Home and Community-Based Services Waiver §1915

Brief Waiver Description - The purpose of the Children’s Extensive Support (CES) waiver is:

- The Children’s Extensive Support (CES) waiver provides specific targeted services and supports to assist a child with developmental disabilities to remain in the family home, support the long term stability of the family setting and prevent out-of-home placement for the child.
- Although the CES waiver provides a variety of services and supports which can be tailored to individual family situations, it is not designed to provide full 24-hour services. Services and supports address identified and specific needs which utilize services and supports to help meet those needs, but available services and supports will not meet all the needs of the child.
- CES services and supports are available to promote individual family choice through the individualized planning process and the tailoring of services and supports to address unmet needs. CES services and supports supplement existing or newly developed natural supports and generic community resources with targeted and cost effective CES services and supports.
- CES is statewide waiver that incorporates the use of the Community Centered Boards, Program Approved Service Agencies and other generic community providers to obtain the necessary services to keep the family together and avoid institutional placement.

This waiver has a spending limitation of $45,500 for waiver services.

Services available under the CES waiver:
- Adapted Therapeutic Recreational Equipment and Fees
- Assistive Technology
- Behavioral Services
- Community Connector
- Home Accessibility Adaptations
- Homemaker
- Parent Education
- Personal Care
- Professional Services
- Respite
- Specialized Medical Equipment and Supplies
- Vehicle Modifications
- Vision Services
- Youth Day Service

Subcontractors may provide the following CES services under the terms of the contract.

**Adapted Therapeutic Recreational Equipment and Fees**

**Service Definition**
Recreational equipment that is adapted specific to the participant's disability and not those items that a typical age peer would commonly need as a recreation item, the cost of recreation shall be above and beyond what is typically expected for recreation and recommended by a doctor or therapist; adaptive bicycle, adaptive stroller, adaptive toys, floatation collar for swimming, various types of balls with internal auditory devices and other types of adapted equipment appropriate for the recreational needs of a child with a developmental disability. Recreational activities including passes to community recreation centers when used to access professional services. Water Safety Training is allowed. Recreational passes shall be purchased in the most cost effective manner (i.e. day passes or monthly passes.) Specifically excluded are tickets for zoos, museums, butterfly pavilion, movie, theater, concerts, professional and minor league sporting events and indoor/ outdoor play structures.

**Limitations**
The maximum annual allowance for recreational items/services is $1,000.00 per plan year.
Behavioral Services

**Service Definition**

Behavioral services do not duplicate BHO state plan behavioral services.

1) **Behavioral Consultation Services** include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the individual's developmental disability and are necessary for the individual 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 individual. Specific goals and procedures for the Behavioral Services must be established. Individuals with co-occurring diagnoses of developmental disabilities and Medicaid covered mental health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination by the Behavioral Services professional to obtain the best outcome for the individual.

2) **Behavioral Plan Assessment Services** include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document.

3) **Individual/Group Counseling Services** include psychotherapeutic or psychoeducational intervention related to the developmental disability in order for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management, to positively impact the individual's behavior or functioning. Counseling may be provided in an individual or group setting and may include Cognitive Behavior Therapy, Systematic Desensitization, Anger Management, Biofeedback, and Relaxation Therapy.

4) **Behavioral Line Services** include direct implementation of the behavioral support 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.

**Limitations**

Services covered under Medicaid EPSDT, for a covered mental health diagnosis in the Medicaid State Plan, covered by a third party source or available from a natural support shall not be reimbursed.

The unit limit for completion of a Behavioral Plan Assessment is 40 units. There is a limit of one Behavioral Plan Assessment per Service Plan year.

**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

   a) certified as a "Board Certified Associate Behavior Analyst" (BCABA) or

   b) enrolled in a BCABA or BCBA certification program or completed a Positive Behavior Supports training program and

   c) working under the supervision of a certified or licensed Behavioral Services Provider.

Community Connector

**Service Definition**

Supports the abilities and skills necessary to enable the individual to access typical activities and function of community life such as those chosen by the general population. Community Connector provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community while utilizing the community as a learning environment to provide
services and supports as identified in the participant’s service plan. These activities are conducted in a variety of settings in which participants interact with non-disabled individuals (other than those individuals who are providing services to the participant). These types of services may include socialization, adaptive skills, and personnel to accompany and support the individual in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention, or improvement.

Community Connector is provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.

