

**DEVELOPMENTAL DISABILITIES SERVICES  
RULES  
(2 CCR 503-1)**

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16.000 DEVELOPMENTAL DISABILITIES SERVICES

16.100 GENERAL PROVISIONS

16.110 STATUTORY AUTHORITY

- A. These rules are promulgated under the authorities established in Section 27-10.5, C.R.S.
- B. These rules and the program guidelines, standards and policies of the Colorado Department of Human Services, Developmental Disabilities Services, shall apply to all Community Centered Boards, service agencies and regional centers receiving funds administered by the Colorado Department of Human Services.

16.120 DEFINITIONS

Rev. eff. As used in these rules and regulations, unless the context requires otherwise:  
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"Abuse" includes, but is not limited to:

- A. "Physical abuse", which means the infliction of physical pain, injury, or the imposition of unreasonable confinement or restraint on a person. This includes directing a person to physically abuse another person receiving services.
- B. "Sexual abuse," which means subjecting a person to nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code", Title 18, C.R.S. This may include, but is not limited to, such actions as sexual assault, rape, fondling, or sexual exploitation. Additionally, any sexual interaction between employees or contractors and persons receiving services shall constitute sexual abuse.
- C. "Mental or psychological abuse", which means any verbal or nonverbal act which creates, is intended to create, or reasonably could be expected to create mental anguish for a person. This includes, but is not limited to, such actions as discriminatory remarks, belittlement, derogatory name calling, teasing, and unreasonable exclusion from conversations or activities.

"ALGORITHM" MEANS A FORMULA THAT ESTABLISHES A SET OF RULES THAT PRECISELY DEFINES A SEQUENCE OF OPERATIONS. AN ALGORITHM IS USED TO ASSIGN CLIENTS INTO ONE OF SIX SUPPORT LEVELS IN THE HOME AND COMMUNITY BASED SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (HCBS-DD) AND HOME AND COMMUNITY BASED SERVICES – SUPPORTED LIVING SERVICES (HCBS-SLS) WAIVERS.

"Assessment" means the ongoing procedures used throughout the period of eligibility of a child for Early Intervention Services to identify:

- A. The unique strengths and needs of the child and the Early Intervention Services appropriate to meet those needs; and,

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16.120 DEFINITIONS (continued)

- B. The resources, priorities, and concerns of a parent and the Early Intervention Services necessary to enhance the capacity of a parent or other caregiver to meet the developmental needs of the eligible child.

"Assistive Technology Devices" means any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

"Assistive Technology Services" includes, but is not limited to, the evaluation of a person's need for assistive technology; helping to select and obtain appropriate devices; designing, fitting and customizing those devices; purchasing, repairing or replacing the devices; and, training the individual, or if appropriate a family member, to use the devices effectively.

"Authorized Representative" means an individual designated by the person receiving services, or by the parent or guardian of the person receiving services, if appropriate, to assist the person receiving services in acquiring or utilizing services and supports pursuant to Section 27-10.5, C.R.S.

"Authorized Services" means those services and supports authorized pursuant to Section 27-10.5-104, C.R.S., which the Department shall provide directly or purchase subject to available appropriations for persons who have been determined to be eligible for such services and supports and as specified in the eligible person's individualized plan.

"CASE MANAGEMENT AGENCY" (CMA) MEANS A COMMUNITY CENTERED BOARD WITHIN A DESIGNATED SERVICE AREA WHERE AN APPLICANT OR CLIENT CAN OBTAIN CASE MANAGEMENT SERVICES.

"Challenging Behavior" means behavior that puts the person at risk of exclusion from typical community settings, community services and supports, or presents a risk to the health and safety of the person or others or a significant risk to property.

"CLIENT" MEANS AN INDIVIDUAL WHO HAS MET LONG TERM CARE (LTC) ELIGIBILITY REQUIREMENTS AND HAS BEEN OFFERED AND AGREED TO RECEIVE HOME AND COMMUNITY BASED SERVICES (HCBS) IN THE CHILDREN'S EXTENSIVE SUPPORTS (HCBS-CES) WAIVER, THE HCBS WAIVER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (HCBS-DD) OR THE SUPPORTED LIVING SERVICES (HCBS-SLS) WAIVER.

"Community Centered Board (CCB)" means a private corporation, for profit or not for profit, which, when designated pursuant to Section 27-10.5.105, C.R.S., provides case management services to persons with developmental disabilities, is authorized to determine eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services and supports under section 27-10.5, C.R.S., and provides authorized services and supports to such persons either directly or by purchasing such services and supports from service agencies.

