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Title of Rule: Revision to the HCBS Spinal Cord Injury Waiver Rules Concerning Statewide Expansion, Expanded Qualifying Diagnoses and Provider Definitions, Section 8.517
Rule Number: MSB 21-10-28-B
Division / Contact / Phone: BSMD / Kacey Wardle / 4931

SECRETARY OF STATE

RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board

2. Title of Rule: MSB 21-10-28-B, A Revision to the HCBS Spinal Cord Injury Waiver Rules Concerning Statewide Expansion, Expanded Qualifying Diagnoses and Provider Definitions, to revise Section 8.517.

3. This action is an adoption of: an amendment

4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):

   Sections(s) 8.517 – 8.517.11.D, Colorado Department of Health Care Policy and Financing, HOME AND COMMUNITY-BASED SERVICES FOR PERSONS WITH SPINAL CORD INJURY WAIVER (10 CCR 2505-10-8.517).

5. Does this action involve any temporary or emergency rule(s)? No
   If yes, state effective date:
   Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Replace the current text at 8.517 with the proposed text beginning at 8.517 through the end of 8.517. This rule is effective June 30, 2022.

*to be completed by MSB Board Coordinator

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Title of Rule: Revision to the HCBS Spinal Cord Injury Waiver Rules Concerning Statewide Expansion, Expanded Qualifying Diagnoses and Provider Definitions, Section 8.517
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STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

   The Office of Community Living (OCL), Benefits and Services Management Division (BSMD) is requesting to revise regulations to align with SB 21-038 to expand the Spinal Cord Injury (SCI) waiver. This rule revision will expand the SCI waiver eligibility requirements to include HCBS members statewide living with a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation directly resulting from one of these diagnoses. Due to this expansion in qualifying conditions, the stakeholders requested an update to the name of the waiver to "HCBS for Complementary and Integrative Health (CIH) Waiver". The stakeholders voiced that they would prefer the name of the waiver not include the conditions they are living with and wanted to make sure the title was inclusive of members served. Additionally, the rule revision will remove references to a medical director and streamline the Complementary and Integrative Health Plan. The expansion of this waiver is statutorily required, and this rule revision will codify these statutory changes.

   Lastly, we are requesting an update to provider definitions and qualifications. While not statutorily required, the updated provider definitions and qualifications are anticipated to allow for increased provider enrollment so members will have access to qualified providers in their counties.

2. An emergency rule-making is imperatively necessary

   ☐ to comply with state or federal law or federal regulation and/or
   ☐ for the preservation of public health, safety and welfare.

   Explain:

3. Federal authority for the Rule, if any:

   42 CFR 440.180

Initial Review	**04/08/22**	Final Adoption	**05/13/22**
Proposed Effective Date	**06/30/22**	Emergency Adoption	

DOCUMENT #12

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4. State Authority for the Rule:

   Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021); 25.5-6-1301 — 25.5-6-1304 (2021)

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Title of Rule: Revision to the HCBS Spinal Cord Injury Waiver Rules Concerning Statewide Expansion, Expanded Qualifying Diagnoses and Provider Definitions, Section 8.517
Rule Number: MSB 21-10-28-B
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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

   The persons affected by this rule will include those HCBS members across the state living with a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation directly resulting from one of these diagnoses. These members will potentially benefit from access to complementary and integrative health services, which have been available to eligible to members in the Denver Metro area for the past seven (7) years. The costs associated with SCI waiver expansion have been approved by the Colorado State Legislature through SB21-038.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

   The qualitative impact of the proposed rule is positively affecting the quality of life of our members by allowing access to complementary and integrative health services, specifically acupuncture, chiropractic, and massage therapy, that provide active, non-medication interventions that members report improve pain, enhance relaxation, and support mobility.

