

10 CCR 2505-10 Section 8.600.4:

**"Developmental Disability" means a disability that:**

- A. Is manifested before the person reaches twenty-two (22) years of age;
- B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria below at C, 1 and/or C, 2; and,
- C. Is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
  - 1. "Impairment of general intellectual functioning" means that the person has been determined to have a full scale 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).
    - a. A secondary score comparable to the General Abilities Index for a Wechsler Intelligence Scale that is two or more standard deviations below the mean may be used only if a full scale score cannot be appropriately derived.
    - b. Score shall be determined using a norm-referenced, standardized test of general intellectual functioning comparable to a comprehensively administered Wechsler Intelligence Scale or Stanford-Binet Intelligence Scales, as revised or current to the date of administration. The test shall be administered by a licensed psychologist or a school psychologist.
    - c. When determining the intellectual quotient equivalent score, a maximum confidence level of ninety percent (90%) shall be applied to the full scale score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.
  - 2. "Adaptive behavior similar to that of a person with mental retardation" means that the person has an overall adaptive behavior composite or equivalent score that is two or more standard deviations below the mean.
    - a. Measurements shall be determined using a norm-referenced, standardized assessment of adaptive behaviors that is appropriate to the person's living environment and comparable to a comprehensively administered Vineland Scale of Adaptive Behavior, as revised or current to the date of administration. The assessment shall be administered and determined by a professional qualified to administer the assessment used.

*10 CCR 2505-10 Section 8.600.4:*

**“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,
  - 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.

## **List of Cognitive and Adaptive Assessments Accepted for a Determination of Disability**

The state requirement for a determination of an individual as having an intellectual or developmental disability includes a full-scale IQ or adaptive behavior score of 70 or below with a maximum 90% confidence interval applied. All testing needs to be completed using a norm-referenced, standardized assessment and must be signed by the evaluator.

### **Cognitive/IQ Tests:**

- 1) Wechsler Preschool and Primary Scales of Intelligence-IV (WPPSI-IV)
- 2) Wechsler Intelligence Scale for Children-V (WISC-V)
- 3) Wechsler Adult Intelligence Scale-IV (WAIS-IV)
- 4) Stanford Binet Intelligence Scales-V (SB5)
- 5) Leiter International Performance Scale, Third Edition (Leiter-3)
- 6) Kaufman Assessment Battery for Children-II (KABC-II)
- 7) Differential Abilities Scale-II (DAS-II)
- 8) Woodcock-Johnson IV (WJ IV)
- 9) Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)

### **Non-Verbal Cognitive/IQ Tests:**

- 1) Universal Non-Verbal Intelligence Test, Second Edition (UNIT 2)
- 2) Comprehensive Test of Non-Verbal Intelligence, Second Edition (CTONI-2)
- 3) Leiter International Performance Scale, Third Edition (Leiter-3)
- 4) Weschler Non-Verbal

### **Adaptive Tests:**

- 1) Vineland Adaptive Behavior Scales, Third Edition (Vineland 3)
- 2) Adaptive Behavior Assessment System, Third Edition (ABAS-3)
- 3) Adaptive Behavior Evaluation Scale-Revised (ABES-R2)
- 4) Scales of Independent Behavior- Revised (SIB-R)

\*We will accept older editions of the tests that are listed on this form.



