

# Process to Access Children's Extensive Support Waiver Benefits

**Division for Developmental Disabilities**

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## Process to Access Services Overview

This technical assistance document will provide guidance in accessing benefits that are available through the Children's Extensive Support (CES) Waiver and assist in navigating the funding hierarchy to be utilized prior to accessing CES.

All services and supports an individual may need are not covered in this document. The waiver is not intended to provide 24-hour care and must be considered as part of the overall support system for an individual. The individual's total Service Plan will include waiver services as well as a variety of services or supports from other resources. Although many potential funding sources are identified, these sources may change over time and it is the responsibility of the Community Centered Board to assure each funding source is correctly utilized. Continued and ongoing update to the Medicaid Provider Manuals can be found at: <https://www.colorado.gov/hcpf/provider-news>

The provider bulletin specific to durable medical equipment, prosthetics, orthotics and supplies can be found at the link above, or via the direct link for this bulletin: <https://www.colorado.gov/hcpf/provider-news>

There is a funding hierarchy that must be applied before accessing services through the waiver. The funding hierarchy will be applied in this order:

- A. **Natural Supports and Third Party Resources:** The first consideration of funding will be Natural Supports and Third Party Resources.
  - 1. **Family Resources;** Family resources should be explored as a funding option for low cost items.
  - 2. **Insurance;** In the instance the family has insurance that will cover the service it must be utilized prior to Medicaid or waiver sources.
  - 3. **Trusts;** Use of a trust may depend upon the conditions under which the trust was established.
  - 4. **General Community Resources;** Such as educational systems, lending libraries or closets, City, County, Civic, Religious or disability/syndrome specific benefit organizations may be available.
- B. **Medicaid State Plan:** The Department of Health Care Policy and Financing publishes a provider manual each year along with provider updates listing services available through Medicaid State Plan. Current updates to the manual and bulletins can be found at this link: <https://www.colorado.gov/hcpf/provider-news> Supports/services or items available through Medicaid State Plan will not be reimbursed through the waiver unless it can be demonstrated that the requested support/service or item is not available through Medicaid following appeal and final agency action. Service providers are responsible for obtaining prior authorization for services. If the provider is reluctant to submit a claim that the provider believes will be denied, refer to Appendix E to see if the item is a common item that does not require a Medicaid denial prior to accessing HCBS-CES. If it does require a Medicaid denial and the provider will not submit a claim please contact the appropriate waiver coordinator.

C. **Early and Periodic Screening Diagnosis and Treatment (EPSDT):** Any child enrolled in Medicaid ages birth through 20 is eligible for EPSDT. Each service area has an EPSDT Outreach Coordinator who will inform families about their EPSDT benefits, educate on preventive health care, assist in selecting primary care providers, assist in accessing health care providers, assist in accessing health care services, dental appointments or non-emergent medical transportation if needed, verify appointments and assist in identifying the names and locations of health care providers. Contact information for coordinators can be found at this link: <https://www.colorado.gov/pacific/hcpf/early-and-periodic-screening-diagnostic-and-treatment-epsdt>

1. EPSDT provides medically necessary services to any child eligible for EPSDT.
2. HCPF Rules 8.280.1 DEFINITIONS: Medical necessity means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:
  - a. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and
  - b. Meets at least one of the following criteria:
    - i) The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.
    - ii) The service will, or is reasonably expected to cure, correct, reduce or ameliorate the physical, mental cognitive or developmental effects of an illness, injury or disability.
    - iii) The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury or disability.
    - iv) The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living.

Medical necessity may also be a course of treatment that includes mere observation or no treatment at all.

3. EPSDT Benefits include (but not limited to):
  - a. Assistive Technology
  - b. Augmentative Communication assessment and equipment
  - c. Bath equipment such as rails, a shower chair or bench
  - d. Behavior review
  - e. Braces for the teeth or Orthodontia ONLY for severe handicapping malocclusions
  - f. Care out of the State of Colorado (ONLY if an appropriate provider is not available in the state)
  - g. Developmental evaluation
  - h. Dental care, including fillings
  - i. Diagnostic services such as EKG
  - j. Disposable supplies such as diapers (starting at age 4), syringes and catheters
  - k. Durable Medical Equipment (DME) such as walkers, wheel chairs and medically necessary car seats
  - l. Emergency room for life threatening or emergent situations.
  - m. Extended care facilities
  - n. Feeding supplies such as G-tube, J-tube, NG-tubes

- o. Hearing tests and treatments including hearing aids and batteries
- p. Hospital beds, bed rails, and pressure pads
- q. Hospitalization
- r. Immunizations
- s. Lab tests such as blood, skin, or urine and pap smears
- t. Medical Transportation\*
- u. Mental Health services
- v. Orthotics such as braces and splints
- w. Oxygen and oxygen equipment such as nebulizers, respirators or ventilators and supplies
- x. Physician services including specialist
- y. Prescription drugs\*\* (usually generic) NOT including most over-the-counter medications
- z. Prosthetics such as glass eyes and artificial limbs
- aa. Radiology services such as x-rays
- bb. Rehabilitation facility care
- cc. Skilled nursing services and therapies
- dd. Suctioning equipment
- ee. Surgeries
- ff. Therapies such as Occupational (OT), Physical (PT) and Speech Therapy (ST)
- gg. Tracheotomy and laryngectomy equipment and supplies
- hh. Vision exams and treatment including eyeglasses
- ii. Well child screening visits (EPSDT screens)
- jj. Sick care visits
- kk. Wheelchairs (manual, electric, and specialty), accessories and repairs

\*\*Transportation is not available to and from school.

\*\* When filled under a prescription, many over-the-counter items may be available for coverage following an approved prior authorization for medical necessity. The products which are allowed for coverage under prior authorization must be eligible for rebate under the National Drug Rebate Program. For more information, please reference the CMS website under the “rebate drug product data file”. Families in a Health Management Organization should check with their HMO.

4. In the event the child needs a service/item that Medicaid has denied but it is “Medically necessary” the family has 30 days from the date of the denial letter to file an appeal. (HCPF Rule; 8.057.4.B. 1.)
5. In some instances, a Prior Authorization Request (PAR) will need to be completed before the service/item is approved. In both instances a “Letter of Medical Necessity” will need to be completed. See Appendix A for an example of the “Letter of Medical Necessity”. The letter must contain:
  - a. Patient’s name and Medicaid identification number
  - b. Date of Birth
  - c. All related diagnoses
  - d. Description of the medical need for the item (this could also include behavioral need for the item)

- e. Demonstration of cost effectiveness. Letter must show how the needed service or item will result in cost savings to the waiver.
- f. List of services or items that have been previously utilized and reasons why the service or item was not effective
- g. Likely impacts if this item or service is not approved
- h. Demonstration of how this is related to health and safety

Items available through Medicaid/EPSTD will not be provided through the waiver. In some instances a Medicaid denial following final agency action will be required to verify the support is not available prior to accessing the waiver. This means the family must appeal the denial and complete the process through final agency action.

Note: some items/services may require a PAR along with a Letter of Medical Necessity (See page 59 for Letter of Medical Necessity Template)

## References:

EPSTD Web site:

<http://www.colorado.gov/cs/Satellite?c=Page&cid=1218622604254&pagename=HCPF%2FHCPFLayout>

EPSTD	Rules:	8.208
<a href="http://www.sos.state.co.us/CCR/Rule.do?deptID=7&amp;deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&amp;agencyID=69&amp;agencyName=2505%20Medical%20Services%20Boar&amp;ccrDocID=2919&amp;ccrDocName=10%20CCR%202505-10%208.200%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.200&amp;subDocID=35234&amp;subDocName=8.280%20%20EARLY%20AND%20PERIODIC%20SCREENING,%20DIAGNOSIS%20AND%20TREATMENT%20[Eff.%2010/01/2007]&amp;version=7">http://www.sos.state.co.us/CCR/Rule.do?deptID=7&amp;deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&amp;agencyID=69&amp;agencyName=2505%20Medical%20Services%20Boar&amp;ccrDocID=2919&amp;ccrDocName=10%20CCR%202505-10%208.200%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.200&amp;subDocID=35234&amp;subDocName=8.280%20%20EARLY%20AND%20PERIODIC%20SCREENING,%20DIAGNOSIS%20AND%20TREATMENT%20[Eff.%2010/01/2007]&amp;version=7</a>		

**D. Children's Extensive Support (CES)** provides benefits to eligible children based on assessed need. The goal of the CES waiver is to provide supports to the child in the family home to avoid out of home placement. This does not replace typical parental responsibility but enhances and supports the care provided by parents.

1. Services and supports are to be provided in an "age appropriate manner". This specifically means that the service and support must be due to the child's disability and not due to the child's age.
2. Services and supports are to be related to the child's disability.
3. Items that are typical for all children are parent responsibility and shall not be provided through CES. Examples of these items include, but are not limited to, typical recreational toys, games, videos, CDs and DVDs.
4. Waiver supports and services are to be provided in the most cost effective manner. Consideration of cost effective should include quality of the product, durability and appropriateness.



5. Payment for CES services/supports may only be made to approved providers; payment/reimbursement may not be made to the parents.
6. Services and supports are not to be duplicative of services and supports available through Medicaid/EPSDT.
7. Services and supports are to be selected among commonly accepted practices and shall not be experimental.

CES Benefit descriptions are described in detail and grouped according to available CES services beginning on page 6. Although there are some redundancies between descriptions of each service to allow for independent use of each section it should be noted that each service description contains specific information and should be thoroughly reviewed prior to approval of the service.

Templates for Assessments and Bids beginning on Page 61 are optional.

Beginning on Page 66 there is a list of Frequently Requested Items. This list will assist in accessing funding sources for services and supports.

# **Adaptive Therapeutic Recreational Equipment and Fees**

Adaptive Therapeutic Recreational Equipment; T1999; Modifier U7 (1 unit = \$1.00)

Recreation Fees to Access Professional Services; S5199; Modifier U7 (1 unit = \$1.00)

Frequently Requested Items; Page 68

Adaptive Therapeutic Recreational Equipment and Fees may be used only in one of three ways:

1. The child needs a recreational item that is specifically adapted for the child's disability. Typical recreation items are not to be provided through CES. This specifically means; if there is no adaptation to the item, CES cannot pay for it.
2. Fees for entrance to a recreation center **ONLY** if the child needs to enter in order to access a service that is habilitative in nature, such as Physical Therapy, Occupational Therapy or professional services as defined in the waiver or to achieve or maintain a specific therapy goal as recommended and supervised by a doctor or therapist. For example, if the child is receiving Massage therapy in a warm water pool in a recreation center where an entry fee is required, and there are no other resources available to provide the fee, the waiver may be accessed.
3. Water Safety training

This service category is not to be utilized for camp, recreational outings or any activities other than those described within the service description. This service category also contains a hard cap of 1,000 units per plan year.

## **HCPF Rule 8.503**

**Adaptive therapeutic recreational equipment and fees** are services which assist a client to recreate within the client's community. These services include recreational equipment that is adapted specific to the client's disability and not those items that a typical age peer would commonly need as a recreation item.

The cost of item shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist.

Adaptive recreational equipment may include adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of equipment appropriate for the recreational needs of a client with a developmental disability.

A pass for admission to recreation centers for the client only when the pass is needed to access a professional service or to achieve or maintain a specific therapy goal as recommended and supervised by a doctor or therapist. Recreation passes shall be purchased as day passes or monthly passes, whichever is the most cost effective.

Adaptive therapeutic recreation fees include those for water safety training.

**Limits**

The maximum annual allowance for Adaptive Therapeutic Recreational Equipment and Fees is 1,000.00 units per service plan year (1 unit = \$1.00).

**Exclusions**

The following items are specifically excluded under HCBS-CES and not eligible for reimbursement:

Entrance fees for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events, outdoors play structures, batteries for recreational items; and passes for family admission to recreation centers

**Thresholds**

CCB CM level: Equipment: 0-1,000; Fees: NA

CCB Supervisor level: Equipment: NA; Fees: NA

DDD level: Equipment: NA; Fees: All

**Provider Qualifications**

Vendor: The provider shall have all licensures required by the State of Colorado for the performance of the service or support being provided.

**Key Considerations**

1. Will an assessment be needed?
  - a. Can the child utilize the adapted recreational item the family is requesting?
2. Is the item adapted in a disability specific manner?
  - a. Items must be adapted, typical recreational items (toys) are not allowed.
3. How is the expense above and beyond the typical expense?
4. What would be the typical parent expense?
  - a. Recreation items: The cost of a typical item versus the cost of an adapted item
  - b. Parent shall pay the typical cost; the waiver may pay additional cost
5. Have alternative funding sources been explored?
  - a. Recreation centers often have scholarships or reduced fee based on family income
  - b. Lending closets, loan of item civic organizations, medical insurance, etc.
6. Fees to access Medicaid State Plan or CES Professional services
  - a. Are the services documented in the service plan?
7. Are the recreational fees only for the child?
8. Water Safety
  - a. Does the child have access to water in everyday life where water safety training would be necessary?
  - b. As "Water Safety" training requested due to the desire for typical swim lessons or desire to recreate in the water?
  - c. What would be the typical parent expense for swim lessons?
9. Is the support specifically excluded?

**Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

**A. Natural Supports and third party resources:** The Case Manager (CM) and family determine if Natural Supports and third party resources are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP). Recreation centers often have scholarships or reduced fee based on family income.

**B. Medicaid/EPSDT** does not provide Therapeutic Recreational Activities and Fees.

**C. Children's Extensive Support Waiver**

1. If applicable obtain a recommendation/assessment from the appropriate Medicaid Physician or Therapist (e.g. Primary Physician, Psychiatrist, Occupational, Physical, Speech or Behavioral Therapists). The recommendation will give a general overview of the status of the client including age, diagnoses and current functioning level. The specific adaptive recreational item that relates to the disability will be identified along with a brief description of why a typical recreational item cannot be used. If a specific item brand is required that increases the cost over the basic adaptation, the therapist must provide justification for the additional cost. If the need for this service is for Recreation Center Fees the specific service the child is accessing must be identified. Retain recommendation for documentation purposes. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
2. Once the recommendation is complete, review to assure it contains the required components. If further information is needed, contact the recommending provider.
3. Request estimates/bids from vendors for items. Estimates must clearly indicate the company name, address and phone number and any required payment information (may vary by CCB). Items will be detailed with product description and cost. The recommending professional, family or CCB may obtain the estimates. If an estimate appears too high/low, additional estimates from alternative sources may be requested for comparison.
4. Review to approve/deny estimate per local CCB procedure.
5. Select vendor or provider following local CCB procedures.
6. Complete the IPCS

- a. If the request is *above* the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is *below* the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
7. The Service Plan must be accepted through CCMS prior to item purchase or service provision.
  - a. The need for Adaptive Therapeutic Recreational Equipment and Fees must be documented in the current SP. The SP will list the items/service, providers and number of units (1 unit = \$1.00). The SP plan should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services will be provided according to the SP timeframes. If the hours are allocated in the SP plan on a weekly or monthly basis unused units from one month will not be available for following months. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service claims in excess of PAR amounts will not be paid by the State.
  - d. Any increase in services must be documented in an SP revision and authorized through the prior authorization process.
8. Once the PAR is completed and accepted items may be purchased.

