Arapahoe & Douglas

(serves Arapahoe and Douglas counties except for the City of Aurora)

8100 E Arapahoe Road, Suite 208

Centennial, CO 80112

(303) 220-9228

www.arcarapahoedouglas.org

The Arc of Aurora

(serves the City of Aurora)
1342 South Chambers Road
Aurora, CO 80017
(720) 213-1420
www.thearcofaurora.org

The Arc in Jefferson County

(serves Jefferson, Clear Creek, and Gilpin counties)
8725 West 14th Avenue, Suite #100
Lakewood, CO 80215
(303) 232-1338
www.arcjc.org

The Arc of Larimer County

(serves Larimer County)
109 Coronado Ct., Bldg 7
Fort Collins, CO 80522
(970) 204-6991
www.arclc.org

The Arc of Mesa County

(serves Mesa County and other Western Slope communities)
P.O Box 2292
Grand Junction, CO 81502
(970) 245-5775

The Arc of the Pikes Peak Region

(serves El Paso, Park, and Teller counties)
12 N. Meade Avenue
Colorado Springs, CO 80918
(719) 471-4800
www.thearcppr.org

The Arc of Pueblo

(serves Pueblo and Huerfano counties)
2705 Vinewood Lane
Pueblo, CO 81005
(719) 545-5845
www.arcofpueblo.org

The Arc of Weld County

(serves Weld County)
3700 Golden Street
Evans, CO 80620
(970) 353-5219
www.arcweldcounty.org

The Association for Community Living in Boulder County

(serves Boulder and Broomfield counties)
5744 North 71st Street
Longmont, CO 80503
(303) 527-0888
www.aclboulder.org

Colorado Community Centered Boards

Arkansas Valley Community Center

(western Bent, Crowley, and Otero Counties)

1500 San Juan Avenue

La Junta, CO 81050

(719) 384-8741

www.arkvalleyccb.org

Blue Peaks Developmental Services, Inc.

(Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache Counties)

719-589-5135

703 Fourth Street

Alamosa, Colorado 81101

Colorado Bluesky Enterprises, Inc.

(Pueblo County)

115 West 2nd Street

Pueblo, CO 81003

(719) 546-0572

www.coloradobluesky.org

Community Connections, Inc.

(Archuleta, Dolores, La Plata, San Juan, and Montezuma Counties)

281 Sawyer Drive, #200

Durango, CO 81301

(970) 259-2464

www.cci-colorado.org

Community Options, Inc.

(Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel Counties)

336 South 10th Street

Montrose, CO 81402

(970) 249-1412

www.communityoptionsinc.org

Denver Options

(City and County of Denver)

9900 E. Iliff Ave.

Denver, CO 80231

(303) 636-5600

www.denveroptions.org

Developmental Disabilities Resource Center, Inc.

(Clear Creek, Gilpin, Jefferson, and Summit Counties)

11177 W. 8th Avenue

Lakewood, CO 80215

(303) 233-3363

www.ddrcco.com

Developmental Pathways, Inc.

(Arapahoe and Douglas Counties)

325 Inverness Drive South

Englewood, CO 80112

(303) 360-6600

www.developmentalpathways.org

Eastern Colorado Services for the Developmentally Disabled, Inc.

(Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties)

617 South 10th Ave.

Sterling, CO 80751

(970) 522-7121

www.easterncoloradoservices.org

Envision

(Weld County)

1050 37th Street

Evans, CO 80620

(970) 339-5360

www.envisionco.org

Foothills Gateway, Inc.

(Larimer County)

301 Skyway Drive

Fort Collins, CO 80525

(970) 226-2345

www.foothillsgateway.org

Horizons Specialized Services, Inc.

(Grand, Jackson, Moffat, Rio Blanco, and Routt Counties)

970-879-4466

P.O. Box 774867

Steamboat Springs, Colorado 80477

Imagine!

(Boulder, Broomfield, Lafayette, Longmont, Louisville, and Superior Counties)

1400 Dixon Ave.

Lafayette, CO 80026

(303) 665-7789

www.imaginecolorado.org

Mesa Developmental Services, Inc.

(Mesa County)

970-243-3702

950 Grand Avenue

Grand Junction, Colorado 81501

Mountain Valley Developmental Services, Inc.