# Developmental Pathways

Dedicated to Individuals with Disabilities

AGENCY NAME	PHONE NUMBER/ LOCATION	INSURANCE ACCEPTED <small>*MAY BE SUBJECT TO CHANGE. PLEASE CALL TO CONFIRM.</small>	DETAILS <small>*MAY BE SUBJECT TO CHANGE. PLEASE CALL TO CONFIRM.</small>
Brain and Body Integration <a href="https://brainandbodyintegration.com/">https://brainandbodyintegration.com/</a>	(720) 640-4584 Denver (719) 357 6471 Colorado Springs	Colorado Medicaid, United Health Care, Tricare, Medicare, Cigna	Children & adults (6+ y/o) English only
Consultants for Children, Inc. <a href="http://www.consultantsforchildren.com/">http://www.consultantsforchildren.com/</a>	(720) 272-1289 Denver Metro	Can work with most major private insurances.	Children & adults
Developmental FX <a href="https://developmentalfx.org/">https://developmentalfx.org/</a>	(303) 333-8360 Denver	Medicaid, private pay	Children (1.5 – 18 y/o) English only
Developmental Pediatrics at Children’s Hospital Colorado	(720) 777-6630 Aurora Highlands Ranch	Medicaid, CPH+, most major private insurances	Children
Elevated Insights <a href="http://www.elevatedinsights.org/">http://www.elevatedinsights.org/</a>	(303) 756-1197 Denver	Kaiser (Autism evaluations only), Medicaid, private pay	Children & adults (1.5+ y/o) English and Spanish
Emerge Professionals <a href="http://www.emergeprofessionals.com">www.emergeprofessionals.com</a>	(303) 322-9000 Glendale	Private pay only	Children & adults
Firefly Diagnostics and Behavioral Health Services <a href="https://fireflyautism.org/">https://fireflyautism.org/</a>	(303) 759-1192 Lakewood	Anthem, ECBS, United, Cigna, Kaiser, Aetna, Bright, and Medicaid	Children (Diagnosis- 1.5+ y/o or testing 3-21 y/o) American Sign Language, English, and Spanish
Insights; Colorado Assessment and Therapy <a href="http://www.insightsdenver.com/">http://www.insightsdenver.com/</a>	(303) 935-5307 Denver	Anthem, BCBS, Kaiser, Medicaid	Children & adults
JFK Partners at University Hospital <a href="https://medschool.cuanschutz.edu/jfk-partners/clinical-services/assessment-and-treatment-services">https://medschool.cuanschutz.edu/jfk-partners/clinical-services/assessment-and-treatment-services</a>	(720) 777-6630 Denver Metro	Medicaid, most major insurances	Children & adults (1.5+ y/o) English and Spanish
Kimel Psychological Services <a href="http://www.kimelpsych.com">www.kimelpsych.com</a>	(303) 369-1777 Denver	Kaiser (with pre-approval), Medicaid	Children & adults (1.5+ y/o) English and Spanish
Legacy Comprehensive Counseling and Consulting <a href="http://www.legacyparker.com">www.legacyparker.com</a>	(303) 841-4005 Parker	Aetna, BCBS, Cigna, Kaiser, Tricare	Children & adults (1.5+ y/o) English only
New Horizons <a href="https://www.horizonsbegin.com/">https://www.horizonsbegin.com/</a>	(720) 585-4898 Denver	Aetna, BCBS, Medicaid, private pay	Children & adults (2+ y/o) English and Spanish
Rebecca Howard, Psy.D. <a href="http://www.psychtestingcolorado.com/">http://www.psychtestingcolorado.com/</a>	(303) 730-8083 Littleton	Aetna, Cigna, Medicaid, United	Children & adults (1.5+ y/o) English only
Sarah Banks, PhD, BCBA Basecamp Pediatric Psychology <a href="http://www.basecamppsych.com">www.basecamppsych.com</a>	(720) 772-8551 Centennial	Kaiser	Children (1-18 y/o) English only



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Shandy Clinic <a href="http://www.shandyclinic.com">www.shandyclinic.com</a>	(303) 755-5534 Aurora	Medicaid, Tricare, Cigna, BlueCross BlueShield, United Health Care, Humana, Colorado Access, Champ VA, Bright Health, Friday Health Plan	Children (up to 21 y/o) English and Spanish
Spragg Consulting, LLC	(303) 337-2210 Denver	Private pay	Children and adults



## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.**

### **Introduction:**

Developmental Pathways (“DP”) safeguards your protected health information (PHI) as required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable federal and state law and regulations. This Notice explains how DP uses and discloses your PHI and how you can exercise your rights under HIPAA.