   The probable quantitative impact of the proposed rule is the potential to achieve cost savings for the Department when members can receive health promoting interventions that reduce pain and improve mobility that may keep them from more costly medical interventions and/or emergency rooms visits.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

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The costs associated with implementation of this rule revision have been factored into the appropriations given to the Department with the approval to implement this expanded waiver. Spending on the three waiver services (acupuncture, chiropractic care, and massage therapy) is estimated to be $681,039 for FY 2022-2023 and $1,154,555 for FY 23-24. The cost per member utilizing these services is estimated to be $2,944 for FY 2022-2023. A study extended by SB19-197 will continue to study cost effectiveness and overall health outcomes. A final evaluation of the program is due to the General Assembly by January 1, 2025.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   There are no benefits of inaction as this approval to implement the expanded SCI waiver is statutorily required through SB 21-038. The cost of inaction is statutory violation.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

   There are no alternative methods for achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

   The purpose of the proposed rule is to incorporate statutorily required programmatic changes including statewide expansion, new eligibility requirements, and removal of the requirement to have a medical director for this program. Updating the Department's regulations are the only way to achieve this.

   The Department has taken this rule revision opportunity to update provider definitions and qualifications, changes not statutorily required. The definition update was requested by providers. The providers voiced concerns that the limited definitions did not reflect their training and impeded their ability to treat members safely and effectively. This specifically pertained to acupuncturists whose definition only allowed them to place needles and did now allow for treatment if a member was too sensitive to needles but could benefit from other acupuncture therapies, such as acupressure and heat. Adding these therapies, along with dietary and exercise recommendations, allows members to receive the full benefits of these practitioners' training and skill.

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Qualifications for CIH providers were lowered from three (3) years to one (1) year of experience in their respective fields OR one (1) year of experience working with paralysis or individuals living with disabilities. This was identified as an important update to allow providers who are able and willing to provide services to be able to do so while maintaining safety and appropriate care to members. To ensure safe competent care for members, the Department will provide additional provider training and technical workshops.

The budget analyst approved these updated definitions and determined there would be no budgetary impact. .

The alternative is to leave these parts of the regulation unchanged. This alternative was rejected as it is anticipated to negatively affect provider enrollment and access to CIHS statewide, due to the outdated provider definitions and qualifications.

8.517 HOME AND COMMUNITY-BASED SERVICES FOR THE ~~PERSONS WITH SPINAL CORD INJURY~~COMPLEMENTARY AND INTEGRATIVE HEALTH WAIVER

8.517.1 HCBS-CIH~~SCI~~ WAIVER SERVICES

8.517.1.A SERVICES PROVIDED

1. Acupuncture (CIHS)

2. Adult Day Services

~~2. Complementary and Integrative Health Services~~

3. Chiropractic (CIHS)

4. Consumer Directed Attendant Support Services (CDASS)

~~4~~5. Electronic Monitoring

~~5~~6. Home Delivered Meals

~~6~~7. Home Modification

~~7~~8. Homemaker Services

~~8~~9. In-Home Support Services

~~9~~10. Life Skills Training (LST)

11. Massage Therapy (CIHS)

12~~0~~. Non-Medical Transportation

13~~1~~. Peer Mentorship

14~~2~~. Personal Care Services

15~~3~~. Respite Care

16~~4~~. Transition Setup

8.517.1.B DEFINITIONS OF SERVICES

1. Acupuncture (CIHS) means services as defined at Section 8.517.2.A.

2. Adult Day Services means services as defined at Section 8.491.

3. Chiropractic (CIHS) means services as defined at Section 8.517.2.B.

~~2~~4. Complementary and Integrative Health Services (CIHS) means services as defined at Section 8.517.B.E~~2~~.

5~~3~~. Consumer Directed Attendant Support Services (CDASS) means services as defined at Section 8.510.

