



Colorado Services for adults with developmental disabilities

Colorado has a menu of services available under several different 1915(c) HCBS waivers. Those waivers include:

- Children’s Home and Community Based Services Waiver
- HCBS - Elderly, Blind and Disabled Waiver
- HCBS – Persons Living with Aids
- HCBS – Community Mental Health Supports Waiver
- HCBS – Persons with Brain Injury Waiver
- HCBS – Persons with Spinal Cord Injury
- HCBS – Supported Living Services (SLS) Waiver
- HCBS – for Persons with Developmental Disabilities (DD)

Homemaker – HCBS – SLS waiver

Definition: **Basic Homemaker Services**

Services that consist of the performance of basic household tasks within the participant’s primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant’s disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant’s disability that results in additional household tasks and increases the parent/caregiver’s ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.

Definition: **Enhanced Homemaker**

Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning.

Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services; however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform

a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs.

Personal Care – HCBS – SLS waiver

Definition: A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.

Residential Services – HCBS DD waiver

Definition: Residential Habilitation Services and Supports (RHSS) are designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community. These services are individually planned and coordinated through the participants Service Plan. The frequency, duration and scope of these services are determined by the participants needs identified in the Service Plan. These services may include a combination of lifelong - or extended duration - supervision, training and/or support (i.e. support is any task performed for the participant, where learning is secondary or incidental to the task itself, or an adaptation is provided) which are essential to daily community living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies. Reimbursement for RHSS does not include the cost of normal facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of participants or to meet the requirements of the applicable life safety code. Under Residential Habilitation Services and Supports the responsibility for the living environment rests with the service agency and encompasses two types of living environments:

Individual Residential Services and Supports (IRSS) in which three (3) or fewer participants receiving services may live in a single residential setting or in a host home setting. The living environment does not require state licensure. However,

the Division for Developmental Disabilities (DDD) must approve the service agencies to provide such services. Monitoring of IRSS services to individuals is the responsibility of CCB Case Managers and the monitoring of IRSS provider agencies is a DHS/DDD responsibility.

Group Residential Services and Supports (GRSS) encompass group living environments of four (4) to eight (8) participants receiving services who may live in a single residential setting which is licensed by the State as a Residential Care Facility/Residential Community Home. All IRSS and GRSS settings are required to have staff available to meet the needs of the participant as defined in the Service Plan.

Residential Habilitation Services and Supports are available to participants who live with and/or are provided services by members of their family, as defined in C.R.S. 27-10.5-102(15)(a) and (b). The cost of room and board is not included in the reimbursement for RHSS. When family members are paid to provide RHSS the following conditions apply:

1) The paid family member shall meet all requirements of a direct care staff member and be employed as a direct care staff member of a Program Approved Service Agency;

2) All of the participant's needs identified in the Service Plan to be met by RHSS shall be met either by the paid family member, other paid direct care or management staff of the service provider agency, or by other unpaid family members, friends or community members;

3) When RHSS services are provided in the family home it is the family's responsibility to ensure that the residence meets Housing and Urban Development standards and

4) When a family member is to be paid for providing services and supports the Service Plan must document that the IDT has determined that provision of services by a paid family member is in the best interest of the participant and the reasons for that determination.

The following activities are performed by RHSS staff and are designed to assist participants to reside as independently as possible in the community.

1. Self-advocacy training may include training to assist in expressing personal preferences, self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices.

2. Independent living training may include personal care, household services, infant and childcare (for parents who have a developmental disability), and communication skills such as using the telephone.

3. Cognitive services may include training involving money management and personal finances, planning and decision making.

4. Implementation of recommended follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional. Services are aimed at increasing the overall effective functioning of the participant.

5. Medical and health care services that are integral to meeting the daily needs of participants (e.g., routine administration of medications or tending to the needs of participants who are ill or require attention to their medical needs on an ongoing basis).

6. Emergency assistance training includes developing responses in case of emergencies; prevention planning and training in the use of equipment or technologies used to access emergency response systems.

7. Community access services that explore community services available to all people, natural supports available to the participant, and develop methods to access additional services/supports/activities needed by the participant.

8. Travel services may include providing, arranging, transporting, or accompanying the participant to services and supports identified in the Service Plan.

9. Supervision services which ensure the health and welfare of the participant and/or utilizing technology for the same purpose. All direct case staff not otherwise licensed to administer medications must complete a training class approved by the Colorado Department of Public Health and Environment, pass a written test and a practical/competency test.

