

CCB 3-Way Contract Updated Language – Amendment #4

<u>ORIGINAL WORDING</u>	<u>NEW WORDING</u>
CDHS/DDD	CDHS through entire contract
	<p>Page 1, Added TCM paragraph</p> <p>WHEREAS, Targeted Case Management (TCM), under Title XIX of the Social Security Act (Medicaid), is provided to Medicaid recipients who have been determined by a Community Centered Board to have a developmental disability and are actively enrollment in the HCBS-DD, HCBS-SLS, HCBS-CES, or Early Intervention Services program.</p>
	<p>I. DEFINITIONS, Added Early Intervention</p> <p>Early Intervention Services Program provides infant and toddlers from birth through age two who are determined eligible based on a developmental delay or disability, and their families with services and supports to enhance child development in the areas of cognition, speech, communication, physical development, motor development, vision, hearing, social emotional development, self-help skills; early identification, screening and assessment services; and procedural safeguards.</p>

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<p>I. DEFINITIONS</p> <p>Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) means a Medicaid-financed long-term care facility for persons with developmental disabilities.</p>	<p>I. DEFINITIONS</p> <p>Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/IID) means a Medicaid-financed long-term care facility for persons with developmental disabilities.</p>
<p>II. C.</p> <p>The Contractor shall perform the functions of TCM for the number of eligible clients not to exceed the allocations as set forth in Exhibit A attached hereto and incorporated herein, for the HCBS-DD, HCBS-SLS, and HCBS-CES waivers.</p>	<p>I. DEFINITIONS, Added Supports Intensity Scale</p> <p>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.</p> <p>II. C.</p> <p>The Contractor shall perform the functions of TCM for the Medicaid eligible clients enrolled in the HCBS-DD, HCBS-SLS, and HCBS-CES waivers or enrolled in the Early Intervention Services Program.</p>

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<p>II.D.12</p> <p>Follow other programmatic standards set forth by CDHS/DDD.</p>	<p>II.D.12.</p> <p>Follow other programmatic standards set forth by CDHS including Agency Letters available on the CDHS website at: http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/125157094446.</p>
<p>II.D.13.</p> <p>Assure the timely enrollment of clients into authorized enrollments as set forth in current Exhibit A-3 attached hereto and incorporated herein. CDHS/DDD shall initiate amendments to the number of individuals served in Exhibit A-3.</p>	<p>II.D.13.</p> <p>Assure the timely enrollment within 60 days of authorization of clients into authorized enrollments as set forth in current Exhibit A-4 attached hereto and incorporated herein. CDHS shall initiate amendments to the number of individuals served in Exhibit A-4.</p>
<p>II.D.17.a.</p> <p>Conduct the Functional Needs Assessment for all new applicants to HCBS-DD, HCBS-SLS, and HCBS-CES waivers and the Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR).</p>	<p>II.D.17.a.</p> <p>Conduct the Functional Needs Assessment for all new applicants to HCBS-DD, HCBS-SLS, and HCBS-CES waivers and the Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF-IID).</p>
<p>II.D.17.c.</p> <p>Conduct the Functional Needs Assessment for residents of the ICF-MR prior to the end of the certification period as set forth in the Department rules.</p>	<p>II.D.17.c.</p> <p>Conduct the Functional Needs Assessment for residents of the ICF-IID prior to the end of the certification period as set forth in the Department rules.</p>

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	<p>Added new paragraph</p> <p>III.D. Compensation/Maximum Payable</p> <p>For State Fiscal Year 2013-14, payment pursuant to this contract will be made as earned, in whole or in part, from available Department and CDHS funds encumbered for enrollments authorized and identified in Exhibit A-4 for the purchase of the within-described services.</p>
	<p>O. NOTICE AND REPRESENTATIVES</p> <p>Barb Ramsey, Interim Director, Division for Developmental Disabilities</p>