

## Children's Extensive Support "CES" Medicaid Waiver

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- I. Introduction: Children's programs through Division for Developmental Disabilities provides three types of programs to Children and Families in Colorado. These programs are administered through Community Centered Boards (CCB's) in 20 non-overlapping regions across the state. More information can be found on the Division for Developmental Disabilities web site:

<http://www.cdhs.state.co.us/ddd/index.htm>

To apply for programs below please contact the Community Centered Board that serves your area (see map).

- II. The programs include;
- A. Early Intervention (EI) services for children, birth up to the third birthday, and their families. These services focus on early childhood development, which include social/emotional delays. 1-888-777-4041  
<http://www.eicolorado.org/index.cfm?fuseaction=Home.Main>
  - B. The Family Support Services Program (FSSP) is designed to assist families who provide care for a family member with a developmental disability at home. This service is available to families who have a family member with a developmental delay/disability, birth through seventeen, and can extend into adulthood in some circumstances.
  - C. The Children's Extensive Support (CES) Medicaid Waiver. This waiver provides Medicaid benefits and additional targeted services and supports to those children with developmental disabilities or delays who are most in need because of the severity of the disability.
- III. The Purpose of the CES Medicaid Waiver
- A. To provide Medicaid benefits and additional targeted services and supports to those children with developmental disabilities or delays who are in most need because of the severity of the disability.
  - B. To assist in providing services and supports that will help to establish a long-term foundation for family and community inclusion as the child grows into adulthood.
- IV. The program goals of the CES Medicaid Waiver
- A. To provide necessary services and supports to a child with a developmental disability so they may remain in the family home and community and prevent or delay unwanted out-of-home placement.

- B. To promote individual family choice and local decision –making through the individualized planning process and the tailoring of services and supports to address unmet needs.
  - C. To supplement existing or newly developed natural supports and generic community resources with targeted and cost effective CES services and supports.
- V. The Guiding Principles of the CES Medicaid Waiver (Reference C.R.S. 27-10.5-101&401).
- A. Facilitating Self-Determination- Families are empowered to make informed decisions concerning prioritizing needs and services for their child and are supported to work in partnership with the CCB.
  - B. Adhering to Individualization-The development of an individualized plan of care that meets the unmet needs of the child and family.
  - C. Creating Options/Choices-Families, communities, CCB’s and others work together to encourage creative and individualized responses for identified needs.
  - D. Focusing on Inclusive Communities-CES should not be the sole source of supports to the child and family. CES builds on existing natural supports and generic community services and facilitates the use of these resources.
  - E. Respecting the Family-All families should be treated with dignity and respect to make choices about their lives.

#### 8.503.30 ELIGIBILITY

- A. Children who meet all of the following program eligibility requirements will be determined eligible:
  1. The child has not reached his/her 18th birthday; and
  2. The child is living at home with his/her biological, adoptive parent(s) or guardian, or is in an out-of-home placement including an ICF/MR, hospital or nursing facility and can be returned home with the provision of CES services; and
  3. The child, if age five or older, has a developmental disability; or if less than five years of age, has a developmental delay, as determined by a community centered board (CCB); and
  4. Children enrolled in the 1915(c) waiver shall be eligible for Supplemental Security Income (SSI).
  5. The quality and quantity of medical services and supports identified in the Individualized Plan (IP) are provided pursuant to a physician’s order to meet the needs of the child in the home setting

and

6. The income of the child shall not exceed 300% of the current maximum SSI standard maintenance allowance and
7. The resources of the child shall not exceed the maximum SSI allowance and
8. Enrollment of a child under this rule shall result in an overall savings when compared to the ICF/MR cost as determined by the State and
9. The Utilization Review Contractor (URC) certifies that the child meets the Level of Care for ICF/MR placement; and
10. The child demonstrates a behavior or has a medical condition that requires direct human intervention, more intense than a verbal reminder, redirection or brief observation of medical status, at least once every two hours during the day and on a weekly average of once every three hours during the night. The behavior or medical condition must be considered beyond what is typically age appropriate and due to one or more of the following conditions:
  - (a) A significant pattern of self-endangering behavior or medical condition which, without intervention will result in a life threatening condition/situation. Significant pattern is defined as the behavior or medical condition that is harmful to self or others is evidenced by actual events and the events occurred within the past six months.
  - (b) Significant pattern of serious aggressive behaviors toward self, others or property. Significant pattern is defined as the behavior is harmful to self or others, is evidenced by actual events, and the events occurred within the past six months.
  - (c) Constant vocalizations such as screaming, crying, laughing or verbal threats which cause emotional distress to caregivers. The term constant is defined as on the average of fifteen (15) minutes each waking hour.
11. The above conditions shall be evidenced by parent statement/data that is corroborated by written evidence that:
  - (a) The child's behavior(s) or medical need(s) have been demonstrated; or

- (b) In the instance of an annual reassessment, it can be established that in the absence of the existing interventions or preventions provided through the CES Waiver that the intensity and frequency of the behavior or medical need would resume to a level that would meet the criteria listed above.