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16.120 DEFINITIONS (continued)

"Comprehensive Review of the Person's Life Situation" means a thorough review of all aspects of the person's current life situation by the program approved service agency in conjunction with other members of the interdisciplinary team.

"Comprehensive Services" means habilitation services and supports that provide a full day (24 hours) of services and supports to ensure the health, safety and welfare of the individual, and to provide training and habilitation services or a combination of training and supports in the areas of personal, physical, mental and social development and to promote interdependence, self-sufficiency and community inclusion. Services include residential habilitation services and supports, day habilitation services and supports and transportation.

"Consent" means an informed assent, which is expressed in writing and is freely given. Consent shall always be preceded by the following:

- A. A fair explanation of the procedures to be followed, including an identification of those which are experimental;
- B. A description of the attendant discomforts and risks;
- C. A description of the benefits to be expected;
- D. A disclosure of appropriate alternative procedures together with an explanation of the respective benefits, discomforts and risks;
- E. An offer to answer any inquiries regarding the procedure;
- F. An instruction that the person giving consent is free to withdraw such consent and discontinue participation in the project or activity at any time; and,
- G. A statement that withholding or withdrawal of consent shall not prejudice future provision of appropriate services and supports to individuals.

"Days" means calendar days unless otherwise indicated. In computing any period of time prescribed or allowed by these rules and regulations, the day of the act, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day which is not a Saturday, a Sunday, or a legal holiday.

"Department" means the Colorado Department of Human Services.

"Developmental Delay" means that a child -meets one or more of the following:

- A. A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following:
  - 1. Chromosomal conditions associated with delays in development,

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16.120 DEFINITIONS (continued)

2. Congenital syndromes and conditions associated with delays in development,
  3. Sensory impairments associated with delays in development,
  4. Metabolic disorders associated with delays in development,
  5. Prenatal and perinatal infections and significant medical problems associated with delays in development,
  6. Low birth weight infants weighing less than 1200 grams, or
  7. Postnatal acquired problems resulting in delays in development.
- B. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas:
1. Communication,
  2. Adaptive behavior,
  3. Social-emotional,
  4. Motor,
  5. Sensory, or
  6. Cognition.
- C. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.

“Developmental Disabilities Professional” means a person who has at least a Bachelors Degree and a minimum of two (2) years experience in the field of developmental disabilities or a person with at least five (5) years of experience in the field of developmental disabilities with competency in the following areas:

- A. Understanding of civil, legal and human rights;
- B. Understanding of the theory and practice of positive and non-adversive behavioral intervention strategies;
- C. Understanding of the theory and practice of non-violent crisis and behavioral intervention strategies.

“Developmental Disabilities Services” means the section within the Colorado Department of Human Services, Office of Adult Health and Rehabilitation Services, responsible for the administration of state sponsored services and funding for developmental disabilities for the State of Colorado.

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16.120 DEFINITIONS (continued)

"Developmental Disability" means a disability that is manifested before the person reaches twenty-two (22) years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "Developmental Disability" found in 42 U.S.C. 6000, et seq., shall not apply.

A. "Impairment of general intellectual functioning" means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional. The standard error of measurement of the instrument should be considered when determining the intellectual quotient equivalent. When an individual's general intellectual functioning cannot be measured by a standardized instrument, then the assessment of a qualified professional shall be used.

B. "Adaptive behavior similar to that of a person with mental retardation" means that the person has overall adaptive behavior which is two or more standard deviations below the mean in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person's living environment, and administered and clinically determined by a qualified professional. These adaptive behavior limitations are a direct result of, or are significantly influenced by, the person's substantial intellectual deficits and may not be attributable to only a physical or sensory impairment or mental illness.

"Substantial intellectual deficits" means an intellectual quotient that is between 71 and 75 assuming a scale with a mean of 100 and a standard deviation of 15, as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional. The standard error of measurement of the instrument should be considered when determining the intellectual quotient equivalent.

"Early Intervention Provider Database" means the State database located at [www.eicolorado.org](http://www.eicolorado.org) that contains information and Community Centered Board affiliation on all Early Intervention providers, including personnel qualifications. It also serves as the database for the collection of child outcomes data.

"Emergency", as used in section 16.530 regarding restraint, means a serious, probable, imminent threat of bodily harm to self or others where there is the present ability to effect such bodily harm.

"Emergency Control Procedure" means an unanticipated use of a restrictive procedure or restraint in order to keep the person receiving services and others safe.