# **Assistive Technology**

T2035; Modifier U7 (1 unit = \$1.00)  
Frequently Requested Items; Page 69

Most items within this category are available through Medicaid/EPSDT.

## **HCPF Rule 8.503**

**Assistive technology** includes services, supports and/or devices that assist a client to increase, maintain or improve functional capabilities. This may include assisting the client in the selection, acquisition, or use of an assistive technology device and includes:

The evaluation of the assistive technology needs of a client, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the client in the customary environment of the client,

Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices,

Training or technical assistance for the client, or where appropriate, the family members, guardians, care-givers, advocates, or authorized representatives of the client,

Warranties, repairs or maintenance on assistive technology devices purchased through the HCBS-CES waiver, and

Skill acquisition devices which are proven to be a cost effective and efficient means to meet the need and which make learning easier, such as adaptations to computers, or computer software related to the client's disability. This specifically excludes cell phones, pagers, and internet access unless prior authorized by the in accordance with the operating agency's procedures.

Assistive technology devices and services are only available when the cost is higher than typical expenses, and are limited to the most cost effective and efficient means to meet the need and are not available through the Medicaid state plan or third party resource.

Assistive technology recommendations shall be based on an assessment provided by a qualified provider within the provider's scope of practice.

When the expected cost is to exceed \$2,500 per device three estimates shall be obtained and maintained in the case record.

Training and technical assistance shall be time limited, goal specific and outcome focused.

## **Limits**

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology shall not exceed \$10,000 over the five (5) year life of the HCBS-CES waiver without an Division for Developmental Disabilities

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exception granted by the operating agency. Costs that exceed this limitation may be approved for services, items or devices to ensure the health and safety of the client or that enable the client to function with greater independence in the home, and/or decrease the need for paid assistance in another HCBS-CES waiver service on a long-term basis. Requests for an exception shall be prior authorized in accordance with the operating agency's procedures. The operating agency shall respond to exception requests within thirty (30) days of receipt.

### **Exclusions**

The following items and services are specifically excluded under HCBS-CES and not eligible for reimbursement:

- Purchase, training or maintenance of service animals,
- Computers,
- In home installed video monitoring equipment,
- Medication reminders,
- Hearing aids,
- Items or devices that are generally considered to be entertainment in nature including but not limited to CDs, DVDs, i-Tunes®, any type of games ,
- Training, or adaptation directly related to a school or home educational goal or curriculum;
- or
- Items considered as typical toys for children.

### **Thresholds**

CCB may authorize amounts below \$10,000 for a combined total of Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications.

State level review required for prior authorization on any combined total above \$10,000.

It is the CCB's responsibility to track spending in these three categories and request approval to exceed the total.

### **Provider Qualifications**

The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. The provider shall have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.

### **Key Considerations**

1. Has an assessment been completed by a qualified therapist within his or her scope of practice?
2. Does the identified support increase, maintain or improve the child's functional capabilities (activities of daily living)?
  - a. Are the needs clearly identified in the ULTC 100.2 assessment?
  - b. If the service or support specifically assists the individual achieve or maintain Activities of Daily Living (ADLs) or is medically necessary a request shall be submitted to Medicaid/ESPD. If the service or support is denied through Medicaid, then the waiver may be considered following final agency action.

### **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

A. **Natural Supports and Third Party Resources:** The Case Manager (CM) and family determine if Natural Supports and third party resources are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).

B. **Medicaid/EPSDT:** Some items for Assistive Technology may be available under Medicaid/EPSDT; which may or may not require a Prior Authorization Request through HCPF. (See Appendix E- Page 66; Frequently Requested Items)

C. **Children's Extensive Support Waiver**

1. If applicable, obtain a recommendation/assessment from the appropriate Medicaid approved provider (e.g. Physician, Occupational, Physical, Speech or Behavioral Therapist). The assessment will give an overview of the status of the client including age, weight, height, diagnoses and current functioning level. The individual's needs as related to the disability will be identified as well as what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and or therapies with type, scope, amount and frequency, projected cost and any training to the individual or family, if needed. If a specific item brand is required that increases the cost above the basic, the therapist must provide justification. Retain recommendation for documentation purposes. (See Appendix B – Page 61; Professional Recommendation Guideline/Template)
2. Once the recommendation is complete, review to assure it contains the required components. If further information is needed contact the recommending provider.
3. Request written estimates/ bids from vendors. Estimates must clearly indicate the company name, address and phone number and any required payment information (may vary by CCB). Items will be detailed with product description and cost. The recommending professional, family or CCB may obtain the estimates. Three estimates are required if the cost of an item is \$2,500.00 or greater. If less than \$2,500.00 only one estimate is required. If an estimate appears too high/low, additional estimates from alternative sources may be requested for comparison. In the event an item or project is requested greater than \$2,500.00 and there are a limited number of vendors, document the



reason less than three estimates were obtained. All estimates must be comparable in scope of work as well as items. If the case manager has made three attempts to obtain a written bid from Home Modification Providers and the Home Modification Providers have not responded within 30 calendar days, the case manager may accept two bids. Documentation of the contacts and an explanation of these attempts shall be included in the CCB comment field on the IPCS. (See Appendix C - Page 63; Assistive Technology/Vehicle Modification Bid Template)

4. Review to approve/deny estimate per local CCB procedure considering the following factors:
  - a. Evaluate estimates to confirm all are comparable, utilize like material and describe the same scope of work.
  - b. The use of the CES waiver requires that items/services “Meet the Basic Need in a Cost Effective and Efficient Manner.” This means that the most financially appropriate alternative is to be used to reasonably meet the needs of the child at a basic level. The CES waiver shall only be used to address identified needs not wants or wishes. Luxury items or items solely for caregiver convenience shall not be provided through the waiver.
  - c. Consideration will be given to overall cost, knowledge of the vendor in assistive technology and workmanship if applicable. It is not a cost savings to the waiver to utilize vendors who are inexperienced, unreliable or provide poor workmanship. If the lowest bid is not chosen justify the reason. Parent choice is not a viable reason, it must be due to vendor location, time frames, inexperience or other reason that would likely increase costs to the waiver.
5. Select vendor or provider following local CCB procedures.
6. Complete the IPCS
  - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
7. The Service Plan must be accepted through CCMS prior to item purchase or service provision.
  - a. The need for Assistive Technology must be documented in the current SP. The SP will list the items/service, providers and number of units (1 unit = \$1.00). The SP plan should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services will be provided according to the SP timeframes. If the hours are allocated in the SP plan on a weekly or monthly basis unused units from one month will not be available for following months. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service claims in excess of PAR amounts will not be paid by the State.
  - d. Any change in services must be documented in a SP revision and authorized through the PAR process.
8. Once the PAR is completed and accepted items may be purchased.

### **Exceeding \$10,000 cap**

If the cost of the item or service will cause the combined overall spending in Home Accessibility Adaptations, Vehicle Modification and Assistive Technology to be in excess of the \$10,000 for the five-year waiver period, prior approval to exceed the cap of \$10,000 for must be obtained from the DHS/DDD waiver coordinator. (July 1, 2009 – June 30, 2014). Prior-approved variances must not exceed the total cost of \$35,000 during the Service Plan year.

### **To request a variance for CES**

1. Submit letter of request to DHS/DDD waiver coordinator with:
  - a. Participant's name, age, DOB, weight and description of disability.
  - b. Describe what has been provided through the waiver in the current five-year waiver period under the Home Accessibility Adaptations, Vehicle Modification and Assistive Technology including items and dollar amounts.
  - c. Describe what is currently needed to meet the child's need and how that need was determined (i.e. therapist evaluation on file).
  - d. State what alternative funding sources were explored but determined to be unavailable.
2. Submit appropriate bids and assessments.

## **Behavioral Services**

Behavioral Consultation Services; H2019; Modifier U7; 22; TG (1 unit = 15 minutes)

Behavioral Plan Assessment; T2024; Modifier U7 (1 unit = \$1.00)

Individual and Group counseling; H2019; Modifier U7; TF; HQ (1 unit = 15 minutes)

Behavioral Services-Line Staff; H2019; Modifier U7 (1 unit = 15 minutes)

Frequently Requested Items; Pag75

Behavioral services are to be provided based on the assessed need. Providers are to be reimbursed based on the tasks associated with following the Behavioral plan.

Behavioral services should not be confused with Respite services. The intention of Behavioral services is to follow a prescribed behavioral treatment plan. In some instances due to the nature of the service the parent does receive a break from caring for the child, however, that does not mean the service is Respite.

### **HCPF Rule 8.503**

**Behavioral services** are services related to a client's developmental disability which assist a client to acquire or maintain appropriate interactions with others.

Behavioral services shall address specific challenging behaviors of the client and identify specific criteria for remediation of the behaviors.

A client with a co-occurring diagnosis of developmental disabilities and mental health diagnosis covered in the Medicaid state plan shall have identified needs met by each of the applicable systems without duplication but with coordination by the behavioral services professional to obtain the best outcome for the client.

### **Behavioral services include:**

**Behavioral consultation services** include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the client's developmental disability and are necessary for the client to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self management.

Intervention modalities shall relate to an identified challenging behavioral need of the client. Specific goals and procedures for the behavioral service must be established.

**Behavioral plan assessment services** include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document.

**Individual and group counseling services** include psychotherapeutic or psycho-educational intervention that:

Is related to the developmental disability in order for the client to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management, and

Positively impacts the client's behavior or functioning and may include cognitive behavior therapy, systematic desensitization, anger management, bio-feedback and relaxation therapy.

**Behavioral line** services include direct implementation of the behavioral plan under the supervision and oversight of a behavioral consultant, for intervention to address social/emotional issues and/or with an identified challenging behavior that puts the individual's health and safety and/or the safety of others at risk.

### **Limits**

Behavioral plan assessment services are limited to 40 units and one assessment per service plan year. One unit is equal to fifteen (15) minutes of service.

### **Exclusions**

Services related to a mental health diagnosis and covered in the Medicaid state plan, a third party source or available from a natural support are excluded and shall not be reimbursed.

### **Thresholds**

CCB CM level: Line 0-1,000 units; Assessment; 0-\$750; Combined other; 0-450

CCB Supervisor level: Line 1,001-1,500 units; Assessment; \$751-\$1,500; Combined other; 451-\$700

DDD level: Line >1,500 units; Assessment; >\$1,500; Combined other;> \$700

### **Provider Qualifications**

**Behavioral Consultant** shall meet one of the following minimum requirements:

1. Shall have a Master's degree or higher in behavioral, social or health sciences or education and be nationally certified as a "Board Certified Behavior Analyst" (BCBA), or certified by a similar nationally recognized organization. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or
2. Shall have a Baccalaureate degree or higher in behavioral, social or health sciences or education and be 1) certified as a "Board Certified Associate Behavior Analyst" (BCABA) or be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and 3) working under the supervision of a certified or licensed Behavioral Services Provider.

**Behavioral Plan Assessor** shall meet one of the following minimum qualifications:

1. Shall have a Master's degree or higher in behavioral, social or health science or education and be nationally certified as a BCBA or certified by a similar nationally recognized organization. Shall have at least 2 years of directly supervised experience developing and implementing behavioral support plans utilizing established approaches including Behavioral Analysis or Positive Behavioral Supports that are consistent with best practice and research on effectiveness for people with developmental disabilities; or
2. Shall have a Baccalaureate degree or higher in behavioral, social or health science or education and be 1)certified as a "Board Certified Associate Behavior Analyst" (BCABA) or be enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and working under the supervision of a certified or licensed Behavioral Services provider.

**Counselors** shall meet one of the following minimum requirements:

1. Shall hold the appropriate license or certification for the provider's discipline according to state law or federal regulations and represent one of the following professional categories: Licensed Clinical Social Worker, Certified Rehabilitation Counselor, Licensed Professional Counselor, Licensed Clinical Psychologist, or BCBA and must demonstrate or document a minimum of two years experience in providing counseling to individuals with developmental disabilities; or
2. Have a Baccalaureate degree or higher in behavioral, social or health science or education and work under the supervision of a licensed or certified professional as set forth above in Individual/Group Counselor Provider Qualifications.

**Line Staff** must be at least 18 years of age, graduated from high school or earned a high school equivalency degree and have a minimum 24 hours of training, inclusive of practical experience in the implementation of positive behavioral supports and/or applied behavioral analysis and that is consistent with best practice and research on effectiveness for people with developmental disabilities. Line staff works under the direction of a Behavioral Consultant.

### **Key Considerations**

1. Does the service assist the child to acquire or maintain appropriate interactions with others?
2. Is the need for the service related to the child's developmental disability or mental health diagnosis?
3. Are behavioral issues identified in the ULTC 100.2?
4. Are Behavioral Line services being requested as a substitute for Community Connector or Respite?

### **Process to access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for

identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If a behavioral evaluation is needed it shall be documented in the Service Plan (SP). If services/supports are being identified as a result of a behavioral evaluation, then the findings shall be documented in the SP.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports and Third Party Resources:** The Case Manager (CM) and family determine if Natural Supports and third party resources are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **Medicaid/EPSTD** does not cover behavioral services needed due to a developmental disability. If the child's behavioral needs are a result of a covered mental health diagnosis and covered treatment, treatment must be provided through the Behavioral Health Organization (BHO). A list of BHO providers can be found at this link: <http://www.colorado.gov/cs/Satellite?c=Page&cid=1212398231156&pagename=HCPF%2FHCPFLayout>
- C. **Children's Extensive Support Waiver**
  1. If applicable, obtain a recommendation/assessment from the appropriate Medicaid approved provider (e.g. Physician, Occupational, Physical, Speech or Behavioral Therapist). The assessment will give an overview of the status of the client including age, weight, height, diagnoses and current functioning level. The individual's needs as related to the disability will be identified as well as what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and or therapies with type, scope, amount and frequency, projected cost and any training to the individual or family, if needed. Retain recommendation for documentation purposes. If there is no existing assessment and one is needed, this should be included on the service plan and PAR accepted prior to assessment. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
  2. If there is no existing Behavior Plan which addresses the current needs, identify a qualified provider to develop a behavior plan addressing the behavioral needs as indicated in the recommendation. The plan will identify goal(s) and expected outcomes. The individual who did the assessment may also develop the Behavior Plan.
  3. Complete the IPCS

- a. If the request is *above* the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is *below* the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
4. The Service Plan must be accepted through CCMS prior to item purchase or service provision.
  - a. The need for Behavioral Services must be documented in the current SP. The SP will be updated and will include the name of the provider, the type of provider and number of units. The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services shall be provided according to the SP timeframes. If the hours are allocated in the SP on a weekly or monthly basis unused units from one month will not be available for following months. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service claims in excess of prior authorized amounts will not be paid by the State.
  - d. Any change in services must be documented in a SP revision and authorized through the prior authorization process.
5. Once the PAR is completed and accepted Behavior Services may begin.

Assessment to determine behavioral needs must be provided by appropriately qualified personnel with expertise in behavioral services. Assessments provided through the school system may be utilized if completed by a qualified provider.

# **Community Connector**

H2021; Modifier U7 (1 unit = 15 minutes)

Frequently Requested Items; Page 75

Community Connector service focuses on assisting the child to integrate into his or her residential community by providing assistance to the child to access common community resources. For example, a child may want to participate in Scouts but needs assistance to participate. An older child may need to learn independent living skills and needs assistance to participate in a community cooking class. Costs of admission to activities or food item are not reimbursable for the provider or participant.