Examples of acceptable evidence shall include but not be limited to any of the following: medical records, professional evaluations and assessments, educational records, insurance claims, Behavior Pharmacology Clinic reports, police reports, social services reports or observation by a third party on a regular basis.

12. The child receives at least one waiver service each month.

VI. Services available under the CES Medicaid Waiver

- A. Personal Assistance Services – These services provided under CES must not be available under the regular Medicaid State Plan, ESPDT, (HCPF rule 8.280) or third party source. Under no circumstances can the parent(s)/guardian be reimbursed for the provision of CES services.
  - 1. Personal Supports – The direct involvement of another person to ensure that the physical care of a CES participant is met.  
*Examples:* eating, drinking, dressing, bathing, personal hygiene, toileting, medications, health monitoring, positioning and transferring.
  - 2. Child Care Services – The temporary care of a child, which is necessary to keep a child in the home and avoid institutionalization. The key consideration is how the disability creates a need, which is above and beyond that of typical child rearing costs for any family.  
*Examples:* supervision, respite care, supervision of siblings,
  - 3. Household Chores- Assistance in performing housekeeping tasks which, due to the needs of the child with a developmental disability, are above and beyond the tasks generally required in a home and/or increase the parent(s) ability to provide care needed by the child with a developmental delay.  
*Examples:* routine household tasks; cleaning, dusting vacuuming, making beds, etc. laundry due to certain medical conditions which cause abnormal soiling of clothes, bed linens or towels.
- B. Community Connections Services – which explore community services appropriate to the child in the community, natural supports available to the

child, match and monitor community connections to enhance socialization and community access capability.

*Examples:* Fees to participate in recreation and leisure activities (specifically excluded are tickets for movies, theater, concerts and professional and minor league sporting events) and community connections

- C. Professional Services – Services including evaluation and assessment provided for a child with a developmental disability, which require the service provider to be licensed or certified in a particular occupational skill area. Also included are personal care functions (including the operation of medical equipment) requiring professional care by an RN, LPN, Physician’s Assistant or other such licensed or certified medical personnel. The key factors for determining what is considered a professional service is the need for the person to be licensed or certified to perform a service which addresses the human condition, such as Occupational Therapy, Physical Therapy, Communication Services (Speech Therapy), and PC Licensed Medical Care.

*Examples* of services (not devices); expressive/receptive communication (visual, auditory, verbal and gestural means to convey one’s thoughts, needs, wants, or to understand those of others.), wheelchair mobility, range of motion, arm use, hand use, ambulation, medical intervention/assistance, training (associated with the consultation and direct service costs for parent/guardian or other care provider to receive training regarding providing specific supports to the child.) evaluation and assessment.

- D. Behavioral Services- provided for a child when challenging behaviors interfere with activities of daily living, social interaction, or other similar situations.

*Examples;* intervention in a variety of behaviors, consultation,

- E. Home modification- a wide range of physical adaptations to help ensure the child’s safety, security and accessibility.

*Examples;* accessibility, safety, home use (light switches, motion detectors, auto door openers), repair and maintenance, assessment.

- F. Assistive technology – Devices related to supporting the child that help overcome environmental barriers.

*Examples;* communication boards, safety-enhancing devices (electronic monitors, safety covers or locks, etc.), skill acquisition (computers, software, educational games), mobility devices (wheelchairs, adaptations for vans), recreational equipment (balls with auditory equipment, flotation devices, etc.), repairs and maintenance to assistive technology devices, assessment, and training

- G. Specialized medical equipment and supplies- devices or items related directly to supporting the child, which are necessary due to a child’s disability. The need of the items should be age adjusted of the child and

what would be considered necessary due to a disability and not the age of the child.

*Examples*; medical equipment (items normally purchased through a medical supply company), non-medical equipment (generally available devices needed specifically for the care of a child with disability i.e. food processor) general care items (lotions, wipes, etc.)