(Eagle, Garfield, Lake, and Pitkin Counties)

700 Mount Sopris Drive

Glenwood Springs, CO 81602

(970) 945-2306

www.mtnvalley.org

North Metro Community Services, Inc.

(Adams County)

1001 West 124th Ave.

Westminster, CO 80234

(303) 252-7199 or (303) 457-1001

www.nmcommserv.com

The Resource Exchange

(El Paso, Park, and Teller Counties)

418 South Weber
Colorado Springs, CO 80903
(719) 380-1100
www.tre.org

Southeastern Developmental Services, Inc.

(Baca, Eastern Bent, Kiowa, and Prowers Counties)

719-336-3244
P.O. Box 328
Lamar, Colorado 81052

Southern Colorado Developmental Disabilities, Inc.

(Huerfano and Las Animas Counties)

1205 Congress Drive
Trinidad, CO 81082
(719) 846-4409
www.sccdds.com

Starpoint

(Chaffee, Custer, Fremont Counties)

601 Greenwood
Canon City, CO 81215
(719) 275-1616
www.starpointco.com

Other service and support resources for people with developmental disabilities and their families

Assistive Technology Partners

- *Device exchange program, database of potential AT funding resources*
- *Make and Take directions on various low-cost AT Adaptations and devices*
- *Community based demonstrations, annual conference*

Pearl Plaza
601 East 18th Avenue, Suite 130
Denver, CO 80203
(800) 255-3477
www.uchsc.edu/atp

CCDC: Colorado Cross-Disability Coalition

- *Information and assistance on disability rights issues for youth and adults: advocacy*
- *Advances legislation and public policy impacting the disability community*

655 Broadway, Suite 775
Denver, CO 80203
(303) 839-1775
www.ccdconline.org

CDE: Colorado Department of Education - Exceptional Student Leadership Unit

- *Website resources on special education law, school / district programs, etc.*
- *Fast Facts on a variety of topics*
- *Information on educational specialists, parent – professional partnerships*

201 East Colfax Ave.
Denver, CO 80203(303) 866-6694
www.cde.state.co.us/index_special.htm

Citizens for Patient Safety

- *Patient safety information and referral*
- *Advocacy training for those who have family members in the hospital*
- *Support for families / individuals dealing with legal issues in the medical system*

801 Yosemite St.
Denver, CO 80230
(303) 226-5526
www.citizensforpatientsafety.org

CPRC: Denver Metro Community Parent Resource Center

- *Offers mentoring, training and workshops for parents to become advocates for their children*
- *Outreach to underserved groups*

14501 E. Alameda Avenue, Suite 205
Aurora, CO 80012
(303) 365-CPRC (2772)
www.denvermetrocpirc.org

Easter Seals Colorado

- *Warm water therapy and aquatic programs*
- *Employment services / support, transition trainings, transportation assessments*
- *Respite, including Discovery Club, weekend programs and summer camp*

Steve Vestal Center
5755 West Alameda Avenue
Lakewood, CO 80226
(303) 233-1666
www.eastersealscolorado.org

Rocky Mountain Village
2644 Alvarado Road
Empire, CO 80436
(303) 569-2333

Stroke Day Program
1755 Dover Street
Lakewood, CO 80226
(303) 274-5415

El Colorado: Early Intervention Colorado (formerly ECC)

- *Connects families with early intervention services to help infants and toddlers under age three grow and develop, and to help their families in this process*

(888) 777-4041
www.eicolorado.org

El Grupo VIDA

- *Information, referrals and support groups for Spanish speaking parents*
- *Free annual fall conference in Denver*

P.O. Box 11096
Denver, CO 80211
(303) 904-6073
www.elgrupovida.org

EMPOWER Colorado

- *Support, education, advocacy for families of children / youth with mental health issues*
- *Support groups throughout the state; statewide listserv connecting families*

801 Yosemite Street
Denver, CO 80230
(866) 213-4631
www.empowercolorado.com

Family Voices

- *Advocacy for children with special health care needs*
- *Assists families in navigating health systems including Medicaid, Medicaid waivers and private insurance*