## **HCPF Rule 8.503**

**Community Connector Services** are intended to provide assistance to the client to enable the client to integrate into the client's residential community and access naturally occurring resources.

Community connector services shall:

Support the abilities and skills necessary to enable the client to access typical activities and functions of community life such as those chosen by the general population.

Utilize the community as a learning environment to assist the client to build relationships and natural supports in the client's residential community.

Be provided to a single client in a variety of settings in which clients interact with individuals without disabilities

## **Limits**

Community Connector is limited to the cost containment of the waiver.

## **Exclusions**

The cost of admission to professional or minor league sporting events, movies, theater, concert tickets or any activity that is entertainment in nature or any food or drink items are specifically excluded under the HCBS-CES waiver and shall not be reimbursed.

## **Thresholds**

CCB CM level: 0-1,000

CCB Supervisor level: N/A

DDD level: >1,000

## **Provider Qualifications**

The service to be delivered shall meet all applicable state licensing and certification requirements. Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.



## **Key Considerations**

1. Community Connector service is not available through Medicaid State Plan/EPSTD therefore a Medicaid denial is not required.
2. Does the service enable the child to integrate into his or her residential community and access naturally occurring resources?
3. Does the Service Plan goal reflect activities that engage the child in typical community events and activities?
4. Does the support build relationships in the community?
5. Does the support reflect activities that are age appropriate and engage typical same age peers?
6. Is the support being used in lieu of respite or behavioral line staff?
7. Is the support the child needs clearly defined and demonstrates why the child needs waiver support to engage in the activity?
8. Is the activity something that same age peers would attend without supervision?

## **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. Natural Supports and Third Party Resources:** The Case Manager (CM) and family determine if Natural Supports and third party resources are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. Medicaid/EPSTD** does not provide Community Connector.
- C. Children's Extensive Support Waiver**
  1. Identify a qualified provider per local Community Centered Board (CCB) procedure.
  2. Complete the IPCS
  3. The Service Plan must be accepted through CCMS prior to service provision.
    - a. The need for Community Connector must be documented in the current SP. The SP will list the service providers, the number of units of service (1 unit = 15 minutes). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.

- b. Authorized services shall be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service claims in excess of prior authorized amounts will not be paid by the state.
  - d. Any increase in services must be documented in an SP revision and authorized through the PAR process.
4. Once the PAR is completed and approved services may begin.

# Home Accessibility Adaptations

S5165; Modifier U7 (1 unit = \$1.00)

Frequently Requested Items; Page 76

All modifications shall be in compliance with American's with Disabilities Act (ADA) building specifications and done in the most cost effective manner. *Home Owner Association requirements are not the responsibility of CES and are not to be included in any estimates; however, the homeowner needs to be familiar with their HOA restrictions to assure modifications are allowed.* Minimal adaptations may be considered for rental property if the landlord agrees to the adaptations, in writing, prior to the bid process and the renters plan to remain in the property for the foreseeable future. Minimal adaptations are those adaptations that are not permanent changes to the structure of the home and may be taken when the renter moves; i.e. a portable ramp. For an information sheet to Families and Contractors, see page 28.

## HCPF Rule 8.503

**Home accessibility adaptations** are physical adaptations to the primary residence of the client, that are necessary to ensure the health and safety of the client or that enable the client to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include:

- The installation of ramps,
- Widening or modification of doorways,
- Modification of bathroom facilities to allow accessibility, and assist with needs in activities of daily living.
- The installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment or supplies that are necessary for the health and safety of the client, and
- Safety enhancing supports such as basic fences or basic door and window alarms.

All devices and adaptations shall be provided in accordance with applicable state or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid state plan, EPSDT or third party resources shall be utilized prior to authorization of waiver services.

## Limits

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology shall not exceed \$10,000 over the five (5) year life of the HCBS-CES waiver without an exception granted by the operating agency. Costs that exceed this limitation may be approved for services, items or devices to ensure the health, and safety of the client, enable the client to function with greater independence in the home, and/or decrease the need for paid assistance in another HCBS-CES waiver service on a long-term basis. Requests to exceed the limit shall be prior authorized in accordance with operating agency procedure.

## Exclusions

The following items are specifically excluded from home accessibility adaptations and shall not be reimbursed:

- Adaptations or improvements to the home that are considered to be on-going homeowner maintenance and are not related to the client's disability,
- Carpeting,
- Roof repair,
- Central air conditioning,
- Air duct cleaning,
- Whole house humidifiers,
- Whole house air purifiers,
- Installation and repair of driveways and sidewalks,
- Monthly or ongoing home security monitoring fees,
- Home furnishings of any type,
- Adaptations to rental units when the adaptation is not portable and cannot move with the renter, and
- Luxury upgrades.

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation to:

- Improve entrance or egress to a residence; or,
- Configure a bathroom to accommodate a wheelchair.

Any request to add square footage to the home shall be prior authorized in accordance with operating agency procedures.

### **Thresholds**

CCB may authorize amounts below \$10,000 for a combined total of Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications.

State level review required for prior authorization on any combined total above \$10,000.

### **Provider Qualifications**

The product or service to be delivered must meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. The provider must have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.

### **Key Considerations**

1. Is the support necessary for the health and safety of the child?
2. Does the support promote or increase independence?
3. Has an assessment been completed by a qualified therapist within his or her scope of practice?
4. Is this the primary residence?
5. Is the support related to the child's disability?
6. Is the support the most cost effective?
7. Is the residence rented or family owned?
  - a. If it is a rental, can the family take the modification when they move?

8. Has this modification been previously provided through the waiver in another residence?
9. Is the final the most cost effective or does it include luxury upgrades?
10. Is the bid itemized to show items that may be available through Medicaid State Plan/EPSDT? If the support specifically assists the individual with Activities of Daily Living a request must be submitted to Medicaid. If denied by Medicaid the waiver shall not be accessed prior to final agency action on the appeal.
  - a. E. g. grab bars, lifts, risers for toilet, etc.

### **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **Medicaid/EPSDT** does not provide Home Accessibility Adaptations but may provide some items necessary for access to the bathroom (rails) or bedroom (portable lifts).

### **C. Children's Extensive Support Waiver**

1. Obtain a recommendation/assessment from the appropriate Medicaid approved therapist (e.g. Occupational, Physical or Speech or Behavioral Therapist). The assessment will give an overview of the status of the client including age, weight, height, diagnoses and current functioning level. The child's needs as related to the disability will be identified as well as what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, projected cost and any training to the individual or family, if needed. If a specific item brand is required the therapist must provide justification. Retain recommendation for documentation purposes. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
2. Once the recommendation is complete, review to assure it contains the required components. If further information is needed contact the recommending provider.
3. Request written estimates/bids from vendors. Estimates must clearly indicate the company name, address and phone number and any required payment information (may vary by CCB). Items will be detailed with product description and cost. The

recommending professional, family or CCB may obtain the estimates. Two estimates are required if the cost of an item is \$2,500.00 or greater. If less than \$2,500.00 only one estimate is required. If an estimate appears too high/low, additional estimates from alternative sources may be requested for comparison. In the event an item or project is requested that is greater than \$2,500.00, and there are a limited number of vendors, document the reason less than two estimates were obtained. All estimates must be comparable in scope of work as well as items. If the case manager has made three attempts to obtain a written bid from Home Modification Providers and the Home Modification Providers have not responded within 30 calendar days, the case manager may accept one bid. Documentation of the contacts and an explanation of these attempts shall be attached to the PAR. (See Appendix D - Page 64; Home Accessibility Adaptations Bid Template)

4. Review to approve/deny estimate per local CCB procedure with consideration of the following factors:
  - a. Evaluate estimates to confirm all are comparable, utilize like material and describe the same scope of work.
  - b. Use of the CES waiver requires that items/services “Meet the Basic Need in a Cost Effective and Efficient Manner.” This means that the most financially appropriate alternative is to be used to reasonably meet the needs of the child at a basic level. The CES waiver shall only be used to address identified needs not wants or wishes. Luxury items or items solely for caregiver convenience shall not be provided through the waiver. For example if a child has extensive medical involvement and requires “clean or sterile” room environment and needs a hard surface floor for ease of cleaning, then CES would consider installing a basic vinyl floor, but not a ceramic tile floor, due to cost difference. Should the parent wish to upgrade to more expensive flooring, CES would provide what would be equal to the basic hard surface floor covering and the parent would provide the additional hard surface upgrade.
  - c. Consideration will be given to overall cost, knowledge of the contractor in handicap accessible construction, workmanship, bonding and insurance. It is not a cost savings to the waiver to utilize contractors who are unreliable or provide poor workmanship. If the lowest bid is not chosen justify the reason. Parent choice is not a viable reason, it must be due to contractor location, time frames, inexperience in handicap accessible construction, workmanship or other reason that would likely increase costs to the waiver.
5. Select contractor following local CCB procedure.
6. Complete the IPCS
  - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
7. The Service Plan must be accepted through CCMS prior to item purchase.
  - a. The need for Home Accessibility Adaptations must be documented in the current SP. The SP will list the project, providers and number of units (1 unit = \$1.00). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.

- b. Authorized services will be provided according to the SP timeframes.
  - c. Service claims in excess of prior authorized amounts will not be paid by the State.
  - d. Service claims in excess of PAR amounts will not be paid by the State.
  - e. Any increase in services must be documented in a SP revision and authorized through the prior authorization process.
8. Once the Prior Authorization Request (PAR) is completed and accepted work may begin.

**Exceeding \$10,000 cap**

If the cost of the item or service will cause the combined overall spending in Home Accessibility Adaptations, Vehicle Modification and Assistive Technology to be in excess of the \$10,000 for the five-year waiver period, prior approval to exceed the cap of \$10,000 for must be obtained from the DHS/DDD waiver coordinator. (July 1, 2009 – June 30, 2014). Prior-approved variances must not exceed the total cost of \$35,000 during the Service Plan year.

**To request a variance for CES**

1. Submit letter of request to DHS/DDD waiver coordinator with:
  - a. Participant's name, age, DOB, weight and description of disability.
  - b. Describe what has been provided through the waiver in the current five-year waiver period under the Home Accessibility Adaptations, Vehicle Modification and Assistive Technology including items and dollar amounts.
  - c. Describe what is currently needed to meet the child's need and how that need was determined (i.e. therapist evaluation on file).
  - d. State what alternative funding sources were explored but determined to be unavailable.
2. Submit appropriate bids and assessments.
3. Statement of whether the family owns the home and plans to stay there.

# Home Accessibility Adaptation Information Sheet

## For Families and Contractors

The purpose of this information sheet is to assist the family and contractor to fully understand what home adaptations are provided through the waiver. To expedite the review and processing of the request the family and contractor should be familiar with the requirements and parameters required under the waiver. If a standardized contractor bid sheet is provided with this document use of the bid sheet will assure all required bids are similar and more easily compared which will expedite the review process.

Home Accessibility Adaptation is to cover adaptations to the home that will assist the eligible individual to access the home, access interior areas of the home and or enable the individual to function with greater independence in the home. A qualified Medicaid provider will need to complete an assessment to identify the eligible individual's needs and recommend appropriate adaptations. Only those recommendations provided by a qualified Medicaid provider will be considered. Typical homeowner expenses will not be covered. Exclusions are listed below. All modifications shall be in compliance with the American's with Disabilities Act (ADA) and done in the most cost effective manner. *Home Owner Association requirements are not the responsibility of the waiver and are not to be included in any estimates.*

The waiver may provide Home Accessibility Adaptation in instances where the family owns the home, plans to stay in the home for the foreseeable future and the modification is needed to address the eligible individual's health or safety, will reduce ongoing cost to the waiver and or to allow the individual to function with greater independence in the home.

Minimal adaptations may be considered for rental property if the landlord agrees to the adaptations in writing prior to the bid process and the renters plan to remain in the property for the foreseeable future. Minimal adaptations are those adaptations that are not permanent changes to the structure of the home and may be taken when the renter moves; i.e. a portable ramp.

Comparable bids are required as per the Community Centered Board's policy and procedures

Use of the CES waiver requires that items/services are to **"Meet the Basic Need in a Cost Effective and Efficient Manner."** This means that the least expensive and appropriate item is to be used to reasonably meet the needs of the individual at a basic level. The CES waiver shall only be used to address identified needs not wants or wishes. Luxury items or items solely for caregiver convenience shall not be provided through the waiver. For example if an individual has extensive medical involvement and requires "clean" room environment which requires a hard surface floor for ease of cleaning, the most cost effective means to meet the need would be a basic vinyl floor, not a ceramic tile floor.

Consideration should be given to overall cost, knowledge of the contractor in disability accessible construction, workmanship, reliability, bonding, and insurance. It is not a cost savings to the waiver to utilize contractors who are unreliable or provide poor workmanship. If the lowest bid is not chosen justify the reason. Parent choice is not a viable reason, it must be due to



contractor location, time frames, inexperience in disability accessible construction, workmanship or other reason that would likely increase costs to the waiver. Your Community Centered Board may have specific requirements prior to authorizing a bid. Contact your Case Manager for any questions you may have.

### **Health Care Policy and Financing Rule 8.503**

**Home accessibility adaptations** are physical adaptations to the primary residence of the client, that are necessary to ensure the health and safety of the client or that enable the client to function with greater independence in the home. All adaptations shall be the most cost effective means to meet the identified need. Such adaptations include:

- The installation of ramps,
- Widening or modification of doorways,
- Modification of bathroom facilities to allow accessibility, and assist with needs in activities of daily living.
- The installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment or supplies that are necessary for the health and safety of the client, and
- Safety enhancing supports such as basic fences or basic door and window alarms.

All devices and adaptations shall be provided in accordance with applicable state or local building codes and/or applicable standards of manufacturing, design and installation. Medicaid state plan, EPSDT or third party resources shall be utilized prior to authorization of waiver services.

### **Limits**

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology shall not exceed \$10,000 over the life of the waiver except that, on a case by case basis, the DHS/DDD may approve a higher amount, to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home, or if it decreases the need for paid assistance in another waiver service on a long-term basis.

(The life of the waiver is July 1, 2009 – June 30, 2014)

### **Exclusions**

The following items are specifically excluded from home accessibility adaptations and shall not be reimbursed:

- Adaptations or improvements to the home that are considered to be on-going homeowner maintenance and are not related to the client's disability,
- Carpeting,
- Roof repair,
- Central air conditioning,
- Air duct cleaning,
- Whole house humidifiers,
- Whole house air purifiers,

Installation and repair of driveways and sidewalks,  
Monthly or ongoing home security monitoring fees,  
Home furnishings of any type,  
Adaptations to rental units when the adaptation is not portable and cannot move with the renter, and  
Luxury upgrades.

**Access the home:**

Ramps are to be constructed in the most cost effective manner. Ramps provide entrance/egress to the home for the eligible child. Steps to the home are a typical homeowner responsibility and will not be provided by the waiver.

Additional stair railings may be installed if the eligible child needs them to assist with mobility up or down stairs or steps. In the event railing is needed in an area where most homes should have railing for general safety needs it would be considered a typical homeowner expense and will not be provided by the waiver. An example of this would be that homes typically have at least one banister or railing on stairs, but if the child needs two to assist with mobility, then CES may be considered for the second banister or rail.