64. Electronic Monitoring means services as defined at Section 8.488.

75. Home Delivered Meals means services as defined at Section 8.553.

86. Home Modification means services as defined at Section 8.493.

97. Homemaker Services means services as defined at Section 8.490.

108. In-Home Support Services means services as defined at Section 8.552.

119. Life Skills Training (LST) means services as defined at Section 8.553.

12. Massage Therapy (CIHS) means services as defined at Section 8.517.2.H.

1310. Non-Medical Transportation means services as defined at Section 8.494.

1411. Peer Mentorship means services as defined at Section 8.553.

1512. Personal Care Services means services as defined at Section 8.489.

1613. Respite Care means services as defined at Section 8.492.

1714. Transition Setup means services as defined at Section 8.553.

8.517.2 GENERAL DEFINITIONS

A. Acupuncture (CIHS) means the insertion of needles and/or manual, mechanical, thermal, electrical, and electromagnetic treatment to stimulate specific anatomical tissues for the promotion, maintenance and restoration of health and prevention of disease both physiological and psychological. During an acupuncture treatment, dietary advice and therapeutic exercises may be recommended in support of the treatment. ~~Acupuncture means the stimulation of anatomical points on the body by penetrating the skin with thin, solid, metallic, single-use needles that are manipulated by the hands or by electrical stimulation for the purpose of bringing about beneficial physiologic and /or psychological changes.~~

B. Chiropractic (CIHS) means the use of manual adjustments (manipulation or mobilization) of the spine or other parts of the body with the goal of correcting and/or improving alignment, neurological function, and other musculoskeletal problems. During a chiropractic treatment, nutrition, exercise, and rehabilitative therapies may be recommended in support of the adjustment. ~~Chiropractic Care means the use of manual adjustments (manipulation or mobilization) of the spine or other parts of the body with the goal of correcting alignment and other musculoskeletal problems.~~

C. Complementary and Integrative Health Care Plan means the plan developed prior to the delivery of Complementary and Integrative Health Services in accordance with Section 8.517.11.D.

D. Complementary and Integrative Health Provider means an individual or agency certified annually by the Department to have met the certification standards listed at Section 8.517.11.

E. Complementary and Integrative Health Services (CIHS) means Acupuncture, Chiropractic, and Massage Therapy.

~~FE. Denver Metro Area means the counties of Adams, Arapahoe, Denver, Douglas, and Jefferson.~~

F. Emergency Systems means procedures and materials used in emergent situations and may include, but are not limited to, an agreement with the nearest hospital to accept patients; an Automated External Defibrillator; a first aid kit; and/or suction, AED, and first aid supplies.

G. Individual Cost Containment Amount means the average cost of services for a comparable population institutionalized at the appropriate level of care, as determined annually by the Department.

H. Massage Therapy (CIHS) means the systematic manipulation of the soft tissues of the body, (including manual techniques of gliding, percussion, compression, vibration, and gentle stretching) for the purpose of bringing about beneficial physiologic, mechanical, and/or psychological changes.

~~I. Medical Director means an individual that is contracted with the Department to provide oversight of the Complementary and Integrative Health Services and the program evaluation.~~

~~**8.517.2.1 SPINAL CORD INJURY DEFINITION**~~

~~A spinal cord injury is limited to the following broad diagnoses found within the most current version of the International Classification of Diseases (ICD) at the time of assessment:~~

1. ~~Spinal cord injury unspecified~~
2. ~~Complete lesion of spinal cord~~
3. ~~Anterior cord syndrome~~
4. ~~Central cord syndrome~~
5. ~~Other specified spinal cord injury~~
6. ~~Lumbar spinal cord injury without spinal bone injury~~
7. ~~Sacral spinal cord injury without spinal bone injury~~
8. ~~Cauda equina spinal cord injury without spinal bone injury~~
9. ~~Multiple sites of spinal cord injury without spinal bone injury~~
10. ~~Unspecified site of spinal cord injury without spinal bone injury~~
11. ~~Injury to cervical nerve root~~
12. ~~Injury to dorsal nerve root~~
13. ~~Injury to lumbar nerve root~~
14. ~~Injury to sacral nerve root~~
15. ~~Injury to brachial plexus~~
16. ~~Injury to lumbosacral plexus~~
17. ~~Injury to multiple sites of nerve roots and spinal plexus~~

~~18. Injury to unspecified site of nerve roots and spinal plexus~~

~~19. Injury to cervical sympathetic nerve excluding shoulder and pelvic girdles~~