### **DP’s Duties:**

1. **Notify You of DP’s Privacy Policies.** Federal law requires that DP notify you of its legal duties and privacy policies and procedures with respect to your PHI. This Notice is intended to satisfy that requirement.
2. **Use And Disclose Your PHI Only As Described In This Notice.** DP will abide by the terms of this Notice as long as it remains in effect. DP will use and disclose your PHI without first obtaining your written authorization only as described in this Notice. If DP obtains your written authorization for a use or disclosure not described in this Notice, you may revoke or modify that authorization at any time by submitting the appropriate form to the Privacy Officer designated on below. The Privacy Officer will provide you with a copy of the form upon request.

### **How DP Might Use or Disclose Your PHI Without Your Authorization For Treatment, Payment, or Health Care Operations**

1. **Uses and Disclosures for Treatment, Services, and Supports.** DP may use your PHI to provide you with medical treatment, services or supports. We may disclose your PHI to physicians, psychologists, service providers and staff and other persons providing treatment, services or supports to you.
2. **Use for Payment Purposes:** DP may use your PHI to prepare bills for services that it has provided to you and to collect payment for those services.
3. **Uses and Disclosures for Health Care Operations.** DP may use your PHI for agency operations. These uses are necessary to manage DP’s operation and to monitor the quality of your care. DP may disclose your PHI to qualified personnel of authorized external agencies whose responsibility it is to license, to accredit to monitor, to approve, or to conduct other functions as appropriate.

### **How DP Might Otherwise Use or Disclose Your PHI Without Your Authorization**

1. **Appointment Reminders:** We may use your PHI to contact you about an upcoming appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Disclosures to Family Members Or Authorized Representatives.** DP may disclose your PHI to your parent if you are a minor, to your guardian, or to an individual designated by you, or designated by your parent, if you are a minor, or by your guardian, if appropriate, to assist you in acquiring or utilizing services or supports from DP to the extent access to confidential is within the scope of the designated person’s authority.



## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

3. **Disclosures to Business Associates.** DP has contracted with one or more third parties (referred to as a business associate) to use and disclose your PHI to perform services for DP. DP will obtain each business associate's written agreement to safeguard your PHI.
4. **Uses and Disclosures for Health Oversight Activities.** DP may disclose your PHI to qualified professional personnel of community centered boards, regional centers and other service agencies, including boards of directors and Human Rights Committee members to the extent necessary for the acquisition, provision, oversight or referral of services and supports. DP may disclose your PHI to the Colorado Departments of Health Care Policy and Financing ("HCPF") or Human Services ("DHS") or their designees as deemed necessary. DP may disclose your PHI to The Legal Center for People with Disabilities and Older Persons (the "Legal Center"), 455 Sherman St., Suite 130, Denver, CO 80203, as long as that organization serves as the protection and advocacy system for Colorado, when (a) the Legal Center has received a complaint from you or on your behalf, or (b) if you do not have a legal guardian or if the State of Colorado or the State's designee is your legal guardian.
5. **Uses and Disclosures For Judicial And Administrative Proceedings.** DP may use or disclose your PHI in connection with court proceedings, such as disclosures of your PHI to a court or to persons authorized by an order of the court, issued after a hearing, notice of which was given to you or your personal representative, where appropriate, and to the custodian of the information.
6. **Uses or Disclosures Required By Law.** DP may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.
7. **Disclosures to HHS.** DP may disclose your PHI to the United States Department of Health and Human Services ("HHS"), the government agency responsible for overseeing DP's compliance with federal privacy law and regulations regulating the privacy of PHI.
8. **Disaster Relief.** DP may use or share PHI about you to a public or private entity authorized by law or charter to assist in disaster relief efforts. This will be done to coordinate those efforts with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.
9. **Mistreatment, Abuse, Neglect or Exploitation.** DP may share PHI about you to a government and/or regulatory authority authorized by law to receive reports of mistreatment, abuse, neglect or exploitation if we believe you are a victim, perpetrator or witness. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by or your authorized representative; or (c) authorized by law and necessary to prevent serious harm to you or potential victims and we are informed by law enforcement or public officials that immediate enforcement activity requires disclosure of PHI.
10. **To Avert Serious Threat to Health and Safety.** DP may disclose PHI about you to prevent a serious threat to your health and safety or the health and safety of another or the public.
11. **Correctional Institutions.** DP may share PHI about you to a correctional institution or law enforcement having custody of you. The disclosure will be made if necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, and security of the correctional institution.
12. **Fundraising.** DP may use or share PHI about you to raise funds for DP or its foundation, the SUN Foundation. We may also use your information to contact you to volunteer or provide in-kind contributions. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. IF YOU DO NOT WANT DP OR ITS FOUNDATION TO CONTACT YOU FOR FUNDRAISING please notify the SUN Foundation Director at 303 858-2004 or SUN Foundation, 325 Inverness Drive South, Englewood, CO 80112-6012.



## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

- 13. Marketing.** DP may use PHI to inform you about services and supports available to you and give you information about providers of those services and supports. We may communicate this information to you face to face, in phone conversations, by fax or e-mail. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. DP does not sell PHI to any entity.

### Your Privacy Rights As A Participant In One Or More Of DP's Programs

You may exercise the rights described below by contacting DP's Privacy Officer at the mailing address or telephone number listed below and requesting a copy of the appropriate form.

- 1. Right to Access Your PHI.** You may request a review or photocopies of your PHI on file with DP by submitting the appropriate form to the Privacy Officer. DP will provide access, or will mail the photocopies to you, within 30 days of your request unless the PHI is not available on-site, in which case DP will provide access or mail the photocopies within 60 days of your request. DP may extend the deadline for access or mailing by up to 30 days. DP will provide you with a written explanation of any denial of your request for access or photocopies. DP may charge you a reasonable, cost-based fee for photocopies or for mailing. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
- 2. Right to Amend Your PHI.** You may amend your PHI on file with DP by submitting the appropriate request form to the Privacy Officer. DP will respond to your request within 60 days. DP may extend the deadline by up to an additional 30 days. If DP denies your request to amend, DP will provide a written explanation of the denial. You would then have 30 days to submit a written statement explaining your disagreement with the denial. Your statement of disagreement would be included with any future disclosure of the disputed PHI.
- 3. Right to an Accounting Of Disclosures Of Your PHI.** You may request an accounting of DP's disclosures of your PHI by submitting the appropriate form to the Privacy Officer. DP will provide the accounting within 60 days of your request. DP may extend the deadline by up to an additional 30 days. The accounting will exclude the following disclosures: (a) disclosures for "treatment," "payment," or "health care operations," (b) disclosures to you or pursuant to your authorization, (c) disclosures to family members or close friends involved in your care or in payment for your care, (d) disclosures as part of a data use agreement, and (e) incidental disclosures. DP will provide the first accounting during any 12-month period without charge. DP may charge a reasonable, cost based fee for each additional accounting during the same 12-month period. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
- 4. Right to Request Additional Restrictions On The Use Or Disclosure Of Your PHI.** You may request that DP place restrictions on the use or disclosure of your PHI for "treatment," "payment," or for "health care operations" in addition to the restrictions required by federal law by submitting the appropriate request form to the Privacy Officer. DP will notify you in writing within 30 days of your request whether it will agree to the requested restriction. DP is not required to agree to your request.
- 5. Right to Request Communications By Alternative Means Or To An Alternative Location.** DP will honor your reasonable request to receive PHI by alternative means including electronic means, or at an alternative location, if you submit the appropriate request form to the Privacy Officer.
- 6. Right to A Paper Copy Of This Notice.** You may request at any time that the Privacy Officer provide you with a paper copy of this Notice.





## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

### Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this notice or the laws that apply to DP will be made only with your written permission. If you provide us written permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke permission, thereafter, we will no longer use or disclose PHI about you for the reasons set forth in the prior authorization.

