

**Colorado Department of Human Services
Division for Developmental Disabilities
November 1, 2010 Edition**

Initial Implementation Guidelines – Family Caregiver

Background/Overview:

The Family Caregiver Act, Senate Bill 08-002, included a statutory definition of family caregiver and allows for the delivery of services and supports for persons with developmental disabilities to be provided by a family caregiver. This change makes available the option for services and supports to be provided in the family home and allows for family members to be paid to deliver services and supports.

All services in the developmental disabilities (DD) system are regulated by federal and state agencies and include, legal, service delivery and financial accountability requirements that must be met in all service delivery models. Services provided by a family caregiver must meet all of the same applicable regulations. There are no additional requirements that family caregivers are held to above those that any other non-related staff must adhere to.

The information provided below is based on Colorado Revised Statute 27-10.5, Colorado Senate Bill 08-002 (Family Caregiver Act), Colorado Department of Human Services/Division for Developmental Disabilities (CDHS/DDD) Rules and Standards, Department of Health Care Policy and Financing (HCPF) rules and the applicable Home and Community Based Services (HCBS) Medicaid waiver.

These guidelines are to be used by individuals receiving services and their families, Program Approved Service Agencies (PASA) and Case Managers to implement the family caregiver model. Individual situations will vary and these guidelines provide considerations and requirements in order to implement the model. The family caregiver model is first, an individual choice for service delivery. Secondly, it must meet the definition of a least restrictive environment. The decision to implement the family caregiver model is made through the interdisciplinary team (IDT) process. These guidelines should be used in conjunction with all applicable statutes, rules and HCBS waiver requirements.

The creation of this new model has multiple benefits to individuals and the service delivery system. The model was created to increase flexibility and individual choice to remain in the family home when desired. Additionally, the model increases opportunities for Program Approved Services Agencies to meet the needs of individuals who live in rural areas, have unique service delivery needs, or who have specific faith or cultural preferences. While a family caregiver model may not be appropriate for or selected by everyone, it is believed that for a number of individuals, it will have a positive and effective outcome in meeting individual preferences and needs.

General Requirements:

Individuals who choose to have services delivered by a family caregiver must be enrolled in one of the following: (1) state general fund Supported Living Services or HCBS Supported Living Services (HCBS-SLS), (2) HCBS-Children's Extensive Support (HCBS-CES) or (3) HCBS-for Persons with Developmental Disabilities (HCBS-DD) also known as the "Comprehensive" waiver. Family caregiver services are subject to both Colorado Revised Statute 27-10.5 and general HCBS waiver and specific service requirements.

Definitions:

"Family" is defined as all persons related to the person in services by virtue of blood, marriage, adoption, or common law.

"Family Caregiver" is defined as a family member of the person with a developmental disability who provides care to the person with a developmental disability in the family home, who meets the requirements for a qualified family caregiver as established by Rule of the Executive Director, and who is working through a Program Approved Service Agency, as established by Rule of the Executive Director.

"Family Home" is defined as the same physical address shared with the individual in services with his/her family or family member.

"Legally Responsible Person" is defined as a parent of a minor child, or the individual's spouse.

"Least restrictive environment" means an environment that represents the least departure from the normal patterns of living and that effectively meets the needs of the person receiving services.

Legally responsible persons may not be paid to provide services to an individual. Legal guardians who do not meet the definition of Legally Responsible Person may be paid to provide services and should refer to Attachment D entitled "Dual role requirements regarding payments to Legal Guardians/Conservators", dated September 14, 2010, prior to becoming a family caregiver. Individuals who choose to have a family caregiver provide services are required to have those services delivered as defined in statutes, rules, and applicable HCBS waivers, including any limitations, service authorization considerations and service delivery methods as approved by the State of Colorado. In addition, DDD has excluded service provision by family caregivers of services that are considered "goods" and those that require professional certifications and/or licensure due to most professional standards of ethics preventing treatment of or services to a family member.