The CCB is expected to review the list of qualified provider service agencies in its designated service area to verify that each agency has maintained a current program approval certification. The DDD and CCBs provide ongoing monitoring of all residential habilitation providers and the DDD is responsible for monitoring all individual and group residential service providers for certification purposes every two-years. The Colorado Department of Public Health and Environment is responsible to monitor each individually licensed group home every two years offset from the the DDD on-site surveys. There are no differences with these processes if the provider or group home is operated by the CCB or by some other agency.

Limitations: Department of Public Health and Environment if licensed as a community group home for the developmental disabled. The DDD and CCBs provide ongoing monitoring of all residential habilitation providers and the DDD is responsible for monitoring all individual and group residential service providers for certification purposes every two-years. The Colorado Department of Public

Health and Environment is responsible to monitor each individually licensed group home every two years offset from the DDD on-site surveys. There are no differences with these processes if the provider or group home is operated by the CCB or by some other agency.

Day Habilitation – HCBS DD waiver

Definition: Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except for the occasion of extreme medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments: Specialized Habilitation (SH) and Supported Community Connections (SCC).

Specialized Habilitation (SH) services focus on enabling the individual to attain his or her maximum functional level or to be supported in such a manner to allow the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. Specialized habilitation services may serve to reinforce skills or lessons taught in school, therapy or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan. Day habilitation does not include sheltered workshop activities.

Supported Community Connection (SCC) supports the abilities and skills necessary to enable the individual to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a person's Service Plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills and personnel to accompany and support the individual in community settings, resources necessary for participation

in activities and supplies related to skill acquisition, retention or improvement. Supported Community Connections may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan

Limitations: The number of units available for Day Habilitation in combination with Prevocational Services is 4800 units. When used in combination with Supported Employment Services, the total number of units available for Day Habilitation Services in combination with Prevocational Services will remain at 4800 units and the cumulative total, including Supported Employment Services, may not exceed 7112 units.

In the event the Day Habilitation Services and Supports (DHSS) and Prevocational Services limit of 4800 units per Service Plan year is insufficient to meet a participant's needs, the safety net of Residential Habilitation Services and Supports (RHSS) is available to participant's 24-hours a day, seven days a week.

Day Habilitation – HCBS SLS Waiver

Definition: Day Habilitation includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments: Specialized Habilitation (SH) and Supported Community Connections (SCC).

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Limitations: The number of units available for Day Habilitation Services in combination with Prevocational Services and Supported Employment Services is 7112 units. The HCBS-SLS waiver is not targeted to participant's requiring care 24 hours a day, seven days a week. In the event the combined 7,112 unit limitation of Day Habilitation Services and Supports, Prevocational Services and Supported Employment is not sufficient to meet a participant's needs, the client will be referred to another waiver program such as the HCBS-DD waiver. This language regarding Prevocational Services has been added to the application.

Prevocational Services – HCBS DD waiver

Definition: Prevocational Services prepare a participant for paid community employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety that are associated with performing compensated work. Services are identified in the participant's Service Plan and are directed to habilitative rather than explicit employment objectives. Services are provided in a variety of locations separate from the participant's private residence or other residential living arrangement. Participants are compensated in accordance with applicable federal laws and regulations. Prevocational services can be differentiated from supported employment services by using the following criteria:

- 1) Compensation is paid at less than 50 percent of the minimum wage (agencies that pay less than minimum wage shall ensure compliance with department of labor regulations); and,
- 2) Goals for prevocational services are general in nature and are not primarily directed at teaching job specific skills.

The intended outcome of prevocational services is to obtain paid or unpaid community employment within five years. Prevocational services may continue longer than five years when documentation in the annual service plan demonstrates this need and the need is based on an annual assessment. A comprehensive assessment and review for each person enrolled in prevocational services shall occur at least once every five years. The purpose of this assessment and review is to determine whether or not the person has developed the skills necessary for paid or unpaid community employment.

Individuals who receive prevocational services may also receive Supported Employment and/or Day Habilitation Services. A participant's Service Plan may include two or more types of day services (i.e. Day Habilitation Services and Supports, Supported Employment or Prevocational Services), however different types of day services may not be billed during the same period of the day.

Limitations: The number of units available for Day Habilitation Services in combination with Prevocational Services is 4800 units. When used in combination with Supported Employment Services, the total number of units available for Day Habilitation Services in combination with Prevocational Services will remain at 4800 units and the cumulative total, including Supported Employment Services, may not exceed 7112. In the event the Day Habilitation Services and Supports (DHSS) and Prevocational Services limit of 4800 units per Service Plan year is insufficient to meet a participant's needs, the safety net of Residential Habilitation Services and Supports (RHSS) is available to participants 24-hours a day, seven days a week

Prevocational Services – HCBS SLS Waiver

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While Prevocational Services may continue longer than five years when appropriate documentation show this need, the intended outcome of the service is employment within five years. If at the time of the five year evaluation or any time during those previous five years it is determined the client is not demonstrating progress toward their goal of community employment, the interdisciplinary team shall review other day program options and the Prevocational Services shall be discontinued.