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16.120 DEFINITIONS (continued)

"Established Conditions Database" means the State database located at [www.eicolorado.org](http://www.eicolorado.org) that includes the state approved list of physical and mental conditions that qualify a child for Early Intervention Services due to a high probability of the established condition resulting in a significant delay in development.

"Evaluation" for Early Intervention Services means the procedures used to determine initial and continuing eligibility.

"Executive Director" means the Executive Director of the Colorado Department of Human Services unless otherwise indicated.

"Exploitation" means an illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.

**"EXTREME SAFETY RISK TO SELF" MEANS A FACTOR IN ADDITION TO SPECIFIC SUPPORTS INTENSITY SCALE (SIS) SCORES THAT IS CONSIDERED IN THE CALCULATION OF A CLIENT'S SUPPORT LEVEL. THIS FACTOR SHALL BE IDENTIFIED WHEN A CLIENT:**

- A. DISPLAYS SELF-DESTRUCTIVENESS RELATED TO SELF-INJURY, SUICIDE ATTEMPTS OR OTHER SIMILAR BEHAVIORS THAT SERIOUSLY THREATEN THE CLIENT'S SAFETY; AND,
- B. HAS A RIGHTS SUSPENSION IN ACCORDANCE WITH SECTION 16.312 OR HAS A COURT ORDER THAT IMPOSES LINE OF SIGHT SUPERVISION UNLESS THE CLIENT IS IN A CONTROLLED ENVIRONMENT THAT LIMITS THE ABILITY OF THE CLIENT TO HARM HIMSELF OR HERSELF.

"Family", as used in rules pertaining to support services, the Family Support Services Program and the Colorado Family Support Loan Fund herein, means a group of interdependent persons residing in the same household that consists of a family member with a developmental disability or a child under the age of five (5) years with a developmental delay, and one or more of the following:

- A. A mother, father, brother(s), sister(s) or any combination; or,
- B. Extended blood relatives such as grandparent(s), aunt(s) or uncle(s); or,
- C. An adoptive parent(s); or,
- D. One or more persons to whom legal custody of a person with a developmental disability has been given by a court; or,
- E. A spouse and/or his/her children.

"Family Support Council" means the local group of persons within the Community Centered Board's designated service area who have the responsibility for providing guidance and direction to the Community Centered Board for the implementation of the Family Support Services Program.

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16.120 DEFINITIONS (continued)

“Family Support Plan (FSP)” means a plan which is written for the delivery of family support services as specified in Section 16.720, herein.

“Functional analysis” means a comprehensive analysis of the medical, social, environmental, and personal factors that may influence current behavior. This analysis shall also investigate the person’s ability to communicate, analyze whether the current behavior is a means to communicate, and identify historical factors which may contribute to the understanding of the current behavior.

“Guardian” means a person appointed by the court or named in a will and charged with limited, temporary, or full guardian’s power and duties, pursuant to Section 15-14-312, C.R.S.

“Home and Community-Based Services Waivers (HCBS)” means HCBS waiver programs, including the Home and Community Based Waiver for the Developmentally Disabled (HCBS-DD), Supported Living Services (SLS) and Children’s Extensive Support (CES). These waivers are authorized by Section 26-4-621, C.R.S., et seq., for alternatives to long-term care for the developmentally disabled by waivers to Section 1915(c), 1902(a)(10)(B), and 1902(a)(1) of the Social Security Act approved by the United States Department of Health and Human Services, in accordance with Section 2176 of Public Law No. 97-35 and approved for implementation by the Colorado General Assembly, and regulated by those sections of the Medical Assistance Staff Manual Volume 8 (10 CCR 2505-10) of the Colorado Department of Health Care Policy and Financing, pertaining to Long Term Care and Home and Community-Based Services for the Developmentally Disabled.

“Host Home Provider” is an individual (or individuals) who provides residential supports in his/her home to persons receiving comprehensive services who are not family members as defined in section 27-10.5-102(15), C.R.S. A host home provider is not a developmental disabilities service agency pursuant to section 16.220 of these rules.

“Individual Service and Support Plan (ISSP)” means a plan of intervention or instruction which directly addresses the needs identified in the person’s Individualized Plan and which provides specific direction and methodology to employees and contractors providing direct service to a person.

“Individualized Family Service Plan (IFSP)” means a plan which is written for the delivery of early intervention services and supports to an eligible child.