A family caregiver must be an employee of a Program Approved Service Agency¹. DDD has implemented rules and standards to ensure PASAs establish that employees are qualified, knowledgeable, and competent to provide services. PASAs should apply consistent employment

¹ Additionally, if the CCB, as the Organized Health Care Delivery System, chooses to contract with an individual for services delivered in HCBS-SLS, state funded SLS, and HCBS-CES based on their own discretion and determination based on applicable employment laws and requirements.

and training policies and procedures to all employees including family caregivers. For instance, all personnel standards of practice apply, including, but not limited to, DDD requirements for staff training, service documentation and monitoring. In addition, the PASA must ensure that the services are provided in accordance with the approved service definition and the amount scope, duration and frequency of those services identified in the Service Plan.

IDT Considerations:

The family caregiver model is most appropriate and effective when an individual receiving services is informed of all options and selects the option that best meets his/her needs and preferences. The individual or guardian may now choose to receive services in the family home by a family member and/or by a non-relative. The individual or guardian may choose instead to receive services outside of the family home and delivered by a family member and/or by a non-relative. The IDT has an integral role in the determination of the services that will most appropriately meet an individual's needs based on the choices and preferences of the individual.

The IDT's primary role in any planning process is to assess an individual's needs and identify supports necessary and appropriate to meet those needs. The family caregiver model is an appropriate method to deliver services in any situation when use of a family caregiver reflects the person's wishes and desires and meets the needs as identified by the IDT.

The changes in statute included that services delivered by a family caregiver must be delivered in the least restrictive environment, as should all services delivered. IDTs must review each individual situation to determine that the services are delivered in the least restrictive environment. For example, if an individual is currently in a setting that fosters a high level of independence and autonomy, the IDT should review a proposal to move back into the family home in order to select a family caregiver. A determination should be made that the change in setting does not negatively impact the individual's choices and level of independence. The least restrictive environments must be individualized. When determining least restrictive environment, IDTs should review the needs, preferences and goals of the individual by considering and including the individual's perspective in the service planning process.

This model of service delivery was created in order to increase options to meet the needs of individuals. While the family caregiver model can be considered in all situations, there may be some specific circumstances that highlight this model as a viable option. Prior to this model it may have been difficult to meet the needs of some individuals due to unique circumstances and the IDT may now consider the family caregiver model as one option to address these gaps in services. It still remains the responsibility of the PASA to meet the needs identified for a specific individual and service. The following are examples of situations when the IDT may determine use of a family caregiver (s) as a desirable option:

- Supports are required at difficult times of the day or when it is difficult to obtain non-family direct care providers;
- The individual lives in a rural or isolated area;
- The family caregiver may be needed to provide the service on a temporary basis while other staffing options are explored;

- Other unique circumstances or individual needs that once created service delivery limitations and can now be met through the use of a family caregiver.

While the family caregiver model creates more opportunity for an individual to choose from amongst many different models of service, it also creates options for the PASA to meet an individual's need. The IDT's role is to assist in the assessment and identification of needs and services appropriate to meet those needs. An individual's choice is paramount and should be the center of the process in all situations. Prior to choosing a family caregiver, the IDT should consider the following:

- Individual's choice and selection of family caregiver for each service:
 - Does the individual have a strong preference in favor or opposition of the use of a family member providing a specific service or all services? For instance, an adult individual may be in favor of having a parent provide homemaker services, but would be opposed to his/her parent providing supported employment or personal care.
- Does the use of a family caregiver maintain a similar level of community integration or friendship development? If barriers are identified, how can these barriers be addressed? If barriers exist in the current environment they must also be addressed.
- Individual services and treatment goals are required under Colorado statute and Medicaid requirements. A family caregiver must provide support for the individual to meet his/her individual service or treatment goals.
- Does the individual have behavioral challenges, and how will behavior plans and objectives be implemented? As with all documented supports the paid family caregiver must follow ISSPs (Individual Services and Support Plans) developed to best support the needs of the individual.
- What is the long-term plan for this individual? For example, what happens in the event that a family caregiver is no longer able or no longer willing to deliver the service? Both short and long-term preferences should be discussed in advance. The PASA is ultimately responsible for service delivery and must work with the IDT to ensure continuity of service provision in the long term.
- Is family caregiver the choice/preference for long term delivery of services and supports? Or would short term and/or intermittent use of a family caregiver be beneficial for the individual?