## VII. Provider Qualifications

- A. Case Management Agency (HCPF Rules and Regulations 8.503.170). Under the CES program only Community Centered Boards are designated as the Case Management Agency for the CES program in each service area. The CCB must receive designation as required by State Developmental disabilities Services Rules and Regulations Chapter 2. Persons employed by the CMA/CCB as case managers must meet the qualifications for a case manager described in DDS Rules and Regulations, Section 15.6.4. Program approval for CES must be obtained from DDS. The CES agency must also sign the Assurances for the CES program and obtain a Medicaid provider number for the CES program from DDS.
- B. Service Agencies – any publicly or privately operated program, organization, or business providing services or supports for persons with developmental disabilities. The qualification requirements enumerated in DDS Rules and Regulations Chapter 3 must be met. If an agency provides CES services and is not otherwise regulated by the State or has a program approval from DDS, then program approval is required for the service agency.
- C. Independent Contractor – is a freelance worker who is not employed by an agency and is contracted with to perform a service for a CES participant. An independent contractor must have experience, training or be able to demonstrated competence to provide the necessary services and support for which he/she is hired. Each CCB must have, at a minimum a written agreement with the independent contractor, which specifies the expected qualifications, and the functions to be performed, and under what conditions. It is the responsibility of the CCB to determine whether an individual meets the definition of an independent contractor according to the federal requirements.
- D. Professionals – any person performing an occupation that is regulated by the State of Colorado and requires state licensure and/or certification. Any person performing a professional service must possess any and all license(s) and/or certification(s) required by the State of Colorado for the performance of that profession or professional service. Such individuals must meet the federal definition of an independent contractor or be employed by an agency.
- E. Vendors- the supplier of a product or service to be purchased for a recipient of services under this waiver. In order to be approved as a vendor, the product or service to be delivered must meet all applicable

manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards. In addition, such expenses must be certified by the Community Centered Board to be within allowable costs.

- F. Family Member Providers – A family member is an adult eighteen or older, such as a sibling or extended blood relative and who lives in the same household as the child receiving services. Family members may only be used as service providers for personal supports under personal assistance services and on an exception basis when no other qualified providers are available or it is clearly demonstrated to be the most cost effective and efficient means to provide the service. Pursuant to federal regulation, the parent(s)/guardian of a CES participant may not be reimbursed for any services provided. Any family member paid to provide a service must have experience, knowledge or receive training commensurate with the service to be performed. In addition, family members must meet any requirements for special licensure and or certification, if required under Colorado statutes. Reimbursement to family members who live in the same household as the child receiving services may not exceed \$5,000 per fiscal year.

#### VIII. Individual Rights

- A. The rights of a person receiving Children’s Extensive Support services are established in Title 27, Article 10.5, Sections 112 through 131, C.R.S. (1995 Supp.), and the rules and regulations regarding these rights are promulgated in the Department of Human Services, Developmental disabilities Services, rules and regulations, Chapter 6.

#### IX. Appeal Process

- A. An individual receiving CES waiver services has a right to the appeal process established in the Department of Human Services, Developmental Disabilities Services, rules and regulations, Section 7.2 and the rules and regulations of the Colorado Department of Health Care Policy and Financing, Section 8.058.

If you are interested in finding out more about any of these services, please contact the community centered board in your area. The counties are listed below alphabetically. Match the number code with the community centered board listed to the right.