Adaptations to a bathroom to allow for wheelchair access may be completed if there is no bathroom in the home that allows wheelchair access. Bathroom modifications may include adaptations to showers, bathtubs, toilets and fixtures as needed by the individual to provide access. All modifications are to be basic. In the event a roll in shower for wheelchair access is needed, the cost of the tile must be the most cost effective; luxury items will not be approved. (I.e. upgraded tile, fixtures or conveniences). Higher cost name brand fixtures will not be approved for caregiver convenience, aesthetics or preference.

Doorways may be widened in the event the child utilizes a wheelchair or lift that requires wider doorways. The total cost to the waiver must be considered, it may be more economical to replace the lift rather than widen doorways.

**Safety:**

Alarms for doors and/or windows that alert caregivers in the event the eligible individual attempts to leave the home may be allowed if there is an assessed need for the alarm. Alarms are to be the most cost effective. The waiver will not pay for monthly or ongoing third party monitoring supports.

If the eligible child is at risk of elopement, a fence may be installed to keep the child within the confines of his or her back yard. The area to be enclosed by the fence shall be representative of a typical back yard (with a general rule of thumb being about 150 linear feet or less) and may not necessarily encompass the entire property boundary. HOA requirements are not the responsibility of the waiver and will not be covered by the waiver.

**Improve independence in the home:**

Switches to assist the individual in accessing the home or controlling his or her environment may be installed if the child is in need of such switches to improve greater independence.

## **Homemaker: Basic and Enhanced**

Basic Homemaker 1 unit = 15 minutes

CES: S5130; Modifier U7    SLS: S5130; Modifier U8

Enhanced Homemaker 1 unit = 15 minutes

CES: S5130; Modifier U7    SLS: S5130; Modifier U8

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Homemaker services may be provided in instances where there is an assessed need based on the child's disability. The task of homemaker must be more intense due to the child's disability; for example, if there is excessive soiling of the home due to the child's disability then homemaker services may be appropriate. Homemaker services are not appropriate for typical cleaning and should not encompass areas of the home where the child does not typically go. If the child's disability does not produce more housework; laundry, cleaning due to smearing, vomiting, encopresis, incontinence, etc; or require a need for a clean room environment that is above and beyond the capacity of the primary care provider to accomplish, then there is no justifiable need for Homemaker.

Lawn care, snow removal and duct cleaning are not allowed. These tasks are not more intense due to the child's disability. If the primary caregiver is not able to provide lawn care or snow removal because the child needs supervision during these tasks, then CES may be utilized to provide supervision so the caretaker can accomplish these. Duct cleaning is not allowed because has not been shown to be effective to provide clean air and is not the most cost effective.

### **HCPF Rule 8.503**

**Homemaker services** are provided in the client's home and are allowed when the client's disability creates a higher volume of household tasks or requires that household tasks are performed with greater frequency. There are two types of homemaker services:

**Basic homemaker services** include cleaning, completing laundry, completing basic household care or maintenance within the client's primary residence only in the areas where the client frequents. This assistance may take the form of hands-on assistance by actually performing a task for the client or cueing to prompt the client to perform a task.

**Enhanced homemaker services** include basic homemaker services with the addition of either procedures for habilitation or procedures to perform extraordinary cleaning. Habilitation services shall include direct training and instruction to the client in performing basic household tasks including cleaning, laundry, and household care which may include some hands-on assistance by actually performing a task for the client or enhanced prompting and cueing. The provider shall be physically present to provide step by step verbal or physical instructions throughout the entire task:

When such support is incidental to the habilitative services being provided,  
To increase independence of the client

Incidental basic homemaker service may be provided in combination with enhanced homemaker services; however, the primary intent must be to provide habilitative services to increase independence of the client.

Extraordinary cleaning are those tasks that are beyond routine sweeping, mopping, laundry or cleaning and require additional cleaning or sanitizing due to the client's disability.

### **Limits**

Homemaker is limited to the cost containment of the waiver.

### **Exclusions**

Lawn care, snow removal, air duct cleaning and animal care are specifically excluded under HCBS-CES and shall not be reimbursed.

### **Thresholds**

#### **Basic**

All levels: N/A

#### **Enhanced**

CCB CM level: 1-560

CCB Supervisor level: 561-720

DDD level: >720

### **Provider Qualifications**

The service to be delivered shall meet all applicable state licensing and certification requirements. Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.

### **Key Considerations**

1. Homemaker services are not available through Medicaid/EPSDT therefore no Medicaid denial is required
2. Does the child's disability create a higher volume of household tasks or requires that household tasks are performed with greater frequency?
3. Does the ULTC 100.2 demonstrate a need for Homemaker?
4. Does the service require a habilitative structured program?
  - a. Is there a specific ISSP?
5. Is the need for extraordinary cleaning related to the child's disability or behaviors?
  - a. Extraordinary means those tasks that are beyond routine sweeping, mopping, laundry or cleaning and require additional cleaning or sanitizing due to the child's disability.

### **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other

types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **Medicaid/EPSTD:** Homemaker may be available through a Home Health Agency as a secondary service when providing CNA or skilled services. It must be provided in conjunction with a skilled service within the same 15-minute unit.
- C. **Children's Extensive Support Waiver:**
  - 1. IDT determines if the child's medical or behavioral needs require Basic or Enhanced Homemaker service.
  - 2. Request written estimates from qualified providers. Estimates must clearly indicate the company name, address and phone number. The provider will also include payment information as needed by the CCB and time lines. Estimates must clearly indicate the areas to be cleaned and frequency.
  - 3. Review to approve/deny estimate per CCB procedure.
  - 4. Select vendor or provider following CCB procedures
  - 5. Complete the IPCS
    - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
    - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
  - 6. The Service Plan must be accepted through CCMS prior to service provision.
    - a. The need for Homemaker services and the rationale for use of "Enhanced" must be documented in the current SP. The SP will list the provider, number of units (1 unit = 15 minutes). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
    - b. Authorized services shall be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis.
    - c. Service Claims in excess of PAR amounts will not be paid by the state.
    - d. Any increase in services must be documented in the SP revision and authorized through the PAR process.
  - 7. Once the PAR is completed and accepted the service may begin.

# **Parent Education**

H1010; Modifier U7 (1 unit = \$1.00)

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Parent Education is to assist caregivers to learn skills specific to the child's disability that will enhance their ability to provide day-to-day support. This may be in the form of workshops, journals, and instructional media or direct training.

## **HCPF Rule 8.503**

**Parent education** provides unique opportunities for parents and/or other care givers to learn how to support the child's strengths within the context of the child's disability and enhances the parent's ability to meet the special needs of the child. Parent education includes:

Consultation and direct service costs for training parents and other care givers in techniques to assist in caring for the client's needs, including sign language training,

Special resource materials,

Cost of registration for parents/caregivers to attend conferences or educational workshops that are specific to the client's disability,

Cost of membership to parent support or information organizations and publications designed for parents of children with disabilities.

## **Limits**

The maximum annual allowance for Parent Education is \$1,000.00 per year.

## **Exclusions**

Parent Education is specific to the child's need and is not to be utilized for typical parenting classes or generic information regarding all children with disabilities, such as Individualized Education Plan development. This service is not intended to replace or fund the employing agency's responsibilities for staff training including but not limited to; generalized training or employment requirements, such as CPR, rights protections, or agency policies and procedures, which would be required of all personnel.

Parent Education cannot be used to pay for transportation, lodging, and food or to provide membership to any political organizations including those involved in lobby activities.

## **Thresholds**

CCB CM level: 0-1,000

CCB Supervisor level: N/A

DDD level: N/A

### **Provider Qualifications**

The provider shall have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.

### **Key Considerations**

1. Parent Education is not available through Medicaid State Plan/EPSTDT therefore a Medicaid denial is not required.
2. Does the training enhance the parent's ability to meet the special needs of the child?
3. Is the training specific to the child's disability?
4. Does the training replace provider training?
  - a. E.g. First Aid, CPR, etc.
5. Does the training include food, transportation, lodging or support of an organization that lobbies?
6. Are there parent scholarships available?
7. Is this the most cost effective?
  - a. Individualized sign language training vs. local educational resources.

### **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).

B. **Medicaid/EPSTDT** does not provide Parent Education services.

### **C. Children's Extensive Support Waiver**

1. The conference, training and/or informational literature is identified. This must be specific to the child's disability and not generic parenting information.
2. The Service Plan must be accepted through CCMS prior to item purchase or service provision.

- a. The need for Parent Education must be documented in the current SP. The SP will list the service providers, and the number of units of Parent Education (\$1.00 = 1 unit). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services shall be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service claims in excess of prior authorized amounts will not be paid by the state.
  - d. Any increase in services must be documented in an SP revision and authorized through the prior authorization process.
3. Once the PAR is completed and accepted items or services may be provided.



# **Personal Care**

1 unit = 15 minutes

CES: T1019; Modifier U7

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The intention of personal care is to assist the individual who does not require skilled care to complete activities of daily living (ADL) they would typically perform for themselves if they did not have a disability. This would automatically exclude very young children from receiving Personal Care as parents typically provide these services to all young children, with or without disabilities.

If skilled care is required, personal care may be included in the skilled care and covered under Medicaid State Plan benefits. If it is not clear if the individual will require skilled care, an assessment by a Home Health Agency should be completed prior to use of Personal Care through the waiver. If the ULTC 100.2 Assessment indicates a need for skilled care, then a Home Health assessment shall be completed.

## **HCPF Rule 8.503**

**Personal care** is assistance to enable a client to accomplish tasks that the client may complete without assistance if the client did not have a disability. This assistance may take the form of hands-on assistance by actually performing a task for the client or cueing to prompt the client to perform a task.

Personal care services include assistance with basic self care tasks that include performing hygiene activities, bathing eating, dressing, grooming, bowel, bladder and menstrual care.

Personal care services may be provided on an episodic, emergency or on a continuing basis when personal care service is required. It shall be provided by the HCBS-CES waiver only to the extent the Medicaid state plan or third party resource does not cover the service.

If the annual functional needs assessment identifies a possible need for skilled care then the client shall obtain a home health assessment.

## **Limits**

Personal Care is limited to the cost containment of the waiver.

## **Exclusions**

Personal care shall not duplicate care received through a Home Health Agency.

## **Thresholds**

CCB CM level: 0-1,400

CCB Supervisor level: 1401-1800

DDD level: >1,800

**Key Considerations**

1. Is the personal care service goal limited to the scope of the service definition and only provides assistance with basic self care tasks?
  - a. Hygiene activities, bathing, eating, dressing, grooming, bowel, bladder and menstrual care.
2. Is there a need for skilled care?
  - a. EPSDT defines a component of medical necessity as: The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living.
  - b. Skilled services may include, among other duties: transferring a person from a bed to a wheelchair using a lift; transferring a person to/from the toilet/vehicle, or into the bathtub with or without a lift; bathing someone with an open wound; performing prescribed range of motion exercises; feeding someone at risk of choking; giving an injection of insulin; or a transfer combined with a diaper change.
3. How much skilled care does the child receive?
  - a. What are the tasks associated with the skilled care?
  - b. What tasks does skilled care not cover that is needed for personal care?
4. Does the family receive Home Care Allowance?
5. What are the total numbers of hours per day/week the child is receiving services or otherwise occupied?
  - a. School, skilled care, Medicaid State Plan services, waiver services, etc.
6. Is Personal Care requested to replace respite or another service?

**Provider Qualifications**

Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.

**Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

An assessment through a Certified Medicaid Home Health Agency will determine what needs qualify for skilled care and the frequency of the skilled care necessary. The Home Health Agency assessment will also determine if any of the needs are age-appropriate and or parental responsibility. In some cases an assessment from a Medicaid approved Speech, Occupational, or Physical Therapist may be required to best determine the nature of the needs. The Single Entry Point or EPSDT Outreach Coordinator serving the area the where person lives can also be of assistance. If the individual is a member of a Medicaid Managed Care Organization (MCO)

formerly known as Health Management Organization (HMO), the MCO may require certain agencies to be utilized. The MCO's customer service department can provide more information.

### **Contact Information**

Managed Care Organization (MCO):

<http://www.colorado.gov/cs/Satellite?c=Page&cid=1212398230939&pagename=HCPF%2FHCPFLayout>

Home Health Agencies: <http://www.cdphe.state.co.us/hf/hha/index.html>

Single Entry Points:

<http://www.colorado.gov/cs/Satellite?c=Page&cid=1205189474220&pagename=HCPF%2FHCPFLayout>

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **EPSDT/Medicaid** provides skilled services based on medical necessity, such as those provided by a Certified Nurse's Aide (CNA) or other person with specialized training. Skilled services may include, among other duties: transferring a person from a bed to a wheelchair using a lift; transferring a person to/from the toilet/vehicle, or into the bathtub with or without a lift; bathing someone with an open wound; performing prescribed range of motion exercises; feeding someone at risk of choking; giving an injection of insulin; or a transfer combined with a diaper change.
  1. Only employees of a single Home Health Agency may provide authorized skilled care billed to Medicaid. If the agency cannot fill the hours determined necessary, all services must be moved to another agency (if available) that can fill the hours. *\* Waivers may not provide services available through EPSDT/Medicaid, due to lack of available providers.*
  2. Properly trained and certified parent or relative (who may typically be considered a natural support) may also provide skilled care as an employee of a Home Health Agency. Some agencies provide training targeted towards family members for this purpose.
- C. **Children's Extensive Support Waiver**
  1. Basic support in Activities of Daily Living (ADL) provision such as bathing (without the need for a transfer or wound care), oral hygiene, dressing, etc. are considered *non-skilled services*. Meeting the daily needs of a child based on his or her age, such as diapering, bathing, dressing, oral hygiene, etc. are considered typical parental responsibility, and not covered through Medicaid or the CES Waiver. Ex: Some assistance with bathing and dressing are typical needs for a 3 year-old.

2. Identify a qualified provider.
3. Complete the IPCS
  - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
4. The Service Plan must be accepted through CCMS prior to service provision.
  - a. The need for Personal Care services must be documented in the current SP. The SP will list the providers, number of units (1 unit = 15 minutes). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services should be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis.
  - c. Service Claims in excess of PAR amounts will not be paid by the state.
5. Any increase in services must be documented in the SP revision and authorized through the PAR process.
6. Once the PAR is completed and accepted services may begin.

## Professional Services

### Professional Service

**Hippo-therapy-Individual** 1 unit = 15 minutes

CES: S8940; Modifier 1; U7 SLS: S8940; Modifier 1; U8

**Hippo-therapy-Group** 1 unit = 15 minutes

CES: S8940; Modifier 1; U7, Modifier 2; HQ SLS: S8940; Modifier 1; U8, Modifier 2; HQ

**Massage Therapy** 1 unit = 15 minutes

CES: 97124; Modifier U7 SLS: 97124; Modifier U8

**Movement Therapy-Bachelors** 1 unit = 15 minutes

CES: G0176; Modifier U7 SLSG0176; Modifier U8

**Movement Therapy-Masters** 1 unit = 15 minutes

CES: G0176; Modifier 1; U7, Modifier 2; 22

SLS: G0176; Modifier 1; U8, Modifier 2; 22

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Professional services are to be provided according to the waiver definition below. Warm water therapy, Fitness Trainer (Personal Trainer), Equine & Art Therapy (considered Mental Health Service), and Acupuncture are not available through the waiver.