~~20. Injury to other sympathetic nerve excluding shoulder and pelvic girdles~~

~~21. Injury to other specified nerve(s) of trunk excluding shoulder and pelvic girdles~~

~~22. Injury to unspecified nerve of trunk excluding shoulder and pelvic girdles~~

~~23. Paraplegia~~

~~24. Paraplegia, Unspecified~~

~~25. Paraplegia, Complete~~

~~26. Paraplegia, Incomplete~~

~~27. Quadriplegia/Tetraplegia/Incomplete – unspecified~~

~~28. Quadriplegia – C1-C4/Complete~~

~~29. Quadriplegia – C1-C4/Incomplete~~

~~30. Quadriplegia – C5-C7/Complete~~

~~31. Quadriplegia – C5-C7/Incomplete~~

8.517.3 LEGAL BASIS

The Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) waiver~~Persons with Spinal Cord Injury (HCBS-SCI) waiver~~ is authorized by a waiver of the amount, duration and scope of services requirements contained in Section 1902(a)(10)(B) of the Social Security Act. The waiver was granted by the United States Department of Health and Human Services, under Section 1915(c) of the Social Security Act. The HCBS-CIH program is also authorized under state law at C.R.S. section 25.5-6-1301 et seq. – as amended.~~is created upon authorization of a waiver of the state-wideness requirement contained in Section 1902(a)(1) of the Social Security Act (42 U.S.C. Section 1396a); and the amount, duration, and scope of services requirements contained in Section 1902(a)(10)(B) of the Social Security Act (42 U.S.C. Section 1396a). Upon approval by the United States Department of Health and Human Services, this waiver is granted under Section 1915(c) of the Social Security Act (42 U.S.C. Section 1396n~~

8.517.4 SCOPE AND PURPOSE

8.517.4.A. The Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver provides assistance to individuals living with a qualifying condition of a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation directly resulting from one of these conditions ~~spinal cord injuries in the Denver Metro Area~~ that require long-term supports and services in order to remain in a community setting.

8.517.4.B. The HCBS-CIH~~SCI~~ waiver provides an opportunity to study the effectiveness of Complementary and Integrative Health Services and the impact the provision of these service may have on the utilization of other HCBS-CIH~~SCI~~ waiver and/or acute care services.

8.517.4.C. An independent evaluation shall be conducted no later than January 1, ~~2020~~2025 to determine the effectiveness of the Complementary and Integrative Health Services.

8.517.5 CLIENT ELIGIBILITY

8.517.5.A. ELIGIBLE PERSONS

Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver services shall be offered only to individuals who meet all of the following eligibility requirements:

1. Individuals shall be aged 18 years or older.

2. Individuals shall have a ~~diagnosis~~qualifying condition of a spinal cord injury (traumatic or nontraumatic), multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation directly resulting from one of these conditions as defined by broad diagnoses related to each condition within the most current version of the International Classification of Diseases (ICD) at the time of assessment.~~This diagnosis must be outlined in 8.517.2.1 and documented on the individual's Professional Medical Information Page (PMIP) and in the Uniform Long term Care 100.2 (ULTC 100.2) assessment tool.~~

3. Individuals must have been determined to have an inability for independent ambulation resulting from the qualifying condition as identified by the case manager through the assessment process. The inability for independent ambulation means:

   a. The individual does not walk, and requires use of a wheelchair or scooter in all settings, whether or not they can operate the wheelchair or scooter safely, on their own, OR;

   b. The individual does walk, but requires use of a walker or cane in all settings, whether or not they can use the walker or cane safely, on their own, OR;

   c. The individual does walk, but requires "touch" or "stand-by" assistance to ambulate safely in all settings.