450 Lincoln St., Suite 100
Denver, CO 80203
(800) 881-8272
www.familyvoicesco.org

Guardianship Alliance of Colorado

- *Information and referral on guardianship, including a volunteer guardianship matching program*
- *Information and training for those wishing to become a guardian for a family member who is 18 years of age or older*

801 Yosemite Street
Denver, CO 80230
(303) 228-5382
www.guardianshipallianceofcolorado.org

HCP: Health Care Program for Children with Special Needs

- *Regional offices throughout Colorado with information and referral to services and supports including screening, clinics, financial assistance*
- *Coordinated services and supports for children w/ special health care needs*

4300 Cherry Creek Drive South, HCP-A4
Denver, CO 80246
(303) 692-2370
www.hpcolorado.org

P2P: Parent to Parent of Colorado

- *One to one parent matching, information and referral*
- *Listserv linking parents throughout the state*
- *Up-to-date website with disability specific resources, parent support groups*

801 Yosemite St
Denver CO 80230
(877) 472-7201
www.P2p-co.org

PEAK: Colorado's Parent Training and Information Center

- *Statewide parent advisors who provide information about the special education process and parent's rights*
- *Training on a variety of topics including Understanding IEPs*
- *Online calendar of events throughout the state*
- *Inclusion resources and annual conference for parents and school personnel*

611 North Weber, Suite 200
Colorado Springs, CO 80903
(719) 531-9400
www.peakparent.org

PEP: Parents Encouraging Parents

- *Free conference including lodging and meals, held twice per year at various statewide locations (apply early as waiting lists occur frequently)*
- *Brings together parents and professionals for education on supporting your child in school and community*

1560 Broadway, Suite 1175
Denver, CO 80202
(303) 866-6846
www.cde.state.co.us/cdesped/pep.asp

The Legal Center for People with Disabilities and Older People

- *Advice on the legal rights of people with disabilities*
- *Publishes Everyday Guide to Special Education Law*

Denver
455 Sherman St #130
Denver, CO 80203
(303) 722-0300
www.thelegalcenter.org

Grand Junction
322 North 8th Street
Grand Junction, CO 81501
(970) 241-6371

Resources with information about Disabilities or Special Health Care Needs

AUTISM / ASPERGER SYNDROME

Autism Society of Colorado

550 S. Wadsworth Blvd, Suite 100

Lakewood, CO 80226

(720) 214-0794

(866) 733-0794

www.autismcolorado.org

Pikes Peak Region – Autism Society of America

P.O. Box 7802

Colorado Springs, CO 80933

(719) 216-7175

www.asappr.org

BRAIN INJURY

Brain Injury Association of Colorado

4200 West Conejos Place #524

Denver, CO 80204

(303) 355-9969

www.Biacolorado.org

CEREBRAL PALSY

Cerebral Palsy of Colorado

801 Yosemite St.

Denver, CO 80230

(303) 691-9339

www.cpcolorado.org

Cerebral Palsy Association of Colorado Springs

1322 N. Academy Blvd., Suite 115

Colorado Springs, CO 80909

(719) 638-0808

www.cpappr.org

CHROMOSOMAL DISORDERS

The XXYY Project

(215) 206-5836

www.xxysyndrome.org

Chromosome Deletion Outreach

P.O. Box 724

Boca Raton, FL 33429

(561) 395-4252

www.chromodisorder.org/cdo

National Fragile X Foundation

(800) 688-8765

www.nfxf.org

DOWN SYNDROME

Colorado Springs Down Syndrome Association

PO Box 2364

Colorado Springs, CO 80901

(719) 633-1133

www.csdsa.org

Mile High Down Syndrome Association

2121 S. Oneida Street, Suite 600

Denver, CO 80224

(303) 797-1699

www.mhdsa.org

EPILEPSY

Epilepsy Foundation of Colorado
234 Columbine St Ste 333
Denver, CO 80206
(888) 378-9779
www.epilepsycolorado.org

FETAL ALCOHOL SYNDROME

NOFAS Colorado
(303) 692-2620
www.nofascolorado.org

HEARING AND VISION IMPAIRMENTS

American Council of the Blind of Colorado
1536 Wynkoop St, Suite 201
Denver, CO 80202
(888) 775-2221
www.acbco.org