### HCPF Rule 8.503

**Professional services** are provided by a licensed, certified, registered or accredited professional and the intervention is related to an identified medical or behavioral need. Professional services include:

**Hippo-therapy:** includes a therapeutic treatment strategy that uses the movement of the horse to assist in the development or enhancement of skills including gross motor, sensory integration, attention, cognitive, social, behavior and communication.

**Movement therapy** includes the use of music and/or dance as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, or gross motor skills and assists in pain management and cognition.

**Massage** includes the physical manipulation of muscles to ease muscle contractures or spasms, increase extension and muscle relaxation and decrease muscle tension and includes Watsu.

Professional services can be reimbursed only when:

The provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in the profession,

The intervention is related to an identified medical or behavioral need; and the Medicaid state plan therapist or physician identifies the need for the service, establishes the goal for the treatment and monitors the progress of that goal at least quarterly.

**Limits**

Professional Services are limited to the cost containment of the waiver.

**Exclusions**

The following items are excluded under HCBS-CES and not eligible for reimbursement:

- Acupuncture,
- Chiropractic care,
- Fitness training (personal trainer),
- Equine therapy,
- Art therapy,
- Warm water therapy,
- Therapeutic riding,
- Experimental treatments or therapies, and
- Yoga

**Thresholds**

CCB CM level: >0

CCB Supervisor and DDD level: N/A

**Provider Qualifications**

The provider shall have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.

**Key Considerations**

1. Has an assessment been completed by a qualified professional within his or her scope of practice?
2. Is the service related to an identified medical or behavioral need?
3. Has the assessment identified specific outcome goals related to the specific professional service to be provided?
  - a. Hippo-therapy: Development/enhancement of; gross motor, sensory integration, attention, cognitive, social, behavioral and communication
  - b. Movement Therapy (music or dance): Habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills
  - c. Massage: ease muscle contractures, spasms, extension, muscle relaxation and muscle tension.

**Process to Access**

Support options should come from many different sources in a community and should not focus only on supports provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other

types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **Medicaid/EPSTD:** Some professional services may be available under Medicaid/EPSTD; which may or may not require a Prior Authorization Request through HCPF. The Professional services described in this waiver category are not available through Medicaid/EPSTD.

**C. Children's Extensive Support Waiver**

1. Obtain a recommendation/assessment from the appropriate Medicaid approved provider (e.g. Physician, Occupational, Physical Speech or Behavioral Therapist). The assessment will give an overview of the status of the client including age, weight, height, diagnoses and current functioning level. The individual's needs as related to the disability will be identified as well as what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and or therapies with type, scope, amount and frequency, projected cost and any training to the individual or family, if needed. Retain recommendation for documentation purposes. Appendix B: Professional Recommendation/Assessment Sample. (See Appendix B - Page 61; Professional Recommendation Guidelines/Template)
2. Once the recommendation/assessment is complete, review to assure it contains the required components. If further information is needed contact the recommending provider.
3. Identify a qualified provider: The provider shall have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.
4. Complete the IPCS
  - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
5. The Service Plan must be accepted through CCMS prior to service provision.

- a. The need for the Professional Service must be documented in the current SP. The SP will list the items/service, providers and number of units (1 unit = 15 min). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services will provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - c. Service Claims in excess of PAR amounts will not be paid by the state.
  - d. Any increase in services must be documented in a SP revision and authorized through the PAR process.
6. Once the PAR is completed and accepted services may begin.



## Respite

**Individual** 1 unit = 15 min.

CES S5150, Modifier U7    SLS S5150, Modifier U8

**Individual Day** 1 unit = 1 day

CES S5151, Modifier U7    SLS S5151, Modifier U8

**Camp** 1 unit = 1 dollar

CES T2036, Modifier U7    SLS T2036, Modifier U8

**Group** 1 unit = 1 dollar

CES S5151, Modifier 1; U7, Modifier 2; HQ    SLS S5151, Modifier 1; U8, Modifier 2; HQ

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### HCPF Rule 8.503

**Respite** is provided to clients on a short-term basis, because of the absence or need for relief of the primary caregivers of the client. Respite may be provided:

In the client's home, private residence,

The private residence of a respite care provider, or

In the community

Respite is to be provided in an age appropriate manner. The eligible client age 12 or older may receive respite during the time the care-giver works because same age typical peers do not need ongoing supervision at that age and the need for the respite is based on the client's disability. The eligible client age 12 or older may receive respite during the time the care-giver works because same age typical peers do not need ongoing supervision at that age and the need for the respite is based on the client's disability. A client 11 years of age and younger, will not receive respite during the time the parent works, pursues continuing education or volunteers, because this is a typical expense for all parents of young children.

When the cost of care during the time the parents works is more for an eligible client, 11 years of age or younger, than it is for same age peers, then respite may be used to pay the additional cost. Parents shall be responsible for the basic and typical cost of child care.

Respite may be provided for siblings, age 11 and younger, who reside in the same home of an eligible client when supervision is needed so the primary caretaker can take the client to receive a state plan benefit or HCBS-CES waiver service.

Respite shall be provided according to an individual or group rates as defined below:

**Individual:** The client receives respite in a one-on-one situation. There are no other clients in the setting also receiving respite services. Individual respite occurs for ten (10) hours or less in a twenty four (24)-hour period.

**Individual day:** the client receives respite in a one-on-one situation for cumulatively more than 10 hours in a 24-hour period. A full day is 10 hours or greater within a 24- hour period.

**Overnight group:** the client receives respite in a setting which is defined as a facility that offers 24-hour supervision through supervised overnight group accommodations. The total cost of overnight group within a 24-hour period shall not exceed the respite daily rate.

**Group:** the client receives care along with other individuals, who may or may not have a disability. The total cost of group within a 24-hour period shall not exceed the respite daily rate.

### **Limits**

The following limitations to respite service shall apply:

Sibling care is not allowed for care needed due to parent's work, volunteer, or education schedule or for parental relief from care of the sibling.

Federal financial participation shall not be claimed for the cost of room and board except when provided, as part of respite care furnished in a facility approved pursuant to 2 CCR 503-1 by the state that is not a private residence.

The total amount of respite provided in one service plan year may not exceed an amount equal to 30 day units and 1,880 individual units. The operating agency may approve a higher amount based on a need due to the client's age disability or unique family circumstances.

Overnight group respite may not substitute for other services provided by the provider such as personal care, behavioral services or services not covered by the HCBS-CES waiver.

Respite shall be reimbursed according to a unit rate or daily rate whichever is less. The daily overnight group respite rate shall not exceed the respite daily rate.

The purpose of respite is to provide the primary caregiver a break from the ongoing daily care of a client. Therefore, additional respite units beyond the service limit will not be approved for clients who receive skilled nursing, certified nurse aid services, or home care allowance from the primary caregiver.

### **Exclusions**

The cost of admission to professional or minor league sporting events, movies, theater, concert tickets or any activity that is entertainment in nature or any food or drink items are specifically excluded under the HCBS-CES waiver and shall not be reimbursed.

### **Thresholds**

CCB CM level: Amount up to an equivalent of 30 days and 1880 units

CCB Supervisor level: N/A

DDD level: >Amounts equivalent of 30 days and 1880 units

### **Provider Qualifications**

The service to be delivered shall meet all applicable state licensing and certification requirements. Any individual providing this service must be at least 18 years of age and must have training and/or experience commensurate with the service or support being provided.

## **Key Considerations**

1. Child is age 11 years or less
  - a. Are requested respite hours being used as child care while the parent works, volunteers or attends school?
  - b. Is the request to supplement the cost of care?
  - c. What portion of the care is the parent responsibility?
2. Child is older than 11 years.
  - a. Is supervision needed due to parent's work?
  - b. Is parent paid to provide services (Home Care Allowance or Skilled Nursing)?

## **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

**A. Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).

**B. Medicaid/EPSTDT:** does not provide Respite services.

### **C. Children's Extensive Support Waiver:**

1. Identify a qualified provider(s) per local community Centered Board (CCB) procedure.
2. Update the Service Plan (SP). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
3. The need for Respite Service must be documented in the current SP. The SP will list the items/service, providers and number of units.
  - a. **Individual: 1 unit =15 min.** CES S5150, Modifier U7SLS S5150, Modifier U8  
The participant receives respite in a one-on-one situation. There are no other individuals in the setting also receiving respite services. Individual respite occurs for 10 hours or less in a 24-hour period. CES: In the event Respite is used to pay additional costs of typical care it will be billed 1 unit = 15 minutes to equal the additional cost.

- b. **Individual Day: 1 unit = 1 day** . CES S5151, Modifier U7 SLS S5151, Modifier U8  
The participant receives respite in a one-on-one situation for cumulatively more than 10 hours in a 24-hour period.
  - c. **Camp: 1 unit = 1 dollar** CES T2036, Modifier U7 SLS T2036, Modifier U8  
The participant receives respite in a camp setting, which is defined as a facility that offers twenty-four hour supervision through *supervised overnight group accommodations*. The intention of the service must be to provide the primary caretaker a temporary break from caring for the participant. This procedure code may not substitute for other services provided by the Camp such as personal care, behavioral services or services not covered by the waiver including room and board. The daily camp rate shall not to exceed the respite daily rate. Total camp units will be included in the maximum service limit.
  - d. **Group: 1 unit = 1 dollar** CES S5151, Modifier 1; U7, Modifier 2; HQ SLS S5151, Modifier 1; U8, Modifier 2; HQ The participant receives care along with other individuals, who may or may not have a disability. In the event respite is provided overnight in a private and/or agency owned home, the home can have no more than three adults receiving services at one time. For children, in some areas of the State, after school programs were developed to meet the needs of school age children needing respite care or the child may receive care in a private home. The waiver can be used to provide respite care in an age appropriate manner. In both situation licensing and certification requirements must be met as defined by the Division of Child Care. This procedure code is not to exceed the respite daily rate. Total group units shall be included in the maximum service limit.
- 4. CES: Children and Adults in DDD services may not receive care from the same provider at the same time.
  - 5. Prior Authorization for the item or service must be done before any item is purchased or service begins.
    - a. Authorized services should be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
    - b. Service Claims in excess of PAR amounts will not be paid by the state.
    - c. Any increase in services must be documented in the SP revision and authorized through the PAR process.
  - 6. Once the PAR is completed and approved services may begin.

### **Request to Exceed Cap**

The Service Plan is developed based on the individual's assessed needs but shall not exceed the Respite service limits of 1880 units and 30 days per plan year unless authorized by the DDD Waiver Administrator. This is for all Service Plans with staffing dates after July 1, 2009. The process to request an increase in Respite limits is as follows:

- 1. Prior to amending the Service Plan (SP) and submitting a Prior Authorization Request (PAR) for Respite units above the limit, the Case Management Director will submit a letter of request to the DDD Waiver Administrator requesting an increase in Respite. The letter will include:

- a. Participant's name, age, date of birth, and description of disability.
  - b. The number of units and number of days previously provided in the SP year. Specify if units are 15 minutes or a day. In instances where Supervision was the identified service include the total number of supervision hours and/or days provided in the previous SP year.
  - c. Description of other services (Natural supports, Medicaid/EPSTD or waiver) the participant currently receives including the number of hours. If the participant receives Skilled Nursing (including Certified Nurse Aide (CNA) services) from the primary caregiver include the total number of hours per week. The purpose of Respite is to provide the primary caregiver a break from the ongoing daily care of an individual. Therefore, additional respite units will not be approved for individuals who receive skilled nursing from the primary caregiver. Another qualified provider could provide Skilled Nursing services.
  - d. Identification of the total number of respite units needed and description of the extenuating circumstances that support the **increased** need beyond the typical annual maximum of 1880 units and 30 days per year. CES: If the need for additional Respite is to supplement the additional cost of care due to the child's disability include the additional units needed to supplement the cost. Extenuating circumstances may include, but are not limited to:
    - i) Disabled parent
    - ii) More than one family member with a disability
    - iii) Unique and short term circumstances
    - iv) Exacerbation of the participant's condition (increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical need.
    - v) Change in family circumstances (death, divorce, moving, change or illness of primary caretaker, etc.)
    - vi) Individual is over age 11 and requires care while primary caretaker works outside the home
    - vii) Other
  - e. Statement identifying alternative to providing services through the waiver including other funding sources that were explored but determined to be unavailable.
2. The DDD Waiver Administrator will review the request and notify the Case Management Director in writing. The outcome of the review and the specific reasons for the decisions shall be provided in the correspondence.
    - a. Approval: Case manager shall amend the SP to include the additional units and submit information for PAR approval.
    - b. Denial:
      - i) If Respite units above the service limit were not included in the SP the case manager shall notify the family in writing the reason(s) the request for additional units is not accepted.
      - ii) If Respite units exceeding the service limit were included in the SP the case manager shall notify the family of the specific action pursuant to Section 8.057 (LTC-803). HCPF Rules:
        - 1) CES; 8.503
        - 2) SLS; 8.500.91

# **Specialized Medical Equipment and Supplies**

*Specialized Medical Equipment 1 unit = \$1.00*

*CES T2029, Modifier U7    SLS T2029, Modifier U8*

*Specialized Medical Supplies-Disposables 1 unit = \$1.00*

*CES T2028, Modifier U7    SLS T2028, Modifier U8*

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Many items that may fall into this category are available through Medicaid/EPSDT. If an item is medically necessary EPSDT must be accessed prior to accessing the waiver. This means if EPSDT denies a request, the family must appeal. Waiver services are not to be accessed until final agency action following an appeal is received.

## **HCPF Rule 8.503**

**Specialized medical equipment and supplies** include: devices, controls, or appliances that are required due to the client's disability and that enable the client to increase the client's ability to perform activities of daily living or to safely remain in the home and community. Specialized medical equipment and supplies include:

Kitchen equipment required for the preparation of special diets if this results in a cost savings over prepared foods;

Specially designed clothing for a client if the cost is over and above the costs generally incurred for a client's clothing;

Maintenance and upkeep of specialized medical equipment purchased through the HCBS-CES waiver.

## **Limits**

Specialized Medical Equipment and Supplies is limited to the cost containment of the waiver.

## **Exclusions**

The following items are specifically excluded under the HCBS-CES waiver and not eligible for reimbursement:

Items that are not of direct medical or remedial benefit to the client are specifically excluded under the HCBS-CES waiver and not eligible for reimbursement. These include but are not limited to; vitamins, food supplements, any food items, prescription or over the counter medications, topical ointments, exercise equipment, hot tubs, water walkers, resistance water therapy pools, experimental items or wipes for any purpose other incontinence.

## **Thresholds**

CCB CM level: Equipment: 0-700; Supplies: 0-700

CCB Supervisor level: Equipment: 701-1000; Supplies- 701-1000

DDD level: Equipment: >1000 Supplies- >1000

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### **Provider Qualifications**

The service to be delivered shall meet all applicable state licensing and certification requirements.

### **Key Considerations**

1. Is the item available through Medicaid State Plan/EPSDT?
  - a. Is the requested item needed due to a medical condition?
  - b. Does the requested item increase the child's ability to perform Activities of Daily Living?
2. Does the requested item increase the child's ability to remain safely in the home and community?
3. Is the requested item for caregiver convenience?