“Individualized Plan (IP)” means a written plan designed by an interdisciplinary team for the purpose of identifying:

- A. The needs of the person receiving services or family;
- B. The specific services and supports appropriate to meet those needs;
- C. The projected date for initiation of service and supports; and,

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16.120 DEFINITIONS (continued)

D. The anticipated results to be achieved by receiving the services and supports.

“Interdisciplinary Team (IDT)” means a group of people convened by a Community Centered Board which shall include the person receiving services, the parent or guardian of a minor, a guardian or an authorized representative, as appropriate, the person who coordinates the provision of services and supports, and others as determined by such person’s needs and preferences, who are assembled in a cooperative manner to develop or review the individualized plan.

“Loan Fund” means the Colorado Family Support Loan Fund.

“Mechanical restraint” means the use of devices intended to restrict the movement or normal functioning of a portion of an individual's body. Mechanical restraint does not include the use of protective devices used for the purpose of providing physical support or prevention of accidental injury.

“Mental retardation” means substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18.

“Minimum effective dose” means the smallest medication dosage necessary to produce the intended effect.

“Mistreatment” means an act or omission which threatens the health, safety, or welfare of a person.

“Neglect” means an act or failure to act by a person who is responsible for another’s well being so that inadequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is provided. This may include, but is not limited to, denial of meals, medication, habilitation, or other treatment necessities and which is not otherwise within the scope of Section 27-10.5, C.R.S., or these rules and regulations.

“Notice” means written notification hand delivered to or sent by first class mail that contains at least all of the following:

- A. The proposed action;
- B. The reason or reasons for that action;
- C. The effective date of that action;
- D. The specific law, regulation, or policy supporting the action;
- E. The responsible agency with whom a protest of the action may be filed including the name and address of the director.

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16.120 DEFINITIONS (continued)

- F. The dispute resolution procedure, including deadlines, in conformity with Section 16.320 and procedures on accessing agency records:
1. For disputes involving individuals as defined in Section 16.322, information on availability of advocacy assistance, including referral to publicly funded legal services, corporation, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under 42 U.S.C. 6012, the Developmental Disabilities Assistance and Bill of Rights Act; and,
  2. For disputes involving individuals as defined in Section 16.322 an explanation of how the agency will provide services to a currently enrolled person during the dispute resolution period, including a statement that services will not be terminated during the appeal. Such explanation will include a description of services currently received.

"Parent" means the biological or adoptive parent.

"Parent, within Early Intervention Services" means:

- A. The biological or adoptive parent;
- B. A guardian in a parental relation to the child authorized to act as the child's parent or authorized to make educational decisions, but not the State if the child is a ward of the State;
- C. A foster parent;
- D. An individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives; or,
- E. A surrogate parent who has been appointed in accordance with 34 CFR Section 303.406, incorporated as identified in Section 16.900, A, 4.

"Physical restraint" means the use of manual methods to restrict the movement or normal functioning of a portion of an individual's body through direct physical contact by others except for the purpose of providing assistance/prompts. Assistance/prompts is the use of manual methods to guide or assist with the initiation or completion of and/or support the voluntary movement or functioning of an individual's body through the use of physical contact by others except for the purpose of providing physical restraint.

"Physician" means a person licensed to practice medicine under Section 12-36-101, C.R.S., et seq., the Colorado Medical Practice Act.

"PRN (Pro Re Nata)" means giving drugs on an "as needed" basis through a standing prescription or standing order.

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16.120 DEFINITIONS (continued)

“Program approved service agency” means a developmental disabilities service agency or typical community service agency as defined in Section 16.221 which has received program approval by the Department pursuant to Section 16.230 of these rules.

“Program services” means an organized program of therapeutic, habilitative, specialized support or remedial services provided on a scheduled basis to individuals with developmental disabilities.

“Prospective new service agency” means an individual or any publicly or privately operated program, organization or business that has completed and submitted an application with a Community Centered Board for selection and approval as a service agency to provide comprehensive services.

“PUBLIC SAFETY RISK-CONVICTED” MEANS A FACTOR IN ADDITION TO SPECIFIC SIS SCORES THAT IS CONSIDERED IN THE CALCULATION OF A CLIENT’S SUPPORT LEVEL. THIS FACTOR SHALL BE IDENTIFIED WHEN A CLIENT HAS:

- A. BEEN FOUND GUILTY THROUGH THE CRIMINAL JUSTICE SYSTEM FOR A CRIMINAL ACTION INVOLVING HARM TO ANOTHER PERSON OR ARSON AND WHO CONTINUES TO POSE A CURRENT RISK OF REPEATING A SIMILAR SERIOUS ACTION; AND,
- B. A RIGHTS SUSPENSION IN ACCORDANCE WITH SECTION 16.312 OR THROUGH PAROLE OR PROBATION, OR A COURT ORDER THAT IMPOSES LINE OF SIGHT SUPERVISION UNLESS THE CLIENT IS IN A CONTROLLED ENVIRONMENT THAT LIMITS HIS OR HER ABILITY TO ENGAGE IN THE BEHAVIORS THAT POSE A RISK OR TO LEAVE THE CONTROLLED ENVIRONMENT UNSUPERVISED.