Case Manager Responsibilities:

The case manager's role is to assess and consider all assessment information to determine the needs of the individual, identify the services that are appropriate and necessary to meet those needs, ensure the delivery of those services, and monitor the outcomes as identified by the IDT. The case manager should facilitate the IDT in determining whether or not the family caregiver model is both desired, meets the needs of the individual and is not more restrictive than the current environment.

The case manager, as with all individual circumstances, should consider all assessment information available to facilitate the development of the Service Plan. Assessments to be

considered include the Uniform Long Term Care 100.2 form, the outcomes of the previous Service Plan, the Developmental Disability Section (DD Section) if used, assessments from PASAs and the Supports Intensity Scale (SIS) assessment. If the individual is currently receiving services, the Service Plan should be amended to reflect the change to the family caregiver model. The case manager must document the following in the Service Plan:

1. When individuals, or legal guardians, choose to have his/her services provided by a family caregiver.
2. The amount, scope and duration and frequency of the services to be provided by the family caregiver and/or other providers in the Service Plan.
3. To the best of the IDT's ability, document the amount, scope, duration and frequency of natural supports being provided to the individual and by whom, specifically when family caregivers are providing Comprehensive Services in the family home, and the expectation is that a defined number of hours are unpaid and;
4. The contingency plan when paid and/or natural supports are unavailable to assist the individual.

In the event the IDT does not support the use of a family caregiver, the case manager shall document the IDT's concerns and/or reasons for not supporting the decision. The IDT should not recommend the use of a family caregiver in the following situations:

- When the individual does not agree with the use of a family caregiver and their decision is in his/ her best interest.
- A member of the IDT has concerns about the individual's health and/or welfare that previously resulted or will result in a referral to Adult Protective Services.

Program Approved Service Agencies (PASAs):

The PASA's responsibilities are to ensure that the services identified in the Service Plan are delivered in accordance with all rules, standards, HCBS waiver, and agency policies and procedures. The PASA has the ability to establish policies and procedures that may be necessary in order to ensure these requirements are met.

- A family caregiver must be an employee of a Program Approved Service Agency in order to be paid to provide a service(s). A listing of services that may be provided by a family caregiver are included in attachment A, B, and C. There are some specific exclusions and family members may not receive reimbursement for these services.
- Program Approved Service Agencies may choose whether or not to employ a family member.
- PASAs are responsible to implement all applicable statutes, rules and standards for all services delivered including services in a family caregiver model. In order to ensure compliance, a PASA may implement agency policies and procedures as determined appropriate to meet all requirements.

When deciding to provide services through use of a family caregiver, the PASA should take the following into consideration:

- The PASA must apply the rules and regulations specific to personnel hiring, training, and supervision to employees who are family caregivers. All requirements specific to service delivery are applicable to services delivered by a family caregiver.
- The PASA should disclose to the family caregiver that as an employee, his/her role is to support the individual in a way that encourages autonomy and skills building for independence in community living. The PASA should ensure, as with all employees, that the family caregiver providing direct support approaches the job as such and tries to mitigate barriers to the individual's goals and/or treatment objectives.
- As in all service delivery approaches, the health, safety, and rights of individuals receiving services is paramount. Rules specific to abuse, mistreatment, neglect, and exploitation (16.580), ensuring individual's rights (16.300), and ensuring quality of care apply to services when there is a family caregiver. Monitoring of all services shall occur in the place the service is provided as indicated in rules.
- During the hiring process and in the event a PASA has evidence to believe that a family member's ability to perform the job, may put the individual at risk, the PASA shall apply the same rationale in its hiring decision as with applicants who are not family members. The agency must follow the agency policies and procedures if incidents (e.g., alleged abuse, neglect, or exploitation) occur after the employment relationship has been established.
- When an IDT agrees that Residential Habilitation Services and Supports (RHSS) will be provided in the family home the PASA must disclose the employee requirements to the family member including the intent and scope of the RHSS. A written agreement should be used to decrease confusion about the services to be provided by both the family member and the PASA. DDD will be providing additional information in the first revision to these guidelines to address the need for a written agreement to clarify the role of the family caregiver as an employee of a PASA, the role of the PASA and the role of a non-paid family member. Such agreement will need to:
 - Address the responsibilities for different services as defined under the HCBS- DD waiver.
 - Identify the differences between the employee paid time and the natural support time of the family member.
 - Identify the definition of access to residential habilitation services for 24 hours per day / 7 days per week / 365 days per year.

The PASA and the family caregiver should sign such an agreement.

Family Caregivers:

Family members of individuals receiving services have always played an integral role in the assessment of needs and identification of appropriate services. The creation of this model provides more flexibility by:

- Allowing service delivery to occur in the family home; and,
- Including the option to hire family members to also provide services. Family members considering becoming a paid family caregiver should consider the increased flexibility and options that are available but also should consider some of the limitations that may exist in this model. Any and all requirements for defined services and supports are the same for the family caregiver option.

The Colorado statutory definition of family caregiver does indicate a family caregiver as a paid employee. There may be PASA employees in the family home providing care while a family member is present. The PASA is responsible for supporting and supervising their employee. No family member is responsible for supervising and should express concerns directly with the PASA. Paid family caregivers may be the only PASA employee in the individual's service delivery or may be combined with other PASA employees in the individual's service delivery.

The following Family Caregiver Considerations are consistent with the Colorado statute and the federal Medicaid waivers as required and written:

- A primary focus of the DD system is that the individual receiving services and his/her choices, preferences, needs, and desires are at the center of the planning process.
- As an integral part of the IDT, family Caregivers, as employees and as family members, assist in the development and prioritization of needs outlined in the Service Plan.
- Family caregivers, as employees and as family members, assist in identifying appropriate supports to meet the individual's specific needs and determining the amount, scope, duration and frequency of services.
- The individual or guardian may select a PASA from among all qualified PASAs to provide the services to the individual. The paid family caregiver must currently be an employee of the PASA that has been selected to provide the service.
- The family caregiver as an employee must participate in all mandatory employee training required by the PASA. There are minimum training standards a PASA must meet.
- The residential environment must meet the standards set forth in DDD rules & standards. The DDD standards for RHSS/IRSS (Individual Residential Services and Supports) require that the living environment is safe, comfortable, well maintained in good repair and clean, to protect the health, comfort, and safety of persons served.
- The standards of service delivery are uniform and consistent whether the residential supports are delivered in the family home or in another residential environment. Additionally, the standards are applied to services delivered if those delivered by a family caregiver and/or an un-related staff.

- A PASA must perform a criminal background check on all employees including family caregivers and are held to all of the employment policies and procedures of the PASA.
- Paid family caregivers must understand and comply with the required reporting of mistreatment, abuse, neglect, and/or exploitation (MANE). All PASAs have required policies and procedures regarding reporting which must be followed. If a family caregiver, paid or not, observes incidents of MANE, it must be reported directly to the PASA.
- Family caregivers must ensure protection of the individual's rights while living in a family home, and will need to follow any behavioral support plans or medical care plans identified in the Service Plan. This may include compiling information regarding behaviors and medication side effects if the individual is prescribed psychotropic medication.
- If the family home is a place of service delivery it must be open to regularly scheduled, as well as unscheduled, monitoring visits by service agency residential staff, residential nurses, state and federal quality assurance staff, and the individual's resource coordinator or case manager.
- The family caregiver is required to maintain open communication with the agencies and individuals identified above and to keep detailed records in the home regarding many aspects of the individual's life.
- Service Plans for individuals in residential habilitation will need to identify emergency back up plans (Contingency Plan) and a plan for any time the family member will be away from home and the individual will be staying in the home. This is a combined responsibility of the PASA and the family caregiver
- When an IDT agrees that Residential Habilitation Services and Supports will be provided in the family home, a family member and the PASA may need to have an agreement or memorandums of understanding outlining, in detail, the responsibilities of paid family caregivers, the family member as a natural support and the responsibilities of the PASA. A written agreement or memorandum of understanding could decrease confusion about the services to be provided by both the family member and the PASA/PASA employees DDD will address the need for a written agreement to clarify the role of the family caregiver as an employee of a PASA, the role of the PASA and the role of a non paid family member.