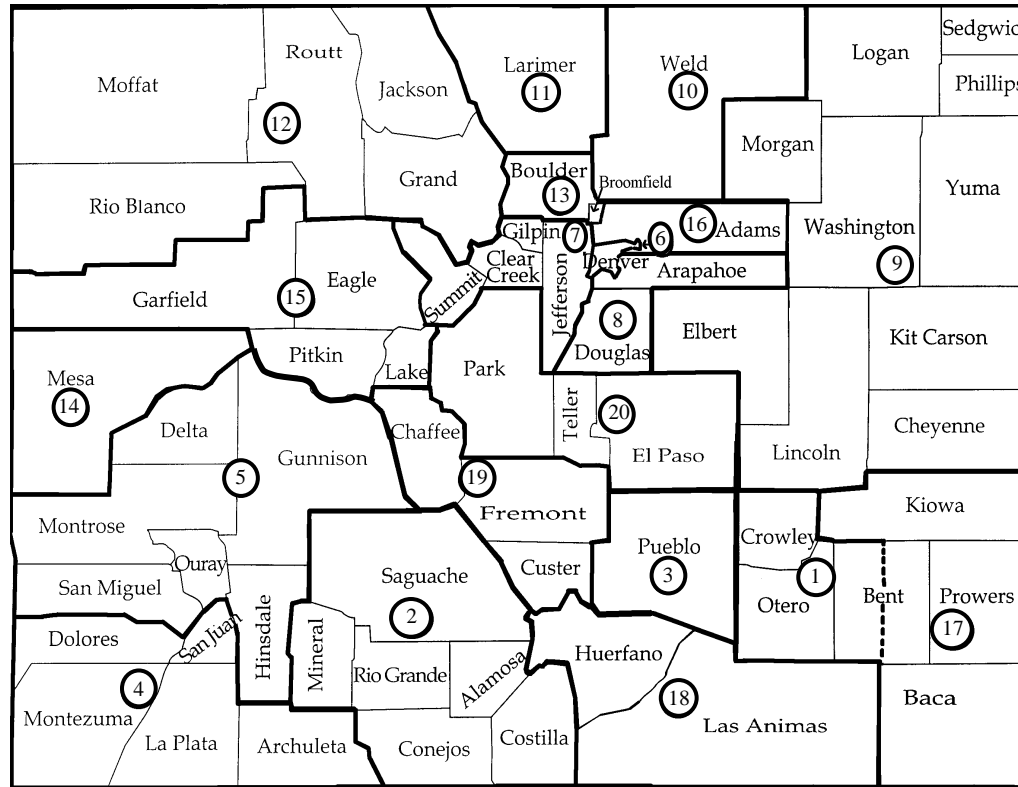
- |                     |                   |
|---------------------|-------------------|
| (2) - Alamosa       | (17) - Kiowa      |
| (16) - Adams        | (9) - Kit Carson  |
| (except Aurora)     | (15) - Lake       |
| (8) - Arapahoe      | (4) - La Plata    |
| (4) - Archuleta     | (11) - Larimer    |
| (8) - Aurora (City) | (18) - Las Animas |
| (17) - Baca         | (9) - Lincoln     |
| (1) - Bent          | (9) - Logan       |
| (13) - Boulder      | (2) - Mineral     |
| (13) - Broomfield   | (14) - Mesa       |
| (19) - Chaffee      | (12) - Moffat     |
| (9) - Cheyenne      | (4) - Montezuma   |
| (7) - Clear Creek   | (5) - Montrose    |
| (2) - Conejos       | (9) - Morgan      |
| (2) - Costilla      | (1) - Otero       |
| (1) - Crowley       | (5) - Ouray       |
| (19) - Custer       | (20) - Park       |
| (5) - Delta         | (9) - Phillips    |
| (6) - Denver        | (15) - Pitkin     |
| (4) - Dolores       | (17) - Prowers    |
| (8) - Douglas       | (3) - Pueblo      |
| (15) - Eagle        | (12) - Rio Blanco |
| (9) - Elbert        | (2) - Rio Grande  |
| (20) - El Paso      | (12) - Routt      |
| (19) - Fremont      | (2) - Saguache    |
| (15) - Garfield     | (4) - San Juan    |
| (7) - Gilpin        | (5) - San Miguel  |
| (12) - Grand        | (9) - Sedgwick    |
| (5) - Gunnison      | (7) - Summit      |
| (5) - Hinsdale      | (20) - Teller     |
| (18) - Huerfano     | (9) - Washington  |
| (12) - Jackson      | (10) - Weld       |
| (7) - Jefferson     | (9) - Yuma        |



## Who to Contact About More Information

concerning services for adults and children with developmental disabilities

### DESIGNATED SERVICE AREAS



**State of Colorado**

**Additional information available on the internet:**

[www.cdhs.state.co.us](http://www.cdhs.state.co.us)

[www.caccb.org](http://www.caccb.org)

#### COMMUNITY CENTERED BOARDS

Agency name, city where the main office is located & telephone number

- (1) **Arkansas Valley Community Center**  
La Junta, CO (719) 384-8741
- (2) **Blue Peaks Developmental Services**  
Alamosa, CO (719) 589-5135
- (3) **Colorado Bluesky Enterprises**  
Pueblo, CO (719) 546-0572
- (4) **Community Connections**  
Durango, CO (970) 259-2464
- (5) **Community Options**  
Montrose, CO (970) 249-1412
- (6) **Denver Options**  
Denver, CO (303) 636-5600
- (7) **Developmental Disabilities Resource Center**  
Lakewood, CO (303) 233-3363
- (8) **Developmental Pathways**  
Aurora, CO (303) 360-6600
- (9) **Eastern Colorado Services**  
Sterling, CO (970) 522-7121
- (10) **Envision**  
Evans, CO (970) 339-5360
- (11) **Foothills Gateway**  
Fort Collins, CO (970) 226-2345
- (12) **Horizons Specialized Services**  
Steamboat Springs, CO (970) 879-4466
- (13) **Imagine!**  
Lafayette, CO (303) 665-7789
- (14) **Mesa Developmental Services**  
Grand Junction, CO (970) 243-3702
- (15) **Mountain Valley Developmental Svcs.**  
Glenwood Springs, CO (970) 945-2306
- (16) **North Metro Community Services**  
Westminster, CO  
(303) 252-7199 or (303) 457-1001
- (17) **Southeastern Developmental Services**  
Lamar, CO (719) 336-3244
- (18) **Southern Colorado Developmental Services**, Trinidad, CO (719) 846-4409
- (19) **Starpoint**  
Canon City, CO (719) 275-1616
- (20) **The Resource Exchange**  
Colorado Springs, CO (719) 380-1100