### A Note about Personal/Authorized Representatives

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) designation of an authorized representative; (b) a power of attorney for health care purposes, notarized by a notary public; (c) a court order for appointment as guardian, or (d) any other document which the Privacy Officer, in his or her sole discretion, deems appropriate.

### Your Right To File A Complaint

If you believe that your privacy rights have been violated because DP has used or disclosed your PHI in a manner inconsistent with this Notice, because DP has not honored your rights as described in this Notice, or for any other reason, you may file a complaint in one, or both, of the following ways:

1. **Internal Complaint:** Within 180 days of the date you learned of the conduct, you can submit a complaint using the appropriate complaint form to the Privacy Officer, Developmental Pathways, Inc., 325 Inverness Drive South, Englewood, CO 80112, or call (303) 360-6600 and ask for the Privacy Officer. You can obtain a complaint form from the Privacy Officer.
2. **Complaint To HHS:** Within 180 days of the date you learned of the conduct, you may submit a complaint by mail to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

### DP's Anti-Retaliation Policy

DP will not retaliate against you for submitting an internal complaint, a complaint to HHS, or for exercising your other rights as described in this Notice or under applicable law.

### Whom to Contact For More Information about DP' Privacy Policies and Procedures

If you have any questions about this Notice, or about how to exercise any of the rights described in this Notice, you should contact DP's Privacy Officer by mail c/o Developmental Pathways, 325 Inverness Drive South, Englewood, CO 80112-6012, or call (303) 360-6600 and ask for the Privacy Officer.

### Revisions to the Privacy Policy and To The Notice

DP reserves the right to change this Notice or DP's privacy policies and procedures at any time. New notice or policies and procedures will be effective for all PHI we maintain including PHI created or received by us prior to the effective date of the new notice. Current notices will be posted on our website [www.developmentalpathways.org](http://www.developmentalpathways.org) and posted in our facilities.

**Effective Date of This Notice: April 2003 (Rev. Sept. 2013)**

**C.R.S. 25.5-10 delineates the following specific legal rights in sections 218-231:**

 <p>Legal rights and responsibilities guaranteed to all other persons C.R.S. 25.5-10-218</p>	 <p>Have an Individualized Plan; participate in making your plan; choose your providers C.R.S. 25.5-10-219</p>	 <p>Medical services and treatment C.R.S. 25.5-10-220</p>
 <p>Be treated humanely; not to be abused; complain if you get hurt; complain if you don't get services C.R.S. 25.5-10-221</p>	 <p>Religious belief, practice, and worship C.R.S. 25.5-10-222</p>	 <p>Communications and visits including: private conversations; friends &amp; visitors; send &amp; receive personal mail C.R.S. 25.5-10-223</p>
 <p>Fair employment practices (such as fair pay for work) C.R.S. 25.5-10-224</p>	 <p>Register and vote C.R.S. 25.5-10-225</p>	 <p>Review your records; expect confidentiality C.R.S. 25.5-10-226</p>
 <p>Personal property (and a place to put your things) C.R.S. 25.5-10-227</p>	 <p>Influence policy: participate in conversations about rules &amp; services C.R.S. 25.5-10-228</p>	 <p>Notification: be given notice if a right is suspended C.R.S. 25.5-10-229</p>
 <p>Be free from discrimination C.R.S. 25.5-10-230</p>	 <p>Sterilization: choose what happens to your body C.R.S. 25.5-10-231</p>	 <p>Oral interpretation or language assistance (including sign language)</p>

**HOW TO EXERCISE YOUR RIGHTS:** You have the same human and civil rights as every other U.S. citizen. These rights should be limited or changed only to the extent necessary to be helpful to you, and then only with “due process”. Due process includes your Individualized Plan (Service Plan), the Packet Review Committee, the Human Rights Committee, and/or legal process. If you would like assistance in exercising your rights, you can select a friend, a family member, a staff person, a Case Manager, the Arc, or any other person to support you.