Anchor Center for Blind Children
2550 Roslyn Street
Denver, Colorado 80238
(303) 377-9732
www.anchorcenter.org

Colorado Families for Hands and Voices
PO Box 3093
Boulder, CO 80307
(303) 492-6283
www.cohandsandvoices.org

Colorado School for the Deaf and Blind
33 N. Institute Street
Colorado Springs, CO 80903
(719) 578-2100
www.csdb.org

National Federation of the Blind of Colorado
2233 W. Shepperd Avenue
Littleton, CO 80120
(800) 401-4632
www.nfbco.org

INFANTILE SCOLIOSIS

ISOP: Infantile Scoliosis Outreach Program
c/o Cerebral Palsy of Colorado
801 Yosemite St.
Denver, CO 80230
(866) 417-4873
www.infantilescoliosis.org

LEARNING DISABILITIES / DYSLEXIA

Learning Disability Association of Colorado
c/o University of Denver / LEP
2050 East Evans Avenue, Suite 30
Denver, CO 80208
(303) 894-0992
www.ldacolorado.com

IDA-RMB: Rocky Mountain Branch of International Dyslexia Association
PO Box 46-1010
Glendale, Colorado 80246
(303) 721-9425
www.dyslexia-rmbida.org

MENTAL HEALTH

EMPOWER Colorado

801 Yosemite Street

Denver, CO 80230

(866) 213-4631

www.empowercolorado.com

Mental Health America of Colorado

1385 S. Colorado Blvd., Ste. 610

Denver, CO 80222

(800) 456-3249

www.mhacolorado.org

National Alliance for the Mentally Ill

1100 Fillmore St.

Denver, CO 80206

(888) 566-6264

www.namicolorado.org

SPINA BIFIDA

Spina Bifida Association of Colorado

P.O. Box 22994

Denver, CO 80222

(303) 797-7870

www.coloradospinabifida.org

TOURETTE SYNDROME

TSA-RMR: Tourette Syndrome Association Rocky Mountain Region

992 S. 4th Ave. Suite 100

PMB 198

Brighton CO 80601

(720) 212-7535

www.tsa-usa.org

Description of Colorado Services for People with Developmental Disabilities

Services Provided via a Medicaid HCBS Waiver—

Funded by the Colorado General Fund and Federal Medicaid Match

Adult Comprehensive Services (Comp)—HCBS DD Waiver

Comprehensive services are provided to adults with a developmental disability who are living outside their family home and require 24-hour supervision and residential services. To be eligible, one must be at least 18 years old, have a developmental disability, and require extensive support services to live safely outside the home. Some services in this program are:

- residential habilitation with 24 hour supervision;
- day habilitation services which can include supported employment services, access to typical community life activities, and generalized skill development;
- training and habilitation services in the areas of personal, physical, mental, and social development;
- transportation;
- specialized medical equipment and supplies, such as wheelchairs, wheelchair adaptation, van adaptation, or toys and computers to aid with communication;
- skilled nursing;
- behavioral services and mental health services; and
- dental and vision services

Supported Living Services (SLS)--HCBS SLS Waiver

Supported Living Services are services and supports to assist persons with developmental disabilities to live in their own home, apartment, family home, or rental unit that qualifies as an SLS setting. Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, but are not intended to provide 24 hour supervisions like Comprehensive services. To be eligible, one must either live independently with limited supports or already receive services from other resources such as family members. Services can include:

- specialized medical equipment and supplies;
- dental, hearing, and vision services;
- day habilitation services;
- home modification;
- personal assistance services including assistance with bathing, personal hygiene, eating, dressing, grooming, relief
- counseling services including individual, group, behavioral interventions, diagnostic evaluations, occupational, and physical therapy;
- transportation, and
- assistance with employment (pre-vocational and supported employment)

Children's Extensive Support Service (CES)—HCBS CES Waiver

Children's Extensive Support Services are provided to children who have a developmental disability, or to children under the age of five who are at risk of a developmental disability or developmental delay. To be eligible, one must have intensive behavioral or medical needs. Children's Extensive Support Services are provided as an alternative to institutional placement for children with developmental disabilities. Services include:

- personal assistance services including assistance with bathing, personal hygiene, eating, dressing, grooming, and medications;
- child care assistance;
- professional services such as counseling and therapeutic services;
- household services such as housekeeping tasks;
- home modification services such as adaptation of showers or toilets and making the home accessible with ramps or railings;
- community connection services such as providing for recreational equipment; and
- specialized medical equipment and supplies including wheelchairs, wheelchair adaptation, van adaptation or toys and computers that aid in communication.