Limitations: The number of units available for Prevocational Services in combination with Day Habilitation Services and Supported Employment Services is 7112 units. The HCBS-SLS waiver is not targeted to participant's requiring care 24 hours a day, seven days a week. In the event the combined 7,112 unit limitation of Day Habilitation Services and Supports, Prevocational Services and Supported Employment is not sufficient to meet a participant's needs, the client will be referred to another waiver program such as the HCBS-DD waiver.

Supported Employment – HCBS DD waiver

Definition: Supported Employment services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by

participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting.

Participants are required to apply for services through the Division for Vocational Rehabilitation. Supported employment does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; payments that are passed through to users of supported employment programs; or payments for training that are not directly related to an individual's supported employment program.

Limitations: The number of units available for Supported Employment is 7,112 units. The limits for combined Day Habilitation Services and Supports and Prevocational Services is 4800 and when these services are used in combination with Supported Employment, the cumulative total cannot exceed 7,112 units. This number of units is the equivalent of 1,778 hours of service per year or on average 7 hours a day for 254 service days.

Supported Employment – HCBS SLS Waiver

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Limitations: The number of units available for Supported Employment Services in combination with Day Habilitation Services and Prevocational Services is 7,112 units. This number of units is the equivalent of 1,778 hours of service per year or on average 7 hours a day for 254 service days.

The HCBS-SLS waiver is not targeted to participant's requiring care 24 hours a day, seven days a week. In the event the combined 7,112 unit limitation of Day Habilitation Services and Supports, Prevocational Services and Supported Employment is not sufficient to meet a participant's needs, the client will be referred to another waiver program such as the HCBS-DD waiver.

OTHER SERVICES

42 CFR §440.180(b)(9) permits a state to request the authority to offer "other" services that are not expressly authorized in the statute as long as it can be demonstrated that the service is necessary to assist a waiver participant to avoid institutionalization and function in the community. Other services are services that are not: (a) statutory services; (b) extended state plan services; or, (c) services in support of participant direction.

Colorado's Other Services include:

Home Modification (SLS)
Substance Abuse Counseling
Vehicle Modification (SLS)
Behavioral Therapies (DD, SLS)
Non-Medical Transportation (DD, SLS)
Behavioral Assessments (DD)
Specialized Medical Equipment Services (DD, SLS)
Bereavement Counseling
Assistive Technology (SLS)
Supported Community Connections (DD, part of Day Habilitation)
Mental Health Counseling Alternative Therapies
Parent Education
Personal Emergency Response System (PERS) (SLS)
Community Transition Services
Adaptive Therapeutic Recreational Equipment and Fees
Alternative Care Facility
Independent Life Skills Training
Professional Services (SLS)
Supported Living Program
Transitional Living Program
Mentorship (SLS)
Expressive Therapy

EXTENDED STATE PLAN SERVICES

Dental, including prevention (DD, SLS)
Vision (DD, SLS)

Two services in support participant directed and include:

Consumer Directed Attendant Support Services
In-Home Supportive Services

**THE COLORADO CHOICE TRANSITIONS (CCT) PROGRAM
LAUNCHES EARLY 2013!**

Colorado Choice Transitions, a Money Follows the Person initiative (MFP), is a federal grant to build and improve on the infrastructure supporting home and community-based services (HCBS) for people of *all ages* with long-term care (LTC) needs. The vision is to transform long-term care services and supports from

institutionally-based and provider-driven care to person-centered, consumer-directed and community-based care.

Colorado received \$22 million for five years from the Centers for Medicare and Medicaid Services (CMS) in April 2011. Transitions are designed to move Medicaid clients out of long-term care-based facilities into community living using traditional waiver services and additional enhanced home and community-based services.

The enhanced home and community-based demonstration services available to CCT participants will include:

- Assistive Technology
- Behavioral Health Support
- Caregiver Support Services
- Community Transition Services
- Dental Services
- Enhanced Nursing Services
- Substance Abuse Counseling
- Extended Home Modifications
- Independent Living Skills Training
- Intensive Case Management
- Mentorship Services
- Specialized Day Rehabilitation
- Home Delivered Meals
- Vision Services