**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.

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**Homemaker**

**Service Definition**

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

Enhanced Homemaker Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that is provided in combination with enhanced homemaker services, however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant.

Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant’s behavioral or medical needs.

**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.

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**Professional Services**

**Service Definition**

Professional services include Hippotherapy, Movement Therapy and Massage. These services are only available from a provider who is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. The service shall be an identified need in the Service Plan. In addition, the service shall be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and monitors the progress towards goal achievement at least quarterly. The identified Professional Service cannot be available under the regular Medicaid State Plan, EPSDT or from a third party source.
**Hippotherapy:** A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral, and communication.

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

**Massage:** The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu. Children with specific developmental disorders often experience painful muscle contractions which cause extreme pain. Massage therapy has been shown to be an effective treatment for easing muscle contractures, releasing spasms, and improves muscle extension. Massage therapy reduces the frequency and intensity of muscle contractions thus reducing the level of pain. By reducing the daily level of pain the child is able to live in the community and out of hospital or institutional care.

**Qualifications**
The service to be delivered shall meet all applicable state certification requirements for the performance of the support or service being provided. The Department approves the certificates for providers.

### Personal Care

**Service Definition**
Personal care is assistance to enable participants to accomplish Activity of Daily Living tasks that they would normally do for themselves for hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic, emergency or on a continuing basis.

Personal Care that is based on medical necessity must be accessed through the Medicaid State Plan under EPSDT and is not available under the waiver.

**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.

### Respite

**Service Definition**
Respite services provided on a short-term basis, because of the absence or need for relief to caregivers of the participant. Respite is to be provided in an age appropriate manner.

Respite may be provided on an individual or group basis in the residence of the participant or respite care provider or in the community. Respite may be provided on an overnight group basis only by facilities approved to provide supervised overnight group accommodations.

Federal financial participation is not to available for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite services shall be billed according to a unit rate or daily rate whichever is less.

Respite shall be provided based on 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.

**Limitations**
The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional 15-minute units in a plan year. The Department may approve a higher amount based on a documented increase in medical or behavioral needs as reflected in the behavior plan for behavioral needs or in the medical records for medical needs.

**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.

**Vision Services**

**Service Definition**
Vision therapy is provided only when the services are not available through the Medicaid State Plan or EPSDT or available through a third party resource. 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 participant and the participant’s signs and symptoms. It is used to treat eye movement disorders, inefficient eye teaming misalignment of the eyes, poorly developed vision, focusing problems and visual information processing disorders to enhance visual skills and performing visual tasks.

**Qualifications**
Optometrist obtaining a C.R.S. 12-40-101 et. Seq license.

**Youth Day Service**

**Service Definition**
The purpose of Youth Day Service is to provide care and supervision to clients while the primary caregiver works or seeks employment, when that care is needed due to the client's intellectual and developmental disability and not the client's age. Youth 12 years of age and older typically do not require care and supervision during the primary caregiver's absence; however, children with Intellectual and developmental disabilities in this age range typically do require care and supervision while the primary caregiver is absent from the home. In the event the cost of care and supervision during the time the parents work is greater for an eligible participant, 11 years of age or younger, than child care is for same-age typical peers, then supervision is reimbursed at the difference between the cost for care and supervision and the standard cost for child care. This service shall not duplicate the respite service or any other service that includes supervision.

Youth Day Service may be provided on an individual or group basis and may be provided in the residence of the participant or Youth day service provider or in the community.

**Individual 15 minute unit**: The client receives respite in a one-on-one situation. There are no other clients in the setting also receiving Youth Day services.

**Group**: the client receives care along with other individuals, who may or may not have a disability. Group Youth Day Services are provided to the HCBS-CES waiver participant along with other individuals who may or may not have a disability; however, reimbursement is limited to the waiver participant.

**Limitations**
This service is limited to clients between the ages of 12 and 18. The age of 12 years has been designated as the age appropriate for a child to be left alone for short periods of time. This standard is based upon the Colorado Child Labor Law, which deems 12 years as the minimum age
for employment. (See Colorado Revised Statutes. § 8-12-105(3)). This benefit is not available to clients 11 years of age and younger during the time the parent works because child care for children 11 years of age and younger is a typical expense for all working parents. This service may not be used to substitute for or supplant special education and related services that are included in a child’s Individualized Education Plan (IEP) under the provisions of Individuals with Disabilities Education Improvement Act of 2004 (IDEA). This service may not be used to cover any portion of the cost of camp. This service is limited to ten hours per day.

**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.