



OVERVIEW

Services and supports provided through the Home and Community Based Services-Children's Extensive Support (HCBS-CES) Medicaid Waiver and the Home and Community Based Services-Supported Living Services (HCBS-SLS) Medicaid Waiver are to assist the individual in completing their activities of daily living, increase their functional independence, improve access and safety in their home or community, or to support their health and safety.

LETTERS OF RECOMMENDATION

The State of Colorado Medicaid agency, Health Care Policy and Financing (HCPF) requires letters of recommendation for the following services: Adapted Therapeutic Recreational Equipment and Fees (including Water Safety Training), Assistive Technology, Hippotherapy, Home Accessibility Adaptations, Massage Therapy, Movement Therapy, Specialized Medical Equipment and Supplies, and Vehicle Modifications. Letters of recommendation must be on file prior to an individual accessing the requested service or support.

- Recommendations for Hippotherapy, Massage Therapy, Movement Therapy (Professional Services), and Water Safety Training must relate to an individual's medical or behavioral needs; annual recommendations for these services are required. These recommendations must be completed within six months of an individual starting a service.
- Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications letters of recommendation often require additional details and specific language. If the recommendation is for any of those services, the Project Management Team at Developmental Pathways (DP) will coordinate with you directly and provide support on those recommendations. NOTE: Home modification evaluations must be completed in the home with the individual present.
- HCPF requires that one of the following licensed Medicaid professionals complete the letter of recommendation: Occupational Therapist, Physical Therapist, Speech Therapist/ Speech Language Pathologist, Behavior Therapist, or Primary Care Physician. The recommended service or item must fall within the recommender's professional purview.

All letters of recommendation must be for the most basic and cost-effective item to meet an individual's identified need. They also must contain the following information:

Note: If there are multiple needs that will be addressed with different items and supports please complete sections 2-5 for each item/support being recommended.

1. Overview of the individual (first and last name, date of birth, relevant diagnosis, and current functioning level)
 - Item(s) and support(s) should be age appropriate. Item that are typical for an individual due to age and are not adaptive cannot be provided through the waiver
2. Description of presenting concerns, issues, needs, or conditions (such as: weakness, fatigue, behavior problems, medical/safety concerns, attention to task, sensory needs, etc.) as related to the recommended item(s) or support(s)
3. Description of what is currently being done or what has historically been done to address (or attempt to address) the need or concern. Please explain the relative success or failure of previous supports or methods
4. What is specifically being recommended to address the outlined needs/concerns:
 - How will this item or support meet the address concerns?
 - If applicable please include specific product information (name, size, weight, etc.) and estimated cost
5. What is the expected or desired outcome of the recommended item or service?



RECOMMENDATION TEMPLATE

Please use the following template when submitting a recommendation for a service or support:

Recommender Information	
Date:	
Name:	Title:
Place of Employment/Medicaid #:	
Address:	
Phone:	Email:
Participant Information	
Name:	Date of Birth:
Medicaid ID:	
Diagnoses:	

1. Overview of the individual (first and last name, date of birth, relevant diagnosis, and current functioning level):

Note: Sections 2-5 must be completed for each item and/or support being recommended

2. Description of presenting concerns, issues, needs, or conditions (such as: weakness, fatigue, behavior problems, medical/safety concerns, attention to task, sensory needs, etc.) as related to the recommended item(s) or support(s):
3. Description of what is currently being done or what has historically been done to address (or attempt to address) the need or concern. Please explain the relative success or failure of previous supports or methods:



4. What is specifically being recommended to address the outlined needs/concerns:
- How will this item or support meet the address concerns?
 - If applicable please include specific product information (name, size, weight, etc.) and estimated cost
5. What is the expected or desired outcome of the recommended item or service?

RESOURCES

Examples of frequently accessed supports:

Home Modifications	Assistive Technology	Vehicle Modifications
<ul style="list-style-type: none"> • Wheelchair ramps and transitions • Ceiling track supports • Bathroom modifications to the primary bathing environment • Vinyl flooring installation • Vertical Platform Lifts (VPLs) • Stairlifts/ wheelchair lifts • Fences – up to 150 linear feet 	<ul style="list-style-type: none"> • Sensory diet supports (weighted vests/blankets, sensory swings) • Computer software related to the individual's developmental disability and which support ADLs • Hearing aids (if over the age of 21) • GPS devices 	<ul style="list-style-type: none"> • Ramp installation • Tie down installation • Repairs and maintenance to the vehicle ramp itself • Safety harness • Valet seats
Adapted Therapeutic Recreation Equipment (CES Only)	Specialized Medical Equipment and Supplies	Professional Services
<ul style="list-style-type: none"> • Outdoor adapted swings • Adapted flotation devices • Swim diapers • Adapted bikes/trikes • Adaptive toys • Adaptive sports equipment 	<ul style="list-style-type: none"> • Wipes • Kitchen equipment (blender, pureers, juicers) • Adapted clothing (bibs, onesies, etc.) • Items not covered by the Medicaid State Plan 	<ul style="list-style-type: none"> • Hippotherapy • Movement therapy • Massage therapy (includes Watsu)

Examples of Excluded Items:

Home Modifications	Assistive Technology	Vehicle Modifications
<ul style="list-style-type: none"> • Luxury upgrades of any kind (tile or wood over vinyl, hot tubs, pools, etc.) • Typical homeowner responsibility (roof repair, sidewalks, driveways, furnaces, central air conditioning, humidifiers, water heaters, air purifiers, carpet) • Furnishings of any kind • Modifications in violation of building code requirements (such as preventing egress) 	<ul style="list-style-type: none"> • Communication supports • Educational/curriculum supports • Entertainment items including toys, video games, DVDs, etc. • Installed home video/monitoring items • Computers, including tablets • Outdoor play equipment • Furnishings of any kind 	<ul style="list-style-type: none"> • Purchase or lease of a vehicle • Typical and regularly scheduled upkeep and maintenance of a vehicle • Windshields



Adapted Therapeutic Recreation Equipment (CES Only)	Specialized Medical Equipment and Supplies	Professional Services
<ul style="list-style-type: none"> • Outdoor play structures (swing sets) • Non-adapted toys • Typical age appropriate toys 	<ul style="list-style-type: none"> • Vitamins • Food supplements • Topical ointments • Exercise equipment • Experimental items • Wipes other than for incontinence • Hot tubs, water walkers, resistance water pools • Prescription/over the counter medications 	<ul style="list-style-type: none"> • Acupuncture • Chiropractic Care • Fitness training • Equine therapy • Art therapy • Warm water therapy • Therapeutic riding • Experimental treatments or therapies • Yoga

HCBS CES Waiver Rules: 10-CCR 2505-10, 8.503.40

HCBS SLS Waiver Rules: 10-CCR 2505-10, 8.500.94

<http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7318&fileName=10%20CCR%202505-10%208.500>

Additional information/guidance is available upon request.