### **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

- A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).
- B. **Medicaid/EPSDT** may provide most of the items under SME if they serve a medical purpose and are medically necessary. EPSDT will provide those items that are medically necessary. See page 2 for more in-depth detail about EPSDT. (See Appendix E - Page 66; Frequently Requested Items). Medicaid State Plan defines Durable Medical Equipment and Disposable Medical Supplies as:
  1. Durable medical equipment is items that can withstand repeated use and that generally would not be of value to the client in the absence of a disability, illness or injury.
  2. Disposable Medical Supplies means supplies prescribed by a physician that are specifically related to the active treatment or therapy for an illness or physical condition. Supplies are non-durable, disposables, consumable and/or expendable.

### **C. Children's Extensive Support Waiver**

1. If applicable, obtain a recommendation/assessment from the appropriate Medicaid Physician or Therapist (e.g. Primary Physician, Psychiatrist, Occupational, Physical, Speech or Behavioral Therapists). The assessment will give a general overview of the status of the client including age, diagnoses and current functioning level, identify the need as related to the disability, discuss what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and/or activities with type, scope, amount and frequency, projected cost and any training to the individual or family needed. If a specific item brand is required the therapist must provide justification. Retain recommendation for documentation purposes. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
2. Request written bids/estimates from vendors. Estimates must clearly indicate the company name, address and phone number and any required payment information (may vary from each CCB). Items will be itemized with product details and cost. The recommending professional or the family may obtain the estimates. If an estimate appears too high/low, additional estimates from alternative sources may be requested for comparison.
3. Review to approve/deny estimate per local CCB procedures.
4. Complete the IPCS
  - a. If the request is above the CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the service/item may be added to the Service Plan (SP).
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update the SP.
5. The Service Plan must be accepted through CCMS prior to item purchase or service provision.
  - a. The need for Specialized Medical Equipment and Supplies must be documented in the current SP. The SP will list the items/supplies, vendors and number of units (1 unit = \$1). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - a. Authorized services should be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - b. Service claims in excess of prior authorized amounts will not be paid by the state.
6. Any increase in services must be documented in an SP revision and authorized through the prior authorization process. Once the PAR is completed and approved services may begin.
7. Once the PAR is completed and accepted items may be purchased.



# **Vehicle Modifications**

T2039; Modifier U7 (1 unit = \$1.00)

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Vehicle Modifications done to a new vehicle must show the cost of the modifications separate from the purchase of the vehicle.

## **HCPF Rule 8.503**

**Vehicle modifications** are adaptations or alterations to an automobile or van that is the client's primary means of transportation, to accommodate the special needs of the client, are necessary to enable the client to integrate more fully into the community and to ensure the health, and safety of the client.

Upkeep and maintenance of the modifications are allowable services.

### **Limits**

The total cost of home accessibility adaptations, vehicle modifications, and assistive technology shall not exceed \$10,000 over the five (5) year life of the HCBS-CES waiver without an exception granted by the operating agency. Costs that exceed this limitation may be approved for services, items or devices to ensure the health, and safety of the client, enable the client to function with greater independence in the home, and/or decrease the need for paid assistance in another HCBS-CES waiver service on a long-term basis. Approval for a higher amount will include a thorough review of the current request as well as past expenditures to ensure cost-efficiency, prudent purchases and no unnecessary duplication.

### **Exclusions**

Items and services specifically excluded from reimbursement under the HCBS-CES waiver include:

- Adaptations or improvements to the vehicle that are not of direct medical or remedial benefit to the client,
- Purchase or lease of a vehicle, and
- Typical and regularly scheduled upkeep and maintenance of a vehicle

### **Thresholds**

CCB CM level: < \$10,000 combined total of Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications

CCB Supervisor level: N/A

DDD level: > \$10,000 combined total of Assistive Technology, Home Accessibility Adaptations and Vehicle Modifications

### **Provider Qualifications**

The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. The provider shall have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.

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## **Key Considerations**

1. Often it is not possible to obtain three bids on vehicle modification; two bids are acceptable.
2. Is the modification cost effective?
3. Does the modification contain items/upgrades for caregiver convenience?
4. Is this the primary vehicle?
5. Has this modification been completed on another vehicle the family owns and can it be transferred to the new vehicle?

## **Process to Access**

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).

B. **Medicaid/EPSTD** does not provide Vehicle Modifications or ramps to access vehicles

## **C. Children's Extensive Support Waiver**

1. If applicable obtain a recommendation/assessment from the appropriate Medicaid approved provider (e.g. Physician, Occupational, Physical, Speech or Behavioral Therapists). The assessment will give an overview of the status of the client including age, weight, height, diagnoses and current functioning level. The individual's needs as related to the disability will be identified as well as what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and or therapies with type, scope, amount and frequency, projected cost and any training to the individual or family, if needed. If a specific item brand is required that increases the cost above the basic, the therapist must provide justification. Retain recommendation for documentation purposes. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
2. Once the recommendation is complete, review to assure it contains the required components. If further information is needed contact the recommending provider.

3. Request written estimates/bids from vendors. Estimates must clearly indicate the company name, address and phone number and any required payment information (may vary by CCB). Items will be detailed with product description and cost. The recommending professional, family or CCB may obtain the estimates. Two estimates are required if the cost of an item is \$2,500.00 or greater. If less than \$2,500.00 only one estimate is required. If an estimate appears too high/low, additional estimates from alternative sources may be requested for comparison. In the event an item or project is requested greater than \$2,500.00 and there are a limited number of vendors, document the reason less than two estimates were obtained. All estimates must be comparable in scope of work as well as items. If the case manager has made three attempts to obtain a written bid from Home Modification Providers and the Home Modification Providers have not responded within 30 calendar days, the case manager may accept one bid. Documentation of the contacts and an explanation of these attempts shall be attached to the PAR. (See Appendix C- Page 63; Assistive Technology/Vehicle Modification Bid Template)
4. Review to approve/deny bid per CCB procedure with consideration of the following factors:
  - a. Evaluate estimates to confirm all are comparable, utilize like material and describe the same scope of work.
  - b. The CES requires that items/services “Meet the Basic Need in a Cost Effective and Efficient Manner.” This means that the most financially appropriate alternative is to be used to reasonably meet the needs of the child at a basic level. Waiver supports shall only be used to address identified needs not wants or wishes. Luxury items or items solely for caregiver convenience shall not be provided through the waiver. For example if a child needs a ramp to enter the family van then a basic manual ramp will meet the need, power ramps are for caregiver convenience.
  - c. Consideration should be given to overall cost, knowledge of the vendor in vehicle modification and workmanship. It is not a cost savings to the waiver to utilize vendors who are inexperienced, unreliable or provide poor workmanship. If the lowest bid is not chosen justify why. Parent choice is not a viable reason, it must be due to vendor location, time frames, inexperience in handicap accessible construction, workmanship or other reason that would likely increase costs to the waiver.
5. Select vendor following local CCB procedures.
6. Complete the IPCS.
  - a. If the request is above CCB threshold for review submit the IPCS for State Level Review. Once the IPCS is accepted through the PAR process, the item may be purchased.
  - b. If the request is below the CCB threshold for review; following internal CCB approval submit the IPCS through the PAR process and update SP.
7. The Service Plan must be accepted through CCMS prior to item purchase.
  - a. The need for Specialized Medical Equipment and Supplies must be documented in the current SP. The SP will list the items/supplies, vendors and number of units (1 unit = \$1). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
  - b. Authorized services will be provided according to the SP timeframes.
  - c. Service claims in excess of PAR amounts will not be paid by the State.

- d. Any increase in services must be documented in a SP revision and authorized through the prior authorization process.
8. Once the Prior Authorization Request (PAR) is completed and accepted work may begin.

**Exceeding \$10,000 cap**

If the cost of the item or service will cause the combined overall spending in Home Accessibility Adaptations, Vehicle Modification and Assistive Technology to be in excess of the \$10,000 for the five-year waiver period, prior approval to exceed the cap of \$10,000 for must be obtained from the DHS/DDD waiver coordinator. (July 1, 2009 – June 30, 2014). Prior-approved variances shall not exceed the total cost of \$35,000 during the Service Plan year.

**To request a variance for CES**

1. Submit letter of request to DHS/DDD waiver coordinator with:
  - a. Participant's name, age, DOB, weight and description of disability.
  - b. Describe what has been provided through the waiver in the current five-year waiver period under the Home Accessibility Adaptations, Vehicle Modification and Assistive Technology including items and dollar amounts.
  - c. Describe what is currently needed to meet the child's need and how that need was determined (i.e. therapist evaluation on file).
  - d. State what alternative funding sources were explored but determined to be unavailable.
2. Submit appropriate bids and assessments.

# Vision

V2799; Modifier U7 (1 unit = \$1.00)

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## HCPF Rule 8.503

Vision therapy is a sequence of activities individually prescribed and monitored by a doctor of optometry or ophthalmology to develop efficient visual skills and processing. It is based on the results of standardized tests, the needs of the client and the client's signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming, mis-alignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.

### Limits

Vision is limited to the cost containment of the waiver.

### Exclusions

The following items are specifically excluded under HCBS-CES and not eligible for reimbursement:

- Eye glasses as a benefit under Medicaid state plan,
- Contacts, or
- General vision checks

Vision therapy is provided only when the services are not available through the Medicaid state plan or EPSDT and due to not meeting the need for medical necessity as defined in health care policy and financing rules at (10 CCR 2505-3) 8.011.11 or available through a third party resource.

### Thresholds

CCB CM level: 0-500

CCB Supervisor level: 501-1,000

DDD level: >1,000

### Provider Qualifications

Optometrist, Ophthalmologist: The service to be delivered shall meet all applicable state licensing requirements C.R.S. 12-40-101 et. seq.

### Key Considerations

1. Is there a treatment plan from a qualified professional?
2. Is any portion of the treatment available through Medicaid State Plan/EPSDT?
3. Does the treatment goal specify the purpose of the service is to enhance visual skills and performance of visual tasks?

### Process to Access

Support options should come from many different sources in a community and should not focus only on services provided through CES. Families, communities, Community Centered Boards (CCBs) and others should work together to encourage creative and individualized responses for Division for Developmental Disabilities

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identified needs. A combination of generic community resources, natural supports, and other types of supports help offer flexibility and choices, which are not solely reliant on a long-term system of paid support for the child. By utilizing a wide array of community-based support options, the family, CCB and the community can address the immediate and future needs of the child. This may reduce or avoid more costly supports later.

If the Inter-Disciplinary Team (IDT) determines the identified need fits within this service definition, the funding hierarchy will be:

A. **Natural Supports:** The Case Manager (CM) and family determine if Natural Supports are available to meet the need. Natural supports can include family resources, insurance, trusts, educational/school system, disability-specific foundations, as well as general community resources such as city, county, civic or religious organizations. CM documents natural supports availability in the Service Plan (SP).

B. **Medicaid/EPSTD** will not provide vision therapy.

C. **Children's Extensive Support Waiver**

1. Obtain a recommendation/assessment from a Medicaid approved doctor of Optometry or Ophthalmology. The assessment will give a general overview of the status of the client including age, diagnoses and current functioning level, identify the need as related to the disability, discuss what has previously been done and relative success or failure to address all or a portion of the need, what is recommended to meet the need including specific items, and/or activities with type, scope, amount and frequency, projected cost and any training to the individual or family needed. If a specific item brand is required the therapist must provide justification. Retain recommendation for documentation purposes. (See Appendix B - Page 61; Professional Recommendation Guideline/Template)
2. Review to approve/deny estimate per CCB procedures. If further information is needed contact the recommending provider.
3. Update the Service Plan (SP).
  - a. The need for the Professional Service documented in the current SP. The SP will list the items/service, providers and number of units (1 unit = 15 min). The SP should clearly indicate the type, scope, amount and frequency of services to be delivered.
4. Prior Authorization for the item or service must be done before any item is purchased or a service begins:
  - a. Authorized services should be provided according to the SP timeframes. Unused units from one month will not be available for following months if the hours are allocated in the SP on a weekly or monthly basis. (I.e. Units may not be saved up and used in amounts other than identified in the SP.)
  - b. Service Claims in excess of PAR amounts will not be paid by the state.
  - c. Any increase in services must be documented in the SP revision and authorized through the PAR process.
5. Once the PAR is completed and accepted services may begin.

**APPENDIX A:**  
Letter of Medical Necessity Template

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Medicaid Identification Number: \_\_\_\_\_

Parent's Name if minor: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

PCP Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Based on an assessment provided by \_\_\_\_\_,

on (Date) \_\_\_\_\_ this letter is to request (service/item) \_\_\_\_\_.

Patient's functional level, medical, behavioral or cognitive, the item/service will address:

Previous items/services that have been utilized and results;

Likely impacts if this item/service is not approved.

This service/item is Medically Necessary because it is reasonably expected to (choose one):

\_\_\_ Prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability. Describe in detail:

\_\_\_ Cure, correct, reduce or ameliorate the physical, mental cognitive or developmental effects of an illness, injury or disability. Describe in detail:

\_\_\_ Reduce or ameliorate the pain or suffering caused by an illness, injury or disability. Describe in detail:

\_\_\_ Assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living. Describe in detail:

This service/item is consistent with accepted standards of medical practice and has been found to be equally effective treatment among other less conservative or more costly treatment options.

Requested by (print): \_\_\_\_\_

Signature: \_\_\_\_\_



## APPENDIX B:

# Professional Recommendation Guidelines

This guideline outlines essential information to include in a professional recommendation for services. Professional recommendations must be made by a Medicaid approved provider. All recommendations **must be the most cost-effective** to meet the identified need(s).

Third party resources including insurance and Medicaid State Plan Benefits/EPSTD will be utilized prior to use of waiver services. In some instances, a prior authorization may be required from Medicaid/EPSTD, which may also require a Letter of Medical Necessity and/or a prescription from the physician.

The CES waiver is to assist the individual to acquire items/services or to provide adaptations to existing items that assist the individual to complete activities of daily living, access his or her home or community or to support the health and safety of the individual. The CES waiver cannot be used to support caregiver convenience or for experimental items/services.

### **Information about the Individual:**

This gives an overall snapshot of the individual. Request should consider age appropriateness as well as physical size of the individual. Include any additional information that may support the request.

### **Description of presenting need:**

If there are multiple needs that will be addressed in different ways, please complete a section on each need.

- Provide detailed description of presenting concerns, issues, needs, conditions, etc. (weaknesses and fatigue, behavioral problems, communication difficulties, medical/safety concerns, attention to task, sensory, etc.) as related to the individual's disability
- Provide a description of what is currently being done or what has historically been to address (or attempt to address) the need or concern. Please explain the relative success or failure of previous methods.
- For each identified need/concern, please explain what is recommended and how will it solve or address or the concern and if other, less expensive equipment/items/modifications can meet the expressed needs. If several solutions are recommended for one need/concern, each recommendation must be justified based on the individual's disability. It is helpful to include specific product information and estimated costs.
- Describe any necessary training to the individual or family that may be needed as a result of the recommended intervention.

Adaptations to items are to be specifically related to the individual's disability. In the event an item is not "adaptive" in nature, an explanation of how the item is adaptive for the individual must be included. For example: sturdier toys, swings, etc. for a child who doesn't understand the results of aggressive play or is seeking a sensory response, etc. Items that are typical for an individual due to age and are not adaptive will not be provided through the waiver. For example: common swing set or slide.

Recommendations for Professional services under the waiver (Hippo-therapy, Movement therapy and Massage therapy) must relate to the individual's behavioral or medical needs. The recommending professional must monitor progress quarterly and provide written reports regarding the goals and the importance of continuing the Professional therapy.