Prior Authorization and Billing:

Case managers shall use the "HR" modifier in addition to the waiver modifier and applicable procedure codes when prior authorizing a service delivered at least in part by a family caregiver. In addition, PASA's and CCBs are required to use the "HR" modifier on each claim submitted for services delivered at least in part by a family caregiver. Case managers shall use the "Personal Care Alternative" procedure code and appropriate modifiers when approving use of a family caregiver for the residential habilitation service. Use of this additional modifier will assist DDD to better monitor the trends in services provided by family caregivers.

Family Caregiver Training:

All DDD rules specific to the hiring (e.g., background and reference checks) and training (e.g., training to be provided within the first 90 days, ongoing training, etc.) apply to family caregivers. The agency’s established program of orientation and training shall include training provided to a family caregiver and shall be consistent and uniform for all employees.

DDD assumes that most family caregivers will be providing a specific service to one or two persons, therefore, the “Minimum Training Support Services (Support Services to one or two persons in a specific support area)” contained in the Training Guidelines for Direct Service Providers-Comprehensive and Support Services shall be used as training requirements for family caregivers. However, in the event that a family caregiver is providing services to multiple persons, the minimum training guidelines for serving multiple clients contained in the Training Guidelines for Direct Service Providers- Comprehensive and Support Services shall be used. To access the guidelines click on the following link:

http://www.cdhs.state.co.us/ddd/PDFs/DIR_DC_Training-Final.pdf

Ongoing Monitoring:

Monitoring is required for all services delivered under Colorado statute. The use of a family caregiver for service delivery should receive ongoing review and monitoring to ensure that the services are delivered as required and in accordance with the Service Plan. The agency must monitor these services in accordance with its agency monitoring plan or procedure. The case manager must monitor the services as outlined in the Service Plan to ensure they are delivered as intended. The DDD standards with Interpretive Guidelines for On-Site Surveys – CCB Administration and Case Management Services should be referenced for these monitoring standards. Problematic practices or identified concerns must be addressed in a manner consistent with agency procedures and DDD rules.

SERVICES APPROVED:

| HCBS Supported Living Services (SLS) & State SLS |
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| <p>Approved services that may be provided by a family caregiver</p> <ul style="list-style-type: none">• Personal Care• Basic & Enhanced Homemaker• Mentorship• Respite• Day Habilitation• Supported Employment• Non-Medical Transportation <p>See Attachment A for SLS service definitions</p> |

HCBS-Children’s Extensive Support (CES)**Approved services that may be provided by a family caregiver**

- **Basic & Enhanced Homemaker**
- **Personal Care**
- **Respite**

See Attachment B for HCBS-CES service definitions

HCBS-for Person with Developmental Disabilities (DD)**Approved services that may be provided by a family caregiver**

- **Day Habilitation**
- **Supported Employment**
- **Non-Medical Transportation**
- **Residential Habilitation Services and Supports**

See Attachment C for HCBS-DD service definitions

Specific services that are excluded from the family caregiver model include:

- **Behavioral Services**
- **Professional Services: (Hippo-Therapy, Movement or Massage Therapy)**
- **Home Accessibility/Vehicle Modifications/Assistive Technology**
- **Adaptive Therapeutic Recreation & Equipment**
- **Vision Services**
- **Dental Services**
- **Standardized Medical Equipment and Supplies**
- **Personal Emergency Response Systems**

Additional information about rules and regulations will coincide with amendments to the rules allowing full implementation of the Family Caregiver Act.