Home and Community Based Waiver for Children with Autism (Autism Waiver)--HCBS Autism Waiver

Autism waiver services are for children from birth to age six who have a diagnosis of autism and are at risk of institutionalization. Services can include:

- occupational therapy;
- speech therapy;
- psychological and psychiatric services;
- physical therapy; and
- behavioral therapy.

Services Funded by the State General Fund

Family Support Services

Family Support Services are intended to provide services to allow children and adults with developmental disabilities to remain in their family home and to provide support to families as the primary care givers. Referrals to the Family Support program are made through Community Service Boards. Those eligible are required to have a family member with a developmental disability living in the household. The Family Support program is not funded through a Medicaid Waiver but is funded with state dollars.

A family support plan is developed in conjunction with the Individual Plan in order to avoid duplicative services. Services may include:

- family support grants;
- support service coordination and educational materials;
- emergency and outreach services;
- reimbursement for medical and dental expenses not covered by health insurance programs;
- child care;
- mobility aids and adaptive equipment;
- therapy and family counseling;
- recreation and leisure needs;
- transportation; and
- special dieting foods, clothing, and homemaker services.



STATE OF COLORADO

Governor Bill Ritter, Jr.

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

Joan Hemmery, Executive Director
1570 Grand Street
Denver, CO 80202-1810
(303) 866-8991
(303) 866-4111 FAX
(303) 866-3885 TTY

DEPARTMENT OF HUMAN SERVICES

Karen L. Boyd, Executive Director
1575 Sherman Street
Denver, Colorado 80202-1711
Phone 303-866-5700
www.dhs.state.co.us

June 16, 2009

Dear Home and Community Based Services Waiver Participant:

The State of Colorado has been in the process of renewing the Home and Community Based Services (HCBS) Medicaid Waivers for people with Developmental Disabilities (DD). The new waivers for the HCBS-DD, Supported Living Services (HCBS-SLS), and Children's Extensive Supports (HCBS-CES) will begin on July 1, 2009. What this means for you is that the services identified in your Service Plan must match the waiver services in the new waiver approved by the federal Centers for Medicare and Medicaid Services (CMS) starting July 1, 2009.

In order to renew the HCBS-SLS and HCBS-CES waivers, CMS required that the State define specific services instead of broad service categories. For example in HCBS-SLS, Personal Assistance is now broken out into four separate services: Personal Care, Homemaker, Respite, and Mentorship. In both the HCBS-SLS and HCBS-CES waivers, some services have been redefined, added, or eliminated to meet CMS requirements.

After reviewing your Service Plan (also known as an Individualized Plan), it has become apparent that because of changes to the waiver service definitions, there will be a reduction and/or termination to your current service(s). Initially this may seem to have a negative impact, however, your case manager will be able to work with you to explore ways that your needs can continue to be met through other waiver services, Medicaid State Plan services, natural supports, and/or private insurance. You can request a copy of the new waiver services from your Community Centered Board or they can be accessed on line at:

<http://www.cdhs.state.co.us/di/di/WhatsNew.htm>

Enclosed is the Long Term Care (LTC) 803 Form that will explain which service(s) are being reduced and/or terminated along with your specific appeal rights. Specific rules have been cited to assist you in understanding the basis for the termination and/or reduction in service(s). The rules can be accessed through the Secretary of State website located at: <http://www.sos.colorado.gov/cs/Satellite?c=Page&cid=1214427706870&pageName=HCPF%2FHCPFLayout>

The following is the summary of rules that are potentially cited on your LTC 803 form depending on the waiver in which you are enrolled:

(HCBS-CES and HCBS-SLS) 10 CCR 2505-10, Section 8.057.1: This rule explains when a case manager is required to provide you notice and that it should be provided through a formal notice, which is the LTC 803 form that is attached to this letter. It specifically defines an action as, "Action means a termination, suspension or reduction of Medicaid, Home Care Allowance and Adult Foster Care eligibility or covered services."