“PUBLIC SAFETY RISK-NOT CONVICTED” MEANS A FACTOR IN ADDITION TO SPECIFIC SIS SCORES THAT IS CONSIDERED IN THE CALCULATION OF A CLIENT’S SUPPORT LEVEL. THIS FACTOR SHALL BE IDENTIFIED WHEN A CLIENT HAS:

- A. NOT BEEN FOUND GUILTY THROUGH THE CRIMINAL JUSTICE SYSTEM, BUT WHO DOES POSE A CURRENT AND SERIOUS RISK OF COMMITTING ACTIONS INVOLVING HARM TO ANOTHER PERSON OR ARSON; AND,
- B. A RIGHTS SUSPENSION IN ACCORDANCE WITH SECTION 16.312 OR THROUGH PAROLE OR PROBATION, OR A COURT ORDER THAT IMPOSES LINE OF SIGHT SUPERVISION UNLESS THE CLIENT IS IN A CONTROLLED ENVIRONMENT THAT LIMITS HIS OR HER ABILITY TO ENGAGE IN THE BEHAVIORS THAT POSE A RISK OR TO LEAVE THE CONTROLLED ENVIRONMENT UNSUPERVISED.

“RATE” MEANS THE AMOUNT OF MONEY, DETERMINED BY A STANDARDIZED RATE SETTING METHODOLOGY, REIMBURSED FOR EACH UNIT OF A DEFINED WAIVER SERVICE PROVIDED TO A CLIENT BY A QUALIFIED PROVIDER.

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16.120 DEFINITIONS (continued)

"Referral" means any notice or information (written, verbal, or otherwise) presented to a Community Centered Board which indicates that a person may be appropriate for services or supports provided through the developmental disabilities system and for which the Community Centered Board determines that some type of follow-up activity for eligibility is warranted.

"Referral and Placement Committee (RPC)" means an interdisciplinary or interagency committee authorized by a Community Centered Board or the department to make referral and placement recommendations for persons receiving services.

"Regional Center" means a facility or program operated directly by the Department, which provides services and supports to persons with developmental disabilities.

"RESPONDENT" MEANS A PERSON PARTICIPATING IN THE SIS ASSESSMENT WHO HAS KNOWN THE CLIENT FOR AT LEAST THREE MONTHS AND HAS KNOWLEDGE OF THE CLIENT'S SKILLS AND ABILITIES. THE RESPONDENT MUST HAVE RECENTLY OBSERVED THE PERSON DIRECTLY IN ONE OR MORE PLACES SUCH AS HOME, WORK, OR IN THE COMMUNITY.

"Restrictive procedure" means any of the following when the intent or plan is to bring the person's behavior into compliance:

- A. Limitations of an individual's movement or activity against his or her wishes; or,
- B. Interference with an individual's ability to acquire and/or retain rewarding items or engage in valued experiences.

"Request for eligibility determination" means written formal documentation, either handwritten or a signed standardized form, which is submitted to a Community Centered Board requesting that a determination of eligibility for services and supports be completed.

"Safety control procedure" means a restrictive procedure or restraint that is used to control a previously exhibited behavior which is anticipated to occur again and for which the planned method of intervention is developed in order to keep the person and others safe.

"Screening" for Early Intervention Services means a quick look at how a child is developing and learning to determine what areas of development, if any, are behind what would be expected for a child.

"Seclusion" means the placement of a person receiving services alone in a closed room for the purpose of punishment. Seclusion for any purpose is prohibited.

"Service agency" means an individual or any publicly or privately operated program, organization or business providing services or supports for persons with developmental disabilities.

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16.120 DEFINITIONS (continued)

“SERVICE PLAN AUTHORIZATION LIMIT” (SPAL) MEANS AN ANNUAL UPPER PAYMENT LIMIT OF TOTAL FUNDS AVAILABLE TO PURCHASE SERVICES TO MEET THE CLIENT’S ONGOING NEEDS. PURCHASE OF SERVICES NOT SUBJECT TO THE SPAL ARE IN ACCORDANCE WITH 10 CCR 2505-10 SECTION 3.500.102 B. A SPECIFIC LIMIT IS ASSIGNED TO EACH OF THE SIX SUPPORT LEVELS IN THE HCBS-SLS WAIVER. THE SPAL IS DETERMINED BY THE DEPARTMENT BASED ON THE ANNUAL APPROPRIATION FOR THE HCBS-SLS WAIVER, THE NUMBER OF CLIENTS IN EACH LEVEL, AND PROJECTED UTILIZATION.