~~3. Individuals shall have been determined to have a significant functional impairment as evidenced by a comprehensive functional assessment using the ULTC 100.2 assessment tool that results in at least the minimum scores required per Section 8.401.1.15.~~

~~4. Individuals shall reside in the Denver Metro Area as evidenced by residence in one of the following counties:~~

~~a. Adams;~~

~~b. Arapahoe;~~

~~c. Denver;~~

~~d. Douglas; or~~

~~e. Jefferson~~

8.517.5.B FINANCIAL ELIGIBILITY

Individuals must meet the financial eligibility requirements specified at Section 8.100.7 LONG TERM CARE MEDICAL ASSISTANCE ELIGIBILITY.

8.517.5.C LEVEL OF CARE CRITERIA

Individuals shall require long-term support services at a level of care comparable to services typically provided in a nursing facility or hospital.

8.517.5.D NEED FOR HOME AND COMMUNITY-BASED SERVICES FOR ~~PERSONS WITH SPINAL CORD INJURY (HCBS-SCI)~~ COMPLEMENTARY AND INTEGRATIVE HEALTH (HCBS-CIH) WAIVER SERVICES

1. Only individuals that currently receive Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~for Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver services, or that have agreed to accept HCBS-CIH~~SCI~~ services as soon as all other eligibility criteria have been met, are eligible for the HCBS-CIH~~SCI~~ waiver.

   a. Case management is not a HCBS-CIH~~SCI~~ service and shall not be used to satisfy this requirement.

   b. The desire or need for any Medicaid services other than HCBS-CIH~~SCI~~ waiver services, as listed at Section 8.517.1, shall not satisfy this eligibility requirement.

2. Individuals that have not received at least one (1) HCBS-CIH~~SCI~~ waiver service for a period greater than 30 consecutive days shall be discontinued from the waiver.

8.517.5.E EXCLUSIONS

1. Individuals who are residents of nursing facilities or hospitals are not eligible to receive Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver services.

2. HCBS-CIH~~SCI~~ Clients that enter a nursing facility or hospital may not receive HCBS-CIH~~SCI~~ waiver services while admitted to the nursing facility or hospital.

   a. HCBS-CIH~~SCI~~ Clients admitted to a nursing facility or hospital for 30 consecutive days or longer shall be discontinued from the HCBS-CIH~~SCI~~ program.

   b. HCBS-SCI Clients entering a nursing facility for Respite Care as an HCBS-CIH~~SCI~~ service shall not be discontinued from the HCBS-CIH~~SCI~~ program.

8.517.5.F COST CONTAINMENT AND SERVICE ADEQUACY

1. Individuals shall not be eligible for the Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~for Persons with Spinal Cord Injury~~

~~(HCBS-SCI)~~ waiver if the case manager determines any of the following during the initial assessment and service planning process:

a. The individual's needs cannot be met within the Individual Cost Containment Amount.

b. The individual's needs are more extensive than HCBS-CIH~~SCI~~ waiver services can support and/or that the individual's health and safety cannot be assured in a community setting.

2. Individuals shall not be eligible for the HCBS-SCI waiver at reassessment if the case manager determines the individual's needs are more extensive than HCBS-CIH~~SCI~~ waiver services are able to support and/or that the individual's health and safety cannot be assured in a community setting.

3. Individuals may be eligible for the HCBS-CIH~~SCI~~ waiver at reassessment if the case manager determines that HCBS-CIH~~SCI~~ waiver services are able to support the individual's needs and the individual's health and safety can be assured in a community setting.

a. If the case manager expects that the services required to support the individual's needs will exceed the Individual Cost Containment Amount, the Department or its agent will review the ~~service~~ support plan to determine if the individual's request for services is appropriate and justifiable based on the individual's condition.

i) Individuals may request of the case manager that existing services remain intact during this review process.

ii) In the event that the request for services is denied by the Department or its agent, the case manager shall provide the individual with:

1) Long-Term Care Notice of Action Form (LTC-803), informing the Client of the denial and providing ~~T~~the Client's appeal rights pursuant to Section 8.057; and

2) Alternative options to meet the individual's needs that may include, but are not limited to, nursing facility placement.

8.517.6 WAITING LIST

1. The number of Clients who may be served through the Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH) ~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver during a fiscal year may be limited by the federally approved waiver.