(HCBS-SLS) 10 CCR 2505-10, Section 8.500.91: This rule states, "Supported Living Services for persons with developmental disabilities shall be provided in accordance with the federally approved waiver document and these rules and regulations, and the rules and regulations of the Colorado Department of Human Services, Developmental Disabilities Services (DDS), 2 CCR 503-1." This means that services in the HCBS-SLS waiver must be available through the waiver that has been approved by CMS.

(HCBS-SLS) 10 CCR 2505-10, Section 8.500.97: This rule provides a list of HCBS-SLS services.

(HCBS-CES) 10 CCR 2505-10, Section 8.503.A: This rule states, "The Children's Extensive Support (CES) waiver services are provided through a 1915(c) Home and Community-Based Services Waiver for children who have a developmental disability, or for children under the age of five who are at risk of a developmental delay, in an Intermediate Care Facility for the Mentally Retarded (ICF/MR); or who are at risk of institutionalization and are subject to the availability of appropriate services and supports within existing resources." This means that services in the HCBS-CES waiver must be available through the waiver that has been approved by CMS.

(HCBS-CES) 10 CCR 2505-10, Section 8.503.B: This Rule provides a list of HCBS-CES services.

Your case manager may cite additional rules that are specific to your unique changes. If you need assistance in understanding the attached notice, you may contact your Community Centered Board and/or case manager.

Thank You,

Bonnie Kelly for Barbara Prehmus

Barbara B. Prehmus, M.P.H.
Long Term Care Division Director

Sharon S. Jacksi, Ph.D.

Sharon S. Jacksi, Ph.D.
Director, Division for Developmental Disabilities

BBP/SJ:aah

cc: CCB Executive Directors
DDD Management Team
Amy Becerra, HCPF

THE FIRST PAGE OF THIS FORM GIVES YOU NOTICE OF A PROPOSED ACTION BY THE CASE MANAGEMENT AGENCY. THE FOLLOWING IS AN EXPLANATION OF YOUR APPEAL RIGHTS.

STATE APPEAL

If you disagree with the proposed action listed on the first page of this form and choose to appeal to the State, you must **write** to the **State Office of Administrative Courts at 633 Seventeenth Street, Suite 1300, Denver, CO 80202**. **Your written request must be received by the Office of Administrative Courts by the date specified on the Notice of Action form.**

State in the letter that you want to appeal and why. You may obtain assistance from anyone including a legal aid office to complete the necessary paperwork.

When your appeal is received, the Office of Administrative Courts will send you a letter explaining the time, place and procedure for the appeal hearing. You have the right to represent yourself or have an attorney, friend, relative or other spokesperson represent you at the hearing.

The case management agency is required to give you full and complete explanation of the proposed actions. You or your authorized representative have the right to examine the documents that were considered by the case management agency in determining this proposed action.

DISCRIMINATION

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or disability you have the right to file a complaint with: Colorado Civil Rights Division, 1560 Broadway, Suite 1050, Denver, CO 80202 or the Office for Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294.

STATEMENT OF PENALTIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment for theft.

REQUEST FOR ADMINISTRATIVE LAW JUDGE HEARING

I disagree with the case management agency's decision that I am not functionally eligible to receive long term care waiver services based on the reason entered on the attached Notice of Action form. I wish to have my case reconsidered by an Administrative Law Judge.

Please list your reason(s) for appealing here:

<hr/>	<hr/>	<hr/>
Date	Printed Name of Client	Social Security #
	<hr/>	<hr/>
	Signature of Client	State ID Number
	<hr/>	<hr/>
	Address	
	<hr/>	<hr/>
	City and State	Zip Code
	<hr/>	<hr/>
	Area Code & Phone	
	<hr/>	<hr/>
	Representative (if applicable)	Area Code & Phone
	<hr/>	<hr/>
	Printed Name of Case Management Agency	
	<hr/>	

This written request must be received by the Office of Administrative Courts by _____.

Date

Mail this completed form to: State Office of Administrative Courts
633 Seventeenth Street, Suite 1300
Denver, CO 80202