“SIS INTERVIEWER” MEANS AN INDIVIDUAL FORMALLY TRAINED IN THE ADMINISTRATION AND IMPLEMENTATION OF THE SUPPORTS INTENSITY SCALE BY A DEPARTMENT APPROVED TRAINER USING THE DEPARTMENT APPROVED CURRICULUM. SIS INTERVIEWERS MUST MAINTAIN A STANDARD FOR CONDUCTING SIS ASSESSMENTS AS MEASURED THROUGH PERIODIC INTERVIEWER RELIABILITY REVIEWS.

“Statewide Database” means the state web-based system located at <http://www.colorado.gov/cs/satellite/CDHS-main/CBON/1251575083520> that contains consumer-related demographic and program data.

“Support Coordinating Agency” means a Community Centered Board which has been designated as the agency responsible for the coordination of support services (supported living services for adults and the children’s extensive support program) within its service area.

“SUPPORTS INTENSITY SCALE” (SIS) MEANS THE STANDARDIZED ASSESSMENT TOOL PUBLISHED IN 2004 BY THE AMERICAN ASSOCIATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THE ASSESSMENT GATHERS INFORMATION FROM A SEMI-STRUCTURED INTERVIEW OF RESPONDENTS WHO KNOW THE CLIENT WELL. IT IS DESIGNED TO IDENTIFY AND MEASURE THE PRACTICAL SUPPORT REQUIREMENTS OF ADULTS WITH DEVELOPMENTAL DISABILITIES. **NO LATER EDITIONS OR AMENDMENTS ARE INCLUDED. COPIES MAY BE OBTAINED OR EXAMINED BY CONTACTING THE CASE MANAGEMENT SPECIALIST, COLORADO DEPARTMENT OF HUMAN SERVICES, DIVISION FOR DEVELOPMENTAL DISABILITIES, 4055 SOUTH LOWELL BLVD., DENVER, COLORADO 80236; OR ANY STATE PUBLICATIONS DEPOSITORY LIBRARY; AND ALSO AVAILABLE AT: [HTTP://WWW2.ED.GOV/POLICY/ELSEC/LEG/ESEA02/INDEX.HTML](http://www2.ed.gov/policy/elsec/leg/esea02/index.html).**

“SUPPORT LEVEL” MEANS A NUMERIC VALUE DETERMINED USING AN ALGORITHM THAT PLACES CLIENTS INTO GROUPS WITH OTHER CLIENTS WHO HAVE SIMILAR OVERALL SUPPORT NEEDS.

“Targeted case management services” means those case management services which are provided as a Medicaid benefit for a specific target group of Medicaid recipients who have a developmental disability and who meet the program eligibility criteria identified in the Medical Assistance Staff Manual (10 CCR 2505-10) of the Colorado Department of Health Care Policy and Financing’s Medicaid Manual.

“WAIVER SERVICES” MEANS THOSE OPTIONAL MEDICAID SERVICES DEFINED IN THE CURRENT FEDERALLY APPROVED HCBS WAIVER DOCUMENT AND DO NOT INCLUDE MEDICAID STATE PLAN SERVICES.