## **POLICY**

Developmental Pathways, as a Community Centered Board (CCB) and Case Management Agency (CMA), shall have procedures setting forth processes for the timely resolution of grievances, complaints, and disputes. These procedures will apply to administrative and case management/service coordination as well as the provision of local programming.

Grievances and complaints may be made by:

1. The person receiving services (the client);
2. The parent(s) of a minor receiving services;
3. The client's guardian;
4. And/or the client's advocate or authorized representative, if within the scope of their duties (then delete this verbiage: as appropriate).
5. Provider and agency representatives working with our agency

Disputes regarding State General Funded (SGF) supports such as Family Support, State Supported Living Services, and OBRA Specialized Services (OBSS) can be made by:

1. The person receiving services (the client);
2. The parent(s) of a minor receiving services;
3. The client's guardian;
4. And/or the client's advocate or authorized representative, if within the scope of their duties (then delete this verbiage: as appropriate).

Use of the grievance/complaint and/or dispute processes shall not prejudice the future provision of appropriate services or supports.

## **PURPOSE**

In any service system, there will be disagreements and complaints. Each person has a right to have such disagreements taken seriously and dealt with in a consistent, fair, and timely manner. The following guidelines for hearing and responding to complaints, grievances, and disputes will be used to support our clients and families and to comply with requirements set forth by the State for Community Centered Boards and Case Management Agencies.

This policy does not apply to Early Intervention, direct service providers such as Program Approved Service Agencies (PASAs), or other organizations; for complaints related to those programs and providers, clients and families will need to follow their complaint procedures.

This policy does not apply to the denial, reduction, or approval of either eligibility for or receipt of long-term care home and community based services; those decisions can be appealed through Medicaid using the established appeal process.



## GUIDELINES

- I. Clients and families will not be forced to do anything, be intimidated or threatened, and no one will retaliate, or 'get back at you' if complaints are made.

Disagreeing with decisions or policy will not negatively affect your services. If you disagree with certain things Developmental Pathways does (or does not do) or wants you to do, or treats you in a way you don't like, you have a right to complain about it. Developmental Pathways will work with you to try to solve the problem.

- II. We request clients and families and others tell the person who is part of the complaint what is wrong and escalate complaints to our supervisory team as needed.
- III. We shall offer and provide interpretation or translation services in languages other than English, and through other modes of communication as may be necessary.
- IV. We will accept complaints verbally (by phone or in person) and in writing (by letter, fax, or email).
- V. We commit to addressing complaints in a timely manner.
- VI. We commit to providing escalation options by publishing our organizational chart(s) and providing supervisory contact information to clients and families and others.
- VII. We commit to offering virtual and/or in-person meeting options to discuss open complaints and grievances.
- VIII. We commit to continuous improvement and welcome feedback which allows us to identify operational and customer service gaps.
- IX. We commit to our role as mandatory reporters as defined under Colorado Revised Statutes and will escalate complaints related to mistreatment, abuse, and neglect.

## RELATED POLICIES AND PROCEDURES

Authorization for Release and Exchange of Information

Complaint/Grievance Procedure

State Dispute Resolution Procedure

Confidentiality Policy

Conflict-Free Case Management Policy

MANE Reporting and Investigation Policy

Nondiscrimination Policy

Person-Centered Policy



## **AUTHORITY**

10 CCR 2505-10 Section 8.605.5

10 CCR 2505-10 Section 8.519.7.E

## **DEFINITIONS**

Authorized Representative: means an individual designated by a Client or by the parent or guardian of the Client, if appropriate, to assist the Client in acquiring or utilizing services and supports, this does not include the duties associated with an Authorized Representative for Consumer Directed Attendant Support Services (CDASS) as defined in 8.510.1.

Case Management Agency (CMA) means a public or private not-for-profit or for-profit agency that meets all applicable state and federal requirements and is certified by the Department to provide case management services for Home and Community-Based Services waivers pursuant to Section 25.5-10-209.5, C.R.S. and pursuant to a provider participation agreement with the state department.