Please contact Laurie Jensen at (303) 866-7460 or via email at Laurie.Jensen@state.co.us at the Division for Developmental Disabilities with questions or requests for information.

Attachment A: HCBS-SLS Services approved for delivery by a family caregiver.

| HCBS-SLS service definitions | |
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| Service | Definition |
| Personal Care | A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible. |
| Basic Homemaker | 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. 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. |
| Mentorship | Service provided to participants to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. This service includes assistance in interviewing potential providers, understanding complicated health and safety issues, and assistance with participation on private and public boards, advisory groups and commissions. This service may also include training in child and infant care for parent(s) who themselves have a developmental disability. This service does not duplicate case management or waiver services such as Day Habilitation. |

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| Respite | <p>Services provided to participants that are furnished on a short-term basis, because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home/private place of residence or the private residence of a respite care provider. Federal financial participation is not to be claimed 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.</p> |
| Day Habilitation | <p>Includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person's Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments:</p> <p>Specialized Habilitation (SH) and Supported Community Connections (SCC). SH services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. SH services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.</p> <p>SCC supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a 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 participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. SCC may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p> |

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| Supported Employment | <p>Services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting. Participants are required to apply for services through the Division for Vocational Rehabilitation. Supported employment does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).</p> |
| Non-Medical Transportation | <p>Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized.</p> |

Attachment B: HCBS-CES service definitions approved for delivery by a family caregiver

| HCBS-CES service definitions | |
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| Service | Definition |
| Homemaker | 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. |
| Personal Care | A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring), 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. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible. |
| Respite | Respite service may be provided to eligible participants, on a short-term basis, because of the absence or need for relief of the primary care-givers of the participant. Respite is to be provided in an age appropriate manner. The eligible participant older than 11 years of age 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 child's disability. Children, 11 years of age and younger, will not receive respite during the time the parent works because this is a typical expense for all working parents. In the event the cost of care during the |

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| <p>time the parents work is more for an eligible participant, 11 years of age or younger, than it is for same age typical peers, then Respite may be used to pay the additional cost. Respite may be provided for siblings of eligible participant who reside in the same home and who are 11 years of age or younger in the event supervision is needed so the primary caretaker(s) can take the recipient to a service covered by state plan benefits or the waiver. Sibling care is not allowable for care needed due to parent's work schedule or breaks.</p> |
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Attachment C: HCBS-DD services approved for delivery by a family caregiver

| HCBS-DD service definitions | |
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| Service | Definition |
| Day Habilitation | <p>Includes assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant’s private residence or other residential living arrangement, except when due to medical and/or safety needs. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. These services are individually coordinated through the person’s Service Plan. Day Habilitation Services and Supports encompass two types of habilitative environments:</p> <p>Specialized Habilitation (SH) and Supported Community Connections (SCC). SH services focus on enabling the participant to attain his or her maximum functional level, or to be supported in such a manner, which allows the person to gain an increased level of self-sufficiency. These services are generally provided in non-integrated settings where a majority of the persons have a disability, such as program sites and supervised work settings. Such services include assistance with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills, and supervision. SH services may serve to reinforce skills or lessons taught in school, therapy, or other settings and, where appropriate, are coordinated with any physical, occupational, or speech therapies listed in the Service Plan.</p> <p>SCC supports the abilities and skills necessary to enable the participant to access typical activities and functions of community life such as those chosen by the general population, including community education or training, retirement and volunteer activities. Supported Community Connection provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment to provide services and supports as identified in a 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 participant in community settings, resources necessary for participation in activities and supplies related to skill acquisition, retention or improvement. SCC may be provided in a group setting (or groups traveling together into the community) and/or may be provided on a one-to-one basis as a learning environment to provide instruction when identified in the Service Plan.</p> |
| Supported Employment | <p>Services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assessment and identification of vocational interests and capabilities in preparation for job development, assisting the participant to locate a job or job development on behalf of the participant. Supported employment is conducted in a variety of settings in which participants interact with non disabled individuals (other than those individuals who are providing services to the participant) to the same extent that</p> |