2. Individuals determined eligible for the HCBS-CIH~~SCI~~ waiver who cannot be served within the federally approved waiver capacity limits shall be eligible for placement on a waiting list.

3. The waiting list shall be maintained by the Department.

4. The case manager shall ensure the individual meets all eligibility criteria as set forth at Section 8.517.5 prior to notifying the Department to place the individual on the waiting list.

5. The date the case manager determines an individual has met all eligibility requirements as set forth at Section 8.517.5 is the date the Department will use for the individual's placement on the waiting list.

6. When an eligible individual is placed on the waiting list for the HCBS-CIH~~SCI~~ waiver, the case manager shall provide a written notice of the action in accordance with section 8.057 et seq.

7. As openings become available within the capacity limits of the federally approved waiver, individuals shall be considered for the HCBS-CIH~~SCI~~ waiver in the order of the individual's placement on the waiting list

8. When an opening for the HCBS-CIH~~SCI~~ waiver becomes available the Department will provide written notice to the Case Management Agency.

9. Within ten business days of notification from the Department that an opening for the HCBS-CIH~~SCI~~ waiver is available the Case Management Agency shall:

   a. Reassess the individual for functional level of care using the Department's prescribed instrument if more than six months has elapsed since the previous assessment.

   b. Update the existing functional level of care assessment in the official Client record if less than six months has elapsed since the date of the previous assessment.

   c. Reassess for eligibility criteria as set forth at 8.517.5.

   d. Notify the Department of the individual's eligibility status.

8.517.7 START DATE FOR SERVICES

8.517.7.A. The start date of eligibility for Home and Community-B~~b~~ased Services for Complementary and Integrative Health (HCBS-CIH)~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver services shall not precede the date that all of the requirements at Section 8.517.5, have been met. The first date for which HCBS-CIH~~SCI~~ waiver services may be reimbursed shall be the later of the following:

1. The date at which financial eligibility is effective.

2. The date at which the level of care and targeting criteria are certified.

3. The date at which the individual agrees to accept services and signs all necessary intake and service planning forms.

4. The date of discharge from the hospital or nursing facility.

8.517.8 CASE MANAGEMENT FUNCTIONS

8.517.8.A. The requirements at Section 8.486 shall apply to the Case Management Agencies performing the case management functions of the Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH)~~Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver.

8.517.9 PRIOR AUTHORIZATION OF SERVICES

8.517.9.A. All Home and Community-based Services for Complementary and Integrative Health (HCBS-CIH)~~for Persons with Spinal Cord Injury (HCBS-SCI)~~ waiver services must be prior authorized by the Department or its agent.

8.517.9.B. The Department shall develop the Prior Authorization Request (PAR) form to be used by case managers in compliance with all applicable regulations.

8.517.9.C. Claims for services are not reimbursable if:

1. Services are not consistent with the Client's documented medical condition and functional capacity;

2. Services are not medically necessary or are not reasonable in amount, scope, frequency, and duration;

3. Services are duplicative of other services included in the Client's ~~Service~~Support Plan;

4. The Client is receiving funds to purchase services; or

5. Services total more than 24 hours per day of care.

8.517.9.D. Revisions to the PAR that are requested six months or more after the end date shall be disapproved.

8.517.9.E. Payment for HCBS-CIH~~SCI~~ waiver services is also conditional upon:

a. The Client's eligibility for HCBS-CIH~~SCI~~ waiver services;

b. The provider's certification status; and

c. The submission of claims in accordance with proper billing procedures.

8.517.9.F. Prior authorization of services is not a guarantee of payment. All services must be provided in accordance with regulation and necessary to meet the Client's needs.

8.517.9.G. Services requested on the PAR shall be supported by information on the Long-term Care ~~Service~~ Support Plan~~, the ULTC-100.2,~~ and written documentation from the income maintenance technician of the Client's current monthly income.

8.517.9.H. The PAR start date shall not precede the start date of HCBS-CIH~~SCI~~ eligibility in accordance with Section 8.517.7.