### **Professional Recommendation Template**

- ❖ Recommendations must relate to the individual's disability (behavior or medical).
  - ❖ Please complete all sections; this will expedite the review process.
  - ❖ A licensed Medicaid approved provider **MUST** complete this form.

#### **Provider Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Participant Information:**

Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Identify need(s) of the individual below. If there are multiple needs that are to be addressed individually, identify each need separately. Use additional pages if needed.

❖ Presenting Need as related to the individual's disability:

❖ Description of what has previously been done to address the need:

❖ Success or failure of previous attempts:

**Recommendations:**

- Device:
  - Product Number:
  - Where it can be purchased:
  - Approx. cost:
  - Training; include frequency and duration
  
- Therapies/interventions along with frequency and duration:
  
- Modifications: include items and any training if applicable:
  
- Expected goal/desired outcome of device/therapy/intervention/modification:
  
- Is this recommendation the most cost-effective? If so, how/why?

In the event I recommend Hippotherapy, Massage Therapy or Movement (Music and Dance) Therapy I agree to identify the treatment goal and monitor the progress toward that goal at least quarterly.

**Licensed Professional Signature:** \_\_\_\_\_

**Date recommendation completed (and signed):** \_\_\_\_\_

**Please review the recommendation:** make sure that all sections are filled-out completely and that all information is provided, as appropriate.

## APPENDIX C:

### Assistive Technology/Vehicle Modification Bid Template

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medicaid ID #:** \_\_\_\_\_

**Assessing Therapist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Resource Coordinator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Vendor Phone Number:** \_\_\_\_\_

Item Needed	Vendor/Provider: Name, Address and Phone Number	Cost	Notes

**If an item listed above is not the basic needed, specify the reason for use of alternative material above basic:**

**APPENDIX D:**  
**Home Accessibility Adaptations Bid Template**  
**Page 1**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Address Site:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Resource Coordinator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Work/Construction Specifications:</b>	<b>Total labor Cost</b>	<b>Total Materials Cost</b>	<b>Notes</b>
General Conditions			
Permits & Fees			
Architectural Allowances			
Engineering Allowances			
Demolition			
Debris disposal and sanitation			
Lumber			
a. Rough Carpentry			
b. Finish Carpentry			
Ramps			
Concrete			
Adaptive Equipment			
Electrical			
Plumbing			
a. Fixtures (include brand)			
b. Rough in			
c. Finish Trim			
Mechanical			
Hardware (include brand)			
Drywall and finish			
Windows/Glazing			
Doors			
Site conditions			
Finish Material			
Floor Coverings and Base			
Appliances			
Wall Treatments/Tile allowance			
Contractors Fee			
Misc. (Please specify)			
Total Job Cost			

**Home Accessibility Adaptations Bid Template  
Page 2**

**If applicable, specify reason for use of alternative material above basic:**

**Scope of work:**

**Projected completion Date:**

**CCB Authorization:**

## Appendix E

### Frequently Requested Items: CES-SLS Only

The information contained here is to provide guidance about accessing services/supports for waiver participants *based on assessed need*. This list is not to be used as a “laundry list” of available services/supports. Some services/supports may overlap categories and be listed in only one category. If an item is not available in one category it is not available in any category.

This list does not guarantee items will be provided under Medicaid/EPSDT. Some items may require prior authorization. In some instances the vendor may require an assessment through their PT/OT before submitting the PAR. If a service/support is designated as “May be available if medically necessary” it must be accessed through Medicaid State Plan. If the request is denied, it must be appealed and denied following final agency action prior to accessing it through the waiver.

#### Abbreviations:

Affiliated Computer Services (ACS)

Colorado Foundation for Medical Care (CFMC)

By Invoice (BI)

## Adaptive Therapeutic Recreational Equipment and Fees CES ONLY

**Adaptive Therapeutic Recreational Equipment: T1999; Modifier U7; 1 unit = \$1.00**

**Recreation Fees to Access Professional Services: S5199; Modifier U7; 1 unit = \$1.00**

**LIMITS: \$1,000.00 PER PLAN YEAR**

Adaptive recreational equipment are specifically adapted to accommodate the child's disability. If there is no adaptation, it does not fall within the scope of the CES waiver.

Note: Age Appropriate means the child must need the service/support because of the disability and not because of the age of the child. Example: Stroller-2 year old; it is typical for a 2 year old to have a stroller, CES will not provide; 8 year old; it is not typical for an 8 year old to have a stroller, CES may provide if there is an assessed need for the stroller.

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Adaptations to bicycle	Typical parent responsibility is to purchase a bicycle for their child. Parent will be responsible for the first \$100.00 towards purchase of an adaptive bicycle. If child already owns a bicycle, CES may provide adaptation to the bicycle.	NO	CES-YES (WITHIN LIMITS; \$1,000.00 PER PLAN YEAR AND USE OF NATURAL SUPPORT)
Specialized adaptive bike carriers	YES	NO	NO
Adaptive toys and play items	YES	NO	YES
Adaptive Sports Equipment	YES	NO	YES
Adaptive Strollers	YES	NO	YES (LIMIT: AGE APPROPRIATE)
Admission tickets to zoos, museums, butterfly pavilion, movie theater, concerts, professional and minor league sporting events	YES	NO	NO
Batteries for adaptive toys and play items	Yes, batteries for recreational purposes (does not include therapeutic items) are parental responsibility.	NO	NO
Swim diapers	YES	NO	CES: YES
Outdoor/indoor play structures	YES	NO	NO



**Assistive Technology  
CES AND SLS ONLY**

1 unit = \$1.00

CES: T2035; Modifier U7

SLS: T2035; Modifier U8

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
ADL: Electronic Medication reminder systems for Adults	YES	NO	CES: NO SLS: YES
Auditory Aid: Hearing Aids	YES	EPSDT; MAY BE PROVIDED IF MEDICALLY NECESSARY. PAR MAY BE REQUIRED MEDICAID; NO	CES: NO SLS: YES
Auditory Aid: Warranty for Hearing Aids	YES	NO	CES: NO SLS: YES
Auditory Aid: FM hearing unit.	YES	NO	CES: NO SLS: YES
Auditory Aid: flashing light alarms and visual light door bells for the hard of hearing; deaf	YES	NO	CES: YES SLS: YES
Batteries for Assistive Technology Devices	YES	NO-May be available if purchased through Medicaid	CES: YES SLS: YES If item was purchased through the waiver, initial set only and can be rechargeable batteries.
CD, iTunes, DVDs, Games for entertainment	YES	NO	CES: NO SLS: NO
Communication: Communication board, non-electronic augmentative or alternative communication device	YES	May be provided if Medically Necessary PAR required/CFMC E1902	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Communication: Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	YES	May be provided if Medically Necessary PAR required/CFMC E2500	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Speech generating device, digitalized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	YES	May be provided if Medically Necessary PAR required/CFMC E2502	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Speech generating device, digitalized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	YES	May be provided if Medically Necessary PAR required/CFMC E2504	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	YES	May be provided if Medically Necessary PAR required/CFMC E2504	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	YES	May be provided if Medically Necessary PAR required/CFMC E2508	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Communication: Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	YES	May be provided if Medically Necessary PAR required/CFMC E2510	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Speech generating software program, for personal computer or personal digital assistant	YES	May be provided if Medically Necessary PAR required/CFMC E2511	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Lithium ion battery for non-prosthetic use, replacement (for communication devices)	YES	May be provided if Medically Necessary PAR required/CFMC A4601	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Accessory for speech generating device, mounting system	YES	May be provided if Medically Necessary PAR required/CFMC E2512	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Accessory for speech generating device, not otherwise classified	YES	May be provided if Medically Necessary PAR required/CFMC E2599	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Communication: Parent training on augmentative communication devices	YES	May be provided through Speech Therapist and/or as part of the purchase of the item. Inquire of provider.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Communication: Laptop computers (medical need only, not for educational or recreational purposes)	YES	EPSDT: May be provided if Medically Necessary PAR may be required 8.590.2.G.16.b, c and d. and (Under 21) 8.590.2.H.5. MEDICAID: NO	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Computers (general daily use)	YES	NO	CES: NO SLS: NO
Computer equipment and reading devices with voice input or output, optical scanners, talking software, Braille printers and other devices that allow access to text.	YES	May be provided if Medically Necessary HCPF RULE: 8.590.2.G.16.b.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Computers (Adaptations)	YES	NO	CES: YES SLS: YES
Computers (Software) must be designed to develop, enhance or maintain skill development as related to the individual's disability.	YES	NO	CES: YES SLS: YES
Furniture; Bed (primarily for strength, durability or sensory needs)	YES	NO	CES: NO SLS: NO WILL ALLOW ADAPTATIONS TO THE BED TO MAKE IT STURDIER
Furniture; Household items; heavy duty or adaptive furniture (primarily for strength, durability or sensory needs)	YES	NO	CES: NO SLS: NO
Furniture: Recliner	YES	NO	CES: NO SLS: NO

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Instructional: CDs/DVDs as related to the individual's disability	YES	NO	CES: YES SLS: YES
Instructional: Flash Cards, Kazoos and whizzers to encourage voicing	YES	NO	CES: NO SLS: NO
Sensory: Compression Pants	YES	NO	CES: YES SLS: YES
Sensory: Head phones for baffling sound	YES	NO	CES: YES SLS: YES MUST BE THE MOST COST EFFECTIVE TO MEET THE NEED
Sensory: Swing-Adaptive including frame and hardware if needed	YES	NO	CES: NO SLS: NO WILL BE ALLOWED ONLY IF RELATED TO SENSORY INPUT, NOT FOR RECREATION. ITEM MUST BE ADAPTIVE AND NOT A TYPICAL SWING
Sensory: Sunglasses, wraparound or flexible/durable frames	YES	NO	CES: YES SLS: YES NO PRESCRIPTION SUNGLASSES, MOST COST EFFECTIVE
Sensory: Stimulation equipment (toys): whistle sticks, bubble blowing tools, play dough, silly putty	YES	NO	CES: NO SLS: NO
Sensory: Vibrating Somerton chairs	YES	NO	CES: NO SLS: NO
Sensory: Vibrating chair pads	YES	NO	CES AND SLS: YES (WITH STATED INTERVENTION AND INTENDED OUTCOME)
Sensory: Wall hanging manipulative (to learn categories and objects)	YES	NO	CES: NO SLS: NO
Sensory: Weighted blankets	YES	NO	CES: YES SLS: YES

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Sensory: Weighted lap pads	YES	NO	CES: YES SLS: YES
Sensory: Weighted vests	YES	NO	CES: YES SLS: YES
Supervision: Video baby monitors-SAFETY ONLY	YES	NO	CES: YES SLS: YES NOT ALLOWED FOR BEHAVIOR OBSERVATION
Visual Aid: Braille readers, printers	YES	May be provided if Medically Necessary 8.590.2.G.16.b.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Visual Aid: Braille flash cards	YES	NO	CES: YES SLS: YES
Visual Aid: Mobility training	YES	NO	CES: YES SLS: YES
Visual Aid: View Magnifiers (for cortical blindness)	YES	May be provided if Medically Necessary 8.590.2.G.16.e.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.

**Behavioral Services**  
**CES AND SLS ONLY**

*Behavioral Consultant 1 unit =15 min.*

*CES H2019, Modifier 1; U7, Modifier 2; 22*

*SLS H2019, Modifier 1; U8, Modifier 2; 22*

*Group and Individual Counseling 1 unit =15 min.*

*CES H2019, Modifier 1; U7, Modifier 2; TF, Modifier 3; 22,*

*SLS H2019, Modifier 1; U8, Modifier 2; TF, Modifier 3; 22*

*Line Staff 1 unit =15 min.*

*CES H2019, Modifier U7,*

*SLS H2019, Modifier U8*

*Behavioral Plan Assessment 1 unit = \$1.00*

*CES T2024, Modifier U7*

*SLS T2024, Modifier U8*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Assessment	YES	NO	CES: YES SLS: YES
Ongoing services due to DD diagnosis	YES	NO	CES: YES SLS: YES
Ongoing services due to Mental Health Diagnosis	YES	Consult local Behavioral Health Organization	CES: NO SLS: NO

**Community Connector**  
**CES ONLY**

*1 unit =15 min.*

*Individual*

*CES H2021, Modifier U7*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Ongoing services	YES	NO	CES: YES
Cost of participation in activities related to skill acquisition, retention or improvement	YES	NO	CES: NO Including cost of admission and food)
Cost of supplies related to skill acquisition, retention or improvement	YES	NO	CES: NO

## Home Accessibility Adaptations CES AND SLS ONLY

*1 unit = \$1.00*

*CES S5165, Modifier U7*

*SLS S5165, Modifier U8*

*HOME ACCESSIBILITY, ASSISTIVE TECHNOLOGY AND VEHICLE ADAPTATIONS  
COMBINED ARE LIMITED TO*

*\$10,000 OVER LIFE OF WAIVER JULY 1, 2009 – JUNE 30, 2014*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Accessibility: Ramp into home	YES	NO	CES: YES SLS: YES MATERIAL USED MUST BE THE MOST COST EFFECTIVE; NO CONCRETE; NO FABRICATED WOOD
ADL: Shower; hand-held	YES	May be provided if Medically Necessary PAR required/ACS E1399 Durable medical equipment, Miscellaneous. Use for hand held shower, and other miscellaneous bath equipment. Clearly identify on par and on claim the particular item being requested or billed.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: Bathtub wall rail	YES	May be provided if Medically Necessary PAR required/ACS E0241	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.