Case manager or Service Coordinator: means a person who assists with case management services and supports for individuals.

Client means an individual who 1) meets long-term services and support eligibility requirements and has been approved for and agreed to receive Home and Community-Based Services (HCBS) and/or State-General Funded Services and is receiving case management or service coordination from Developmental Pathways and/or 2) is pursuing access to those services and/or 3) is waiting for those services 4) and/or is receiving support via local funding/programming with Developmental Pathways.

Client Representative means a person who is designated by the Client to act on the Client's behalf. A Client Representative may be: (A) a legal representative including, but not limited to a court-appointed guardian, a parent of a minor child, or a spouse; or (B) an individual, family member or friend selected by the Client to speak for or act on the Client's behalf

Complaint or Grievance means a situation that is unsatisfactory or unacceptable; a dispute means a disagreement with an outcome.

Community Centered Board (CCB): means a private corporation, for-profit or not-for-profit that is designated pursuant to Section 25.5-10-209, C.R.S., responsible for, but not limited to conducting Developmental Disability determinations, waiting list management Level of Care Evaluations for Home and Community Based Service waivers specific to individuals with intellectual and developmental disabilities or delays, and management of State Funded programs for individuals with intellectual and developmental disabilities or delays.

### POLICY

An individual may have the right to a Medicaid Appeal Rights (also known as the right to a Medicaid Fair Hearing) before a State Administrative Law Judge. The following procedures will be used in order to comply with section 8.057 of the Medicaid Rules.

### MEDICAID APPEAL RIGHTS

When you have the right to a Medicaid Appeal Rights, you should receive a notice entitled, “Long Term Care Waiver Program – Notice of Action.” This notice will give you information regarding the action that has been proposed or has been taken, how to request a hearing before an administrative law judge, timeframes for making your appeal, and a form for making a written request for such a hearing. In addition, you have the right to request a Medicaid Appeal Rights under the following circumstances:

### WHEN YOU MAY BE ABLE TO REQUEST A MEDICAID APPEAL RIGHTS

- 1. You may request a Medicaid Appeal Rights if you are receiving any of the following developmental disabilities services:**
  - a. Developmental Disabilities Home and Community Based Services Medicaid Waiver (“DD Medicaid waiver”)
  - b. Supported Living Services Home and Community Based Services Medicaid Waiver (“SLS Medicaid waiver”)
  - c. Children’s Extensive Support Home and Community Based Services Medicaid Waiver (“CES Medicaid waiver”)
  - d. Children’s Habilitation Residential Program Home and Community Based Services Medicaid Waiver (“CHRP Medicaid Waiver”)

#### **AND**

**The action that has been or will be taken is one of the following:**

- e. A termination from Medicaid Waiver services
  - f. A denial or reduction of Medicaid Waiver covered services.
  - g. A decision regarding changes in the type or amount of services.
- 2. You may request a Medicaid Appeal Rights if you are applying for any of the following developmental disabilities services or are on the wait list for developmental disabilities services:**
    - a. Developmental Disabilities Home and Community Based Services Medicaid Waiver (“DD Medicaid waiver”)
    - b. Supported Living Services Home and Community Based Services Medicaid Waiver (“SLS Medicaid waiver”)
    - c. Children’s Extensive Support Home and Community Based Services Medicaid Waiver (“CES Medicaid waiver”)

- d. Children’s Habilitation Residential Program Home and Community Based Services Medicaid Waiver (“CHRP Medicaid Waiver”)
- e. Family Support Services Program (“FSSP”)

**AND**

**The action that has been or will be taken is one of the following:**

- f. An application for services is denied or is not acted upon with reasonable promptness
- g. A denial of eligibility for developmental disabilities services
- h. A termination from the wait list for reasons of eligibility
- i. For programs a, b, c, and d; a termination from the wait list for any reason

At the hearing, you will have the right to bring evidence and present witness testimony. You can represent yourself at the hearing, or have an attorney, friend, or other spokesperson represent you.