8.517.9.I. The PAR end date shall not exceed the end date of the HCBS-CIH~~SCI~~ eligibility certification period.

8.517.10 PROVIDER AGENCIES

8.517.10.A. HCBS-SCI providers shall abide by all general certification standards, conditions, and processes established at Section 8.487.

8.517.11 COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES

Complementary and Integrative Health Services are limited to Acupuncture, Chiropractic Care, and Massage Therapy as defined at Section 8.517.2.

8.517.11.A. Inclusions

1. Acupuncture used for the treatment of conditions or symptoms related to the Client's qualifying condition and inability to independently ambulate~~spinal cord injury~~.

2. Chiropractic Care used for the treatment of conditions or symptoms related to the Client's qualifying condition and inability to independently ambulate~~spinal cord injury~~.

3. Massage Therapy used for the treatment of conditions or symptoms related to the Client's qualifying condition and inability to independently ambulate~~spinal cord injury~~.

8.517.11.B. Exclusions / Limitations

1. Complementary and Integrative Health Services shall be provided only for the treatment of conditions or symptoms related to the Client's qualifying condition and inability to independently ambulate~~spinal cord injury~~.

2. Complementary and Integrative Health Services shall be limited to the Client's assessed need for services as determined by the Complementary and Integrative Health Provider and documented in the Complementary and Integrative Health Care Plan.

3. Complementary and Integrative Health Services shall be provided in an approved outpatient setting in accordance with 8.517.11.C.2 or in the Client's residence.

4. Complementary and Integrative Health Services shall be provided only by a Complementary and Integrative Health Provider certified by the Department of Health Care Policy and Financing to have met the certification standards listed at Section 8.517.11.C.

5. Clients receiving Complementary and Integrative Health Services shall participate in an independent evaluation to determine the effectiveness of the services.

6. The Complementary and Integrative Health Services benefit is limited as follows:

   a. A Client may receive each of the three individual Complementary and Integrative Health Services on a single date of service.

   b. A Client shall not receive more than four (4) units of each individual Complementary and Integrative Health Service on a single date of service.

   c. A Client shall not receive more than 204 units of a single Complementary and Integrative Health service during a 365-day certification period.

   d. A Client shall not receive more than 408 combined units of all Complementary and Integrative Health Services during a 365-day certification period.

8.517.11.C. Certification Standards

1. Organization and Staffing

   a. Complementary and Integrative Health Services must be provided by licensed, certified, and/or registered individuals operating within the applicable scope of practice.

   b. Acupuncturists shall be licensed by the Department of Regulatory Agencies, Division of Registrations as required by the Acupuncturists Practice Act (C.R.S § 12-200-101 et seq~~Section 12-29.5-101, C.R.S.~~) and have at least (1) year

experience practicing Acupuncture at a rate of 520 hours per year; OR (1) year of experience working with individuals with paralysis or other long term physical disabilities. ~~three (3) years' experience practicing Acupuncture at a rate of 520 hours per year; or at least two (2) years' experience practicing acupuncture at a rate of 520 hours per year AND at least one (1) year of experience working with individuals with spinal cord injuries or other long-term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using acupuncture.~~

c. Chiropractors shall be licensed by the State Board of Chiropractic Examiners as required by the Chiropractors Practice Act (C.R.S. § 12-215-101 et seq~~Section 12-33-101, C.R.S.~~) and have at least (1) year experience practicing Chiropractic at a rate of 520 hours per year; OR (1) year of experience working with individuals with paralysis or other long term physical disabilities.~~three (3) years' experience practicing Chiropractic Care at a rate of 520 hours per year; or at least two (2) years' experience practicing Chiropractic Care at a rate of 520 hours per year AND at least one (1) year of experience working with individuals with spinal cord injuries or other long-term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using chiropractic care.~~

d. Massage Therapists shall be registered by the Department of Regulatory Agencies, Division of Registrations as required by the Massage Therapy Practice Act (C.R.S. § 12-235-101, et seq~~Section 12-35.3-101, C.R.S.~~) and have at least (1) year experience practicing Massage Therapy at a rate of 520 hours per year; OR (1) year of experience working with individuals with paralysis or other long term physical disabilities.~~three (3) years' experience practicing Massage Therapy at a rate of 520 hours per year; or at least two (2) years' experience practicing massage therapy at a rate of 520 hours per year AND at least (1) year of experience working with individuals with spinal cord injuries or other long-term physical disabilities, or education specific to the physiology of spinal cord injuries as it pertains to the treatment of using massage therapy.~~