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16.650 SUPPORTS INTENSITY SCALE ASSESSMENT AND SUPPORT LEVELS

16.651 Supports Intensity Scale (SIS) Assessment

- A. Completion of a Supports Intensity Scale (SIS) Assessment is a requirement for a client to participate in the Home and Community Based Services - Supported Living Services (HCBS-SLS) or the Home and Community Based Services for Persons with Developmental Disabilities (HCBS-DD) waiver. A client or his or her guardian refusing to have a SIS assessment shall not be enrolled in the HCBS-SLS or HCBS-DD waivers.
- B. Specific scores from the client's SIS assessment shall be used in addition to other factors to obtain the client's Support Level in the HCBS-DD and HCBS-SLS waivers.
- C. The Case Management Agency (CMA) shall conduct a SIS assessment for a client at the time of enrollment. Additional assessments will be conducted at a frequency determined by the Department.
- D. The CMA shall:
  - 1. Notify the client, his or her legal guardian, authorized representative, or family member, as appropriate, of the requirement for and the right to participate in the SIS assessment.
  - 2. Support and encourage the client to participate in the SIS assessment. If the client chooses not to participate in the SIS assessment, the CMA shall document his or her choice in the client record on the Department required data system.
  - 3. Schedule a SIS Interviewer to conduct the assessment. If the client, his or her legal guardian, authorized representative, or family member, as appropriate, objects to the assigned SIS Interviewer, he or she shall be offered a choice of a different SIS Interviewer.
  - 4. Assist the client or other interdisciplinary team (IDT) members to identify at least two people who know the client well enough to act as respondents for the SIS assessment. If at least two respondents cannot be identified, the CMA shall document the efforts to find two respondents and the reasons this could not be done, and proceed with the assessment using the information available.
- E. A qualified SIS Interviewer shall conduct the assessment. A SIS Interviewer shall not act as the respondent for a SIS assessment.
- F. The CMA shall inform the client, his or her legal guardian, authorized representative, or family member, as appropriate, of the purpose of the SIS, the SIS Complaint Process, the Support Level Review Process, and that he or she may receive a copy of the completed SIS assessment upon request. The CMA shall document that this information was provided and received on the SIS and Support Level disclosure form.

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16.651 Supports Intensity Scale (SIS) Assessment (continued)

- G. After the initial SIS assessment has been completed, the CMA shall conduct another SIS assessment for the client only when approved by the Department through the following process:
1. Prior to a subsequent SIS assessment being conducted, the CMA shall submit a request to the Department for approval in the format prescribed by the Department.
  2. The Department shall provide the CMA with a written decision regarding the request to conduct another SIS assessment within fifteen (15) business days after the date the request was received.
  3. If the client, his or her legal guardian, authorized representative or family member, as appropriate, disagrees with the decision, then a request for review of the decision may be submitted within fifteen (15) business days after the date the decision was received by the Executive Director of the Department or his or her designee.
  4. The Executive Director or his or her designee shall review the request for conducting another SIS assessment and provide a written decision within fifteen (15) business days.
  5. The decision of the Executive Director or his or her designee shall constitute the final agency decision and will be subject to judicial review pursuant to Section 24-4-106, C.R.S.
- H. A subsequent SIS assessment shall be conducted only when approved by the Department and when:
1. There has been a change in the client's life circumstances or condition resulting in the significant change to the amount of services and supports needed to keep the client safe;
  2. The client or his or her legal guardian, authorized representative, family member or case manager as appropriate, has reason to believe that the results of the most recent SIS assessment do not accurately reflect his or her current support needs; or,
  3. The Department deems it necessary to complete a new assessment in order to ensure its accuracy.
- I. Administration of the SIS assessments shall be reviewed by the Department for the purpose of quality assurance.

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16.651 Supports Intensity Scale (SIS) Assessment (continued)

- J. When the Department identifies SIS Interviewer practices that result in inaccurate SIS assessments:
1. Remediation efforts may occur to ensure that the SIS Interviewer performs assessments according to Department standards. The SIS Interviewer(s) who conducted the inaccurate SIS assessment(s) may be deemed no longer qualified to conduct SIS assessments.
  2. Payments made for the administration of the inaccurate SIS assessments may be recovered through a repayment agreement; by offsetting the amount owed against current and future SIS determination payments; or, by any other appropriate action within its legal authority.
  3. The client shall receive another SIS assessment conducted by a SIS Interviewer designated by the Department.
  4. The client's Support Level and Service Plan Authorization Limit will be adjusted as necessary and effective on the date determined by the Department.

16.652 SIS Complaint Process

- A. The client, his or her legal guardian, authorized representative, or family member as appropriate, may file a complaint regarding the administration of the SIS assessment up to thirty (30) calendar days after the SIS assessment is conducted.
- B. The complaint shall be filed verbally or in writing with the client's CMA. Additional information to support the complaint may be submitted at that time. If the complaint has been filed verbally the CMA shall document in the client's record on the Department required data system the time, date and details surrounding the complaint.
- C. When the complaint requests that another SIS assessment be completed, the CMA shall submit a request for approval to conduct another SIS assessment, pursuant to the process identified in Section 16.651, G.
- D. The CMA shall make efforts to resolve the complaint and provide the complainant with a written response within ten (10) business days after receipt of the complaint.
- E. When a resolution cannot be reached, the CMA shall inform the complainant that he or she may submit the complaint to the Department within fifteen (15) business days after receipt of the CMA response.
- F. The Department shall provide a written response to the complainant within fifteen (15) business days after receipt of the complaint.