<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Bathroom: Bathtub rail, floor base	YES	Medically Necessary PAR required/ACS E0242	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: Toilet rail	YES	Medically Necessary PAR required/ACS E0243	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: Tub stool or bench	YES	Medically Necessary PAR required/ACS E0245	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: High capacity toilet	YES	NO	CES: YES SLS: YES
Home Adaptations: Construction, Drywall, electrical, plumbing as a result of Home Accessibility Adaptation.	YES	NO	CES: YES SLS: YES
Lift: Ceiling track lifts	YES	NO	CES AND SLS: YES MUST DEMONSTRATE OVERALL COST SAVINGS TO THE WAIVER.
Lift: Portable Hoyer type	YES	May be provided if Medically necessary. PAR required/ACS. May require provider to submit questionnaire #3 or #4. *Refer to Provider Bulletin	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Lift: Stair lift	YES	NO	CES: YES SLS: YES

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Mechanical: Water filtration system (in home or stand alone)	YES	NO	CES: NO SLS: NO
Mechanical: Whole house air conditioner	YES	NO	CES: NO SLS: NO
Mechanical: Whole house humidifier	YES	NO	CES: NO SLS: NO
Mechanical: Basement finish	YES	NO	CES: NO SLS: NO
Safety: Home alarm system (one time purchase of equipment, does NOT include monthly monitoring fee)	YES	NO	CES: YES SLS: NO
Safety: Kitchen; Adaptations or safety additions to stove, refrigerator, etc.	YES	NO	CES: YES (AGE APPROPRIATE) SLS: YES
Safety: Locks, locked cabinets, storage for large quantities of medical or therapy supplies	YES	NO	CES: YES (AGE APPROPRIATE) SLS: YES
Safety: Windows; Installation of Plexiglas	YES	NO	CES: YES SLS: YES
Safety: Windows; Replacement of entire window for blinds inside glass	YES	NO	CES: NO SLS: NO
Vacuum cleaner	YES	NO	CES: NO SLS: NO

## **Homemaker**

### **CES AND SLS ONLY**

**Basic:** 1 unit = 15 min.

CES S5130, Modifier U7

SLS S5130, Modifier U8

**Enhanced:** 1 unit = 15 min.

CES S5130, Modifier 1; U7, Modifier 2; 22

SLS S5130, Modifier 1; U8, Modifier 2; 22

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Ongoing household services	YES	NO	CES: YES SLS: YES

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Carpet Cleaning: (Enhanced)	YES	NO	CES: YES SLS: YES There is no item billing so this must be paid for within the enhanced homemaker rate.
Duct Cleaning	YES	NO	CES: NO SLS: NO
Snow Removal	YES	NO	CES: NO SLS: NO
Lawn Care	YES	NO	CES: NO SLS: NO

**PARENT EDUCATION  
CES ONLY**

1 unit = \$1.00  
CES H1010; Modifier U7  
*\$1,000 limit*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Behavioral Training: Video cameras for behavior viewing, intervention techniques, training of parents	YES	NO	CES: NO
Books, instructional CDs/DVD	YES	NO	CES: YES
Organizational Membership (specific to the child's disability) Does not include any organization that supports lobby efforts.	YES	NO	CES: YES
Publications or resource material specific to the child's disability	YES	NO	CES: YES
Sign language training	YES (ALSO AVAILABLE THROUGH MOST COMMUNITY COLLEGES)	NO	CES: YES (WITHIN \$1,000.00 LIMIT)
Transportation, food and lodging	YES	NO	CES: NO

**Personal Care  
CES AND SLS ONLY**

*1 unit = 15 min.*

*CES T1019, Modifier U7 SLS T1019, Modifier U8*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Personal Care	YES	Skilled care provided through Medicaid/Home Health Agency or Parents as CNA	CES: YES SLS: YES

**Professional Service  
CES AND SLS ONLY**

**Hippotherapy-Individual** 1 unit = 15 minutes

CES: S8940; Modifier 1; U7 SLS: S8940; Modifier 1; U8

**Hippotherapy-Group** 1 unit = 15 minutes

CES: S8940; Modifier 1; U7, Modifier 2; HQ SLS: S8940; Modifier 1; U8, Modifier 2; HQ

**Massage Therapy** 1 unit = 15 minutes

CES: 97124; Modifier U7 SLS: 97124; Modifier U8

**Movement Therapy-Bachelors** 1 unit = 15 minutes

CES: G0176; Modifier U7 SLS: G0176; Modifier U8

**Movement Therapy-Masters** 1 unit = 15 minutes

CES: G0176; Modifier 1; U7, Modifier 2; 22

SLS: G0176; Modifier 1; U8, Modifier 2; 22

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Acupuncture	YES	NO	CES: NO SLS: NO
Chiropractor	YES	NO	CES: NO SLS: NO
Equine Therapy	YES	NO	CES: NO SLS: NO
Fitness Trainer	YES	NO	CES: NO SLS: NO
Hippotherapy	YES	NO	CES: YES SLS: YES
Massage Therapy	YES	NO	CES: YES SLS: YES
Movement Therapy (Music and Dance)	YES	NO	CES: YES SLS: YES
Occupational Therapy (includes assessments)	YES	May be provided if medically necessary	CES: NO SLS: NO

Service/Support	Natural Supports	EPSDT/Medicaid	Waiver
Physical Therapy (includes assessments)	YES	May be provided if medically necessary	CES: NO SLS: NO
Speech Therapy (includes assessments)	YES	May be provided if medically necessary	CES: NO SLS: NO
Warm Water Therapy	YES	If provided by PT or OT may be accessed through State Plan Benefits if medically necessary	CES: NO SLS: NO

## Respite

### CES AND SLS ONLY

*Individual 1 unit = 15 min.*

*CES S5150, Modifier U7    SLS S5150, Modifier U8*

*Individual Day 1 unit = 1 day*

*CES S5151, Modifier U7    SLS S5151, Modifier U8*

*Camp 1 unit = 1 dollar*

*CES T2036, Modifier U7    SLS T2036, Modifier U8*

*Group 1 unit = 1 dollar*

*CES S5151, Modifier 1; U7, Modifier 2; HQ    SLS S5151, Modifier 1; U8, Modifier 2; HQ*

Service/Support	Natural Supports	EPSDT/Medicaid	Waiver
Respite	YES	NO	CES: YES SLS: YES

## Specialized Medical Equipment and Supplies

### CES AND SLS ONLY

*Specialized Medical Equipment 1 unit = \$1.00*

*CES T2029, Modifier U7    SLS T2029, Modifier U8*

**Specialized Medical Supplies-Disposables 1 unit = \$1.00**

*CES T2028, Modifier U7    SLS T2028, Modifier U8*

Durable medical equipment: equipment that can withstand repeated use and that generally would not be of value to the client in the absence of a disability, illness or injury.

Service/Support	Natural Supports	EPSDT/Medicaid	Waiver
ADL: Adaptive Clothing	YES	NO	CES: YES SLS: YES (COST OF CLOTHING ONLY, DOES NOT INCLUDE SEWING MACHINE PURCHASE, REPAIR OR MAINTENANCE)

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Bathroom: Bath /shower chair, with or without wheels, any size	YES	May be provided if Medically Necessary PAR required/ACS E0240	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: Other items to assist with transfer in the bathroom; Refer to Medicaid provider manual	YES	May be provided if Medically Necessary	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bathroom: Sitz type bath, portable, fits over commode	YES	Limited to EPSDT May be provided if Medically necessary. PAR required/ACS E0160	CES: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION. SLS: YES
Bedroom: Hospital bed Refer to Provider Bulletin* (codes vary according to features; see provider manual)	YES	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #1 **	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bedroom: Pediatric crib, hospital grade, fully enclosed	YES	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #1**	CES: NO SLS: NO

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Bedroom: Safety enclosure frame/canopy for use with hospital bed, any type	YES	May be provided if Medically Necessary PAR required/ACS E0316	CES: NO SLS: NO
Bedroom: Bed side rails Refer to Provider Bulletin*	YES	May be provided if Medically Necessary PAR required/ACS Half length pair; Full length pair;	CES: NO SLS: NO
Bedroom: Various Mattress and Pads; Refer to Provider Bulletin* (Typically purchased for client owned hospital bed)	YES	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #2	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Bedroom: Mattress covers (for durability due to destructive behavior, excessive incontinence and washing, etc.)	YES	NO	CES: YES SLS: YES
Bedroom: Mattress replacement upon destruction	YES	NO	CES: YES SLS: YES (MUST INCLUDE COVER TO PREVENT FUTURE DESTRUCTION)
Bedroom: Sheepskin pad, synthetic	YES	May be provided if Medically Necessary PAR required/ACS	CES: NO SLS: NO
Bedroom: Sheepskin pad, lambs wool, any size	YES	May be provided if Medically Necessary PAR required/ACS	CES: NO SLS: NO
Bedroom: Sheets	YES	NO	CES: NO SLS: NO

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Bedroom: Table: Over bed table	YES	May be provided if Medically Necessary PAR required/ACS E0274	CES: NO SLS: NO
DME; Equipment rental	YES	May be provided if medically necessary. First month-No PAR required. Longer than one month, PAR required.	CES: NO SLS: NO
Kitchen: Meal preparation tools (heavy duty blenders and juicers)	YES	NO	CES: YES SLS: YES WHEN MEDICALLY NECESSARY; ITEM MUST MATCH NEED AND BE THE MOST COST EFFECTIVE
Kitchen: Adaptive eating utensils and dishes	YES	May provide if Medically Necessary	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Lift: Repairs and labor related to lifts purchased through Medicaid may be available. Refer to Provider Bulletin	YES	May be provided if Medically Necessary. “Quick minor repairs” do not require a PAR, Other repairs generally require a PAR/ACS:	CES: NO SLS: NO
Lift: Spa lift	YES	NO	CES: NO SLS: NO
Lift: Sling seat, patient lift, canvas or nylon (Purchased of client owned equipment)	YES	May be provided if Medically Necessary PAR required/ACS	CES: NO SLS: NO



<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Lift: Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	YES	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #3	CES: NO SLS: NO
Lift: Patient lift, electric, with seat or sling	YES	May be provided if Medically Necessary PAR required/ACS E0635 Requires provider to submit Questionnaire #3	CES: NO SLS: NO
Lift: Patient lift, moveable from room to room with disassembly and reassembly, includes all components and accessories	Yes	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #3	CES: NO SLS: NO
Lift: Multi-positional patient transfer system, with integrated seat operated by caregiver	YES	May be provided if Medically Necessary PAR required/ACS Requires provider to submit Questionnaire #3	CES: NO SLS: NO
Respiratory: Various heavy duty batteries for ventilator;	YES	May be provided if Medically Necessary	CES: NO SLS: NO
Respiratory: Humidifiers; for use in conjunction with breathing machine	YES	May be provided if Medically Necessary PAR/ACS may be required in some instances	CES: NO SLS: NO
Respiratory: Room Humidifier	YES	NO	CES: NO SLS: NO

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Therapy: Therapy balls for use in PT or OT	YES	EPSDT may cover if Medically Necessary 8.590.2.H.3.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Therapy: Selective Therapeutic Toys	YES	EPSDT may cover if Medically Necessary 8.590.2.H.4.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Therapy: Positioning cushion/pillow/wedge, any shape or size, includes components and accessories	YES	May be provided if Medically Necessary PAR required/ACS	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.
Therapy: PT-“Boppy” Products (positioning, support, etc.)	YES	NO	CES: NO SLS: NO
Therapy: Treadmills	YES	NO	CES: NO SLS: NO
Therapy: Water walker	YES	NO	CES: NO SLS: NO
Therapy: Resistance water therapy pools	YES	NO	CES: NO SLS: NO
Wheelchairs: Various Power and Manual Wheelchairs and accessories; Refer to Provider Bulletin*	YES	May be provided if Medically Necessary PAR required/CFMC	CES: NO SLS: NO
Wheelchairs: Stroller for rough terrain	YES	NO	CES: NO SLS: NO

## **Disposable Supplies**

Disposable Medical Supplies (Supplies) means supplies prescribed by a physician that are specifically related to the active treatment or therapy for an illness or physical condition.

Supplies are non-durable, disposables, consumable and/or expendable.

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Care: Compounded topical ointments	YES	NO	CES: NO SLS: NO
Care: Distilled Water for Saline solutions only	YES	NO	CES: YES SLS: YES
Care: Vinegar bullets in individual vials (only certain dosages applications available)	YES	May be provided if Medically necessary PAR may be required	CES: NO SLS: NO
Care: Specialized paper towels for urine testing	YES	May be provided if Medically necessary PAR may be required	CES: NO SLS: NO
Care: Over-the-counter creams, lotions, swabs, duoderm, etc. with prescription from Medicaid Physician	YES	NO	CES: NO SLS: NO
Care: Toothettes	YES Tooth care is typical responsibility.	NO	CES: NO SLS: NO
Care: Homeopathic/holistic supplements and topical applications	YES	NO	CES: NO SLS: NO
Care: Aromatherapy and related supplies	YES	NO	CES: NO SLS: NO
Disposable Medical Supplies: Sterile water, saline and/or dextrose, diluents flush	YES	May be provided if Medically Necessary PAR required/ACS	CES: NO SLS: NO
Disposable Medical Supplies: Alcohol or peroxide, per pint	YES (PHYSICIAN MAY BE ABLE TO PROVIDE INFORMATION ABOUT PURCHASE OF LARGE QUANTITIES IF NEEDED)	May be provided if Medically Necessary PAR required/ACS	CES: NO SLS: NO

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Disposable Medical Supplies: Alcohol wipes, each	YES	May be provided if Medically Necessary	CES: NO SLS: NO
Disposable Medical Supplies: Incontinent Wipes	YES	NO	CES: YES (FOR CHILDREN 4 YEARS OF AGE AND OLDER SLS: YES
Disposable Medical Supplies: Wipes to clean hard surface	YES	NO	CES: NO SLS: NO
Disposable Medical Supplies: Various youth and adult incontinent products (diapers, pull-up, pads); Refer to Provider Bulletin*	YES	May be provided if Medically Necessary Conditional/ACS PAR may be required in some instances Combination Limit: Diapers or briefs are not available for clients under the age of 4 years. Products are limited to 240 per calendar month in any combination of diapers, liners and undergarments. Medically necessary usage above that amount requires prior authorization.	CES and SLS: NO, POTENTIALLY ALLOWABLE WHEN SUBMITTED WITH A MEDICAID DENIAL FOLLOWING FINAL AGENCY ACTION.

**Vehicle Modification  
CES AND SLS ONLY**

*1 unit = \$1.00*

*CES T2039, Modifier U7*

*SLS T2039, Modifier U8*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Car Seats or Car harnesses- for behavioral purposes, or for adults	YES	NO	CES: YES (MUST BE ABOVE WHAT IS ALREADY REQUIRED BY LAW: CHILDREN UP TO AGE 6 EITHER IN FRONT OR BACK SEATS MUST BE RESTRAINED) SLS: NO
Trailers or hitches for carrying ambulatory equipment (wheel chairs, scooters)	YES	NO	CES: YES SLS: YES
Automotive, tie downs for wheelchairs, scooters	YES	NO	CES: YES SLS: YES
Automotive Lifts	YES	NO	CES: YES SLS: YES (MUST BE PURCHASED SEPARATE FROM VEHICLE; INVOICE TO SHOW SPECIFIC COST FOR LIFT)
Warranty for automotive lifts	YES	NO	CES: YES SLS: YES MAY BE COVERED IF LIFT WAS PURCHASED THROUGH THE WAIVER
Windshield	YES	NO	CES: NO SLS: NO

**Vision**  
**CES AND SLS ONLY**

*1 unit = \$1.00.*

*CES V2799, Modifier U7*

*SLS V2799, Modifier U8*

<b>Service/Support</b>	<b>Natural Supports</b>	<b>EPSDT/Medicaid</b>	<b>Waiver</b>
Glasses-Children	YES	EPSDT: BASIC FRAMES AND LENS IF MEDICALLY NECESSARY MEDICAID; FOLLOWING EYE SURGERY	CES: NO
Glasses or contacts-Adults	YES	MEDICAID MAY PROVIDE IF MEDICALLY NECESSARY FOLLOWING EYE SURGERY	SLS: YES
Vision therapy	YES	NO	CES: YES SLS: YES
Vision Therapy Item Bubble lights for visual orientation training	YES	NO	CES: YES SLS: YES
Vision Therapy Item Prisms	YES	NO	CES: YES SLS: YES
Vision Therapy Item Strobe or tracking lights	YES	NO	CES: YES SLS: YES

\*Provider Manual

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1234499395802&ssbinary=true>

\*\*Questionnaire #1: Provider Manual Appendix A

\*\*Questionnaire #2: Provider Manual Appendix B

Durable Medical Equipment and Disposable Medical Supplies

<http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyID=69&agencyName=2505%20Medicaid%20Services%20Board&ccrDocID=2922&ccrDocName=10%20CCR%202505-10%208.500%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.500&subDocID=31876&subDocName=8.590%20%20DURABLE%20MEDICAL%20EQUIPMENT%20AND%20DISPOSABLE%20MEDICAL%20SUPPLIES&version=8>