2. Environmental Standards for Complementary and Integrative Health Services provided in an outpatient setting.

a. Complementary and Integrative Health Providers shall develop a plan for infection control that is adequate to avoid the sources of and prevent the transmission of infections and communicable diseases. They shall also develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel. Sterilization procedures shall be developed and implemented in necessary service areas.

b. Policies shall be developed and procedures implemented for the effective control of insects, rodents, and other pests.

c. All wastes shall be disposed in compliance with local, state and federal laws.

d. A preventive maintenance program to ensure that all essential mechanical, electrical and patient care equipment is maintained in safe and sanitary operating condition shall be provided. Emergency Systems, and all essential equipment and supplies shall be inspected and maintained on a frequent or as needed basis.

e. Housekeeping services to ensure that the premises are clean and orderly at all times shall be provided and maintained. Appropriate janitorial storage shall be maintained.

f. Outpatient settings shall be constructed and maintained to ensure access and safety.

g. Outpatient settings shall demonstrate compliance with the building and fire safety requirements of local governments and other state agencies.

3. Failure to comply with the requirements of this rule may result in the revocation of the Complementary and Integrative Health Provider certification.

8.517.11.D COMPLEMENTARY AND INTEGRATIVE HEALTH CARE PLAN

1. Complementary and Integrative Health Providers shall:

a. Guide the development of the Complementary and Integrative Health Care Plan in coordination with the client and/or client's representative.

b. Recommend the appropriate modality, amount, scope, and duration of the Complementary and Integrative Health Service(s) within the established limits as listed at 8.517.11.B.~~;~~

c. Recommend only services that are necessary and appropriate and will be rendered by the recommending Complementary and Integrative Health Provider.

d. Maintain client records as established at Section 8.487.16. Client records shall be made available to the Department or designated entity upon request and demonstrate the completion of Complementary and Integrative Health Providers requirements above.

2. The Complementary and Integrative Health Provider shall reassess the Complementary and Integrative Health Care Plan ~~at least~~ annually or more frequently as necessary. The reassessment shall include a visit with the client.

~~3. When recommending the use of Complementary and Integrative Health Services for the treatment of a condition or symptom related to the client's spinal cord injury, the Complementary and Integrative Health Provider should use evidence from published medical literature that demonstrates the effectiveness of the services for the treatment of the condition or symptom.~~

~~a. Where no evidence exists, the Complementary and Integrative Health Provider shall use their field expertise to guide service recommendations.~~

~~b. If additional expertise is required the Complementary and Integrative Health Provider may; consult the Medical Director and/or consult other Complementary and Integrative Health service providers.~~

3~~4~~. The Complementary and Integrative Health Care Plan shall be developed using Department prescribed form(s) or template(s).

4~~6~~. The Complementary and Integrative Health Care Plan shall include the amount, scope, and duration of recommended Complementary and Integrative Health Services (CIHS).~~at least the following:~~

5. Recommendations for CIHS on the Complementary and Integrative Health Care Plan will guide case managers in completing the Prior Authorization Request (PAR).

6. CIHS will be added to the PAR only if recommended in the Complementary and Integrative Health Care Plan and agreed to by the client.

   ~~a. A summary of the client's treatment history;~~

   ~~b. An assessment of the client's current medical conditions/needs.~~

   ~~c. The amount, scope, and duration of each recommended Complementary and Integrative Health Services and the expected outcomes.~~

   ~~d. The recommended schedule of services.~~