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16.653 Support Levels

- A. A client is assigned into one of six Support Levels according to his or her overall support needs and based upon the standardized algorithm for the HCBS-DD or HCBS-SLS waivers.
- B. The factors included in the algorithm are:
  - 1. Standard scores from Section 1: Parts A, B, and E from the SIS assessment;
  - 2. Exceptional Behavioral Support Needs score from the SIS assessment;
  - 3. Exceptional Medical Support Needs score from the SIS assessment; and,
  - 4. Whether the client presents as a safety risk, as follows:
    - a. In the HCBS-SLS waiver, Public Safety Risk-Convicted.
    - b. In the HCBS-DD waiver, Public Safety Risk-Convicted/Not Convicted or Extreme Safety Risk to Self.
- C. The CMA shall make a determination whether a client meets the definition of Public Safety Risk or Extreme Safety Risk to Self through the following process:
  - 1. The decision shall be made by a case management supervisor meeting the qualifications of a Developmental Disabilities Professional as defined in Section 16.120. He or she shall:
    - a. Document the rationale to support the decision which shall be kept in the client's record;
    - b. Document that the client meets the definition in the Department required data system; and,
    - c. Review the client at least annually or when significant changes occur to assure that the client continues to meet the definition.
  - 2. At the point when a client no longer meets the definition, his or her status must be changed in the Department required data system and his or her Support Level must be re-calculated.
- D. The CMA shall inform each client, his or her legal guardian, authorized representative, or family member, as appropriate, of his or her Support Level at the time of the Service Plan development or when the Support Level changes for any reason.
- E. Notification of a Support Level change shall occur within ten (10) business days of the date after the Service Plan development or Support Level change.

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16.653 Support Levels (continued)

- F. Each Support Level corresponds with the standardized reimbursement rates for individual waiver services and the Service Plan Authorization Limits (SPAL) in HCBS-SLS.
- G. In HCBS-DD, the Department may assign a reimbursement rate for day habilitation services and residential habilitation services provided to a client with exceptional overall needs in accordance with the Support Level Review Process.

16.654 Support Level Review Process

- A. The client, his or her legal guardian, authorized representative, family member, or CMA, as appropriate, may request a review regarding the Support Level assigned to meet the client's needs.
- B. The CMA shall complete the information required by the Department to request that the client's assigned Support Level be reviewed. Prior to submitting the request, the CMA shall provide an opportunity for the client, his or her legal guardian, authorized representative, or family member, as appropriate, to review and provide additional information that will be submitted the Department.
- C. The Department shall convene a review panel to examine Support Level review requests monthly or as needed.
  - 1. The review panel shall be comprised of the following:
    - a. A minimum of three (3) members designated by the Department.
    - b. Members shall include staff from the Department, staff from a CMA that does not provide services to the client, or an additional party with extensive knowledge and experience with the SIS assessment, the Support Levels, case management, and HCBS waiver services.
  - 2. The review panel:
    - a. Shall examine all of the information submitted by the CMA and seek to identify any significant factors not included in the Support Level calculation, which cause the client to have substantially higher support needs than those in the established Support Level.
    - b. In cases where the panel finds that the client does have substantially higher support needs than those in the initial Support Level, the panel may assign the client to a Support Level that is a closer representation of the client's overall support needs.

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16.654 Support Level Review Process (continued)

3. A client who has been assigned to a higher Support Level shall have this assignment re-examined by the review panel annually or as determined by the Department, unless the panel determines that the client's condition necessitating a higher Support Level is unlikely to improve.
- D. The Department shall provide the CMA and the client, his or her legal guardian, authorized representative, or family member, as appropriate, with the written decision regarding the requested review of the client's Support Level within fifteen (15) business days after the panel meeting.
1. The results of the panel review for a client enrolled in the HCBS-DD waiver are conclusive.
  2. If a client enrolled in the HCBS-SLS waiver, his or her legal guardian, authorized representative, or family member, as appropriate, disagrees with the decision provided by the panel, the client may request a review by the Executive Director or his or her designee, within fifteen (15) business days after the receipt of the decision.
    - a. The Executive Director or his or her designee shall review the request and provide a written decision within fifteen (15) business days.
    - b. The decision of the Executive Director or his or her designee shall constitute the final agency decision and will be subject to judicial review pursuant to Section 24-4-106, C.R.S.
- E. The client shall be notified, pursuant to 10 CCR 2505-10, Section 8.057.2.A when a waiver service is terminated, reduced, or denied. At any time, the client may pursue a Medicaid Fair Hearing in accordance with 10 CCR 2505-10, Section 8.057.3.A.

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