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| | <p>individuals employed in comparable positions would interact. Persons must be involved in work outside of a base site. Included are persons in community jobs, in enclaves, and on mobile crews. Group employment (e.g. mobile crews and enclaves) shall not exceed eight persons. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities. This does not include payment for the supervisory activities rendered as a normal part of the business setting. Participants are required to apply for services through the Division for Vocational Rehabilitation. Supported employment does not take the place of nor is it duplicative of services received through the Division for Vocational Rehabilitation. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).</p> |
| <p>Non-Medical Transportation</p> | <p>Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's Service Plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized.</p> |
| <p>Residential Habilitation Services and Supports</p> <p>NOTE: Family Caregivers providing RHSS are required to be employees of a Program Approved Service Agency (PASA)</p> | <p>Residential Habilitation Services and Supports (RHSS) are designed to ensure the health, safety and welfare of the participant, and to assist in the acquisition, retention and/or improvement in skills necessary to support the participant to live and participate successfully in their community. These services are individually planned and coordinated through the participants Service Plan. The frequency, duration and scope of these services are determined by the participants needs identified in the Service Plan. These services may include a combination of lifelong - or extended duration - supervision, training and/or support (i.e. support is any task performed for the participant, where learning is secondary or incidental to the task itself, or an adaptation is provided) which are essential to daily community living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies. Reimbursement for RHSS does not include the cost of normal facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of participants or to meet the requirements of the applicable life safety code. Under Residential Habilitation Services and Supports the responsibility for the living environment rests with the service agency.</p> <p>Individual Residential Services and Supports (IRSS) in which three (3) or fewer participants receiving services may live in a single residential setting. The living environment does not require state licensure. However, the Division for Developmental Disabilities (DDD) must approve the service agencies to provide such services. Monitoring of IRSS services to individuals is the responsibility of CCB Case Managers and the monitoring of IRSS provider agencies is a DHS/DDD</p> |

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| <p>Residential Habilitation Services and Supports</p> <p>NOTE: Family Caregivers providing RHSS are required to be employees of a Program Approved Service Agency (PASA).</p> | <p>responsibility.</p> <p>The following activities are performed by RHSS staff and are designed to assist participants to reside as independently as possible in the community. 1. Self-advocacy training may include training to assist in expressing personal preferences, self-representation, self-protection from and reporting of abuse, neglect and exploitation, individual rights and to make increasingly responsible choices. 2. Independent living training may include personal care, household services, infant and childcare (for parents who have a developmental disability), and communication skills such as using the telephone. 3. Cognitive services may include training involving money management and personal finances, planning and decision making. 4. Implementation of recommended follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional. Services are aimed at increasing the overall effective functioning of the participant. 5. Medical and health care services that are integral to meeting the daily needs of participants (e.g., routine administration of medications or tending to the needs of participants who are ill or require attention to their medical needs on an ongoing basis). 6. Emergency assistance training includes developing responses in case of emergencies; prevention planning and training in the use of equipment or technologies used to access emergency response systems. 7. Community access services that explore community services available to all people, natural supports available to the participant, and develop methods to access additional services/supports/activities needed by the participant. 8. Travel services may include providing, arranging, transporting, or accompanying the participant to services and supports identified in the Service Plan. 9. Supervision services which ensure the health and welfare of the participant and/or utilizing technology for the same purpose. All direct case staff not otherwise licensed to administer medications must complete a training class approved by the Colorado Department of Public Health and Environment, pass a written test and a practical/competency test.</p> |
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