Children's Extensive Support Waiver
Checklist Application

Colorado Department of Human Services
people who help people

Department of Human Services
Division for Developmental Disabilities August 2012

To be used for Initial Application to Waiting List, Enrollment and Continued Stay Reviews

The information contained in this packet **must** demonstrate the child meets the eligibility criteria for the CES waiver as follows:

The child demonstrates a behavior or has a medical condition that requires direct human intervention, more intense than a verbal reminder, redirection or brief observation of medical status, at least once every two hours during the day and on weekly average of once every three hours during the night. The behavior or medical condition must be considered beyond what is typically age appropriate and due to one or more of the following conditions:

A. *Significant pattern* of self-endangering behavior or medical condition which, without intervention will result in a life threatening condition/situation.

Definition of Significant pattern:

- The behavior or medical condition is ***harmful to self or others.***
- Is evidenced by ***actual events.***
- The events occurred within the past ***six months; or***

B. A *significant pattern* of serious aggressive behaviors toward self, others or property.

- The behavior or medical condition is ***harmful to self or others.***
- Is evidenced by ***actual events.***
- The events occurred within the past ***six months; or***

C. *Constant* vocalizations such as screaming, crying, laughing or verbal threats which cause emotional distress to caregivers.

- Definition of Constant: On average of 15 minutes each waking hour.

The above conditions shall be evidenced by parent statement/data which is corroborated by written evidence that:

- The child's behavior(s) or medical need(s) have been demonstrated; or
- It can be established that in the absence of existing intervention or prevention the intensity and frequency of the behavior or medical need would resume to a level that would meet the criteria listed above.

Evidence shall include, but not be limited to:

- Medical records, professional evaluations and assessments, educational records, insurance claims, Behavior Pharmacology reports, police report, social services reports; or
  - Observation by a third party on a regular basis

Child's Name_____

Continued Stay Review_____ Wait list_____ Initial Enrollment_____

Information about the child:

Name:	Social Security Number:
Date of Birth:	Height and Weight:
Medicaid ID Number:	

Information about the parents/legal guardians and physician:

Names:	Address:
Phone Number:	Physician name and number:

Information about the Community Centered Board:

Community Centered Board:	Case Manager/Resource Coordinator:
Date of DD Eligibility by CCB:	Case Manager/Resource Coordinator Phone:
E-mail address of Case Manager/Resource Coordinator:	

Child's current living situation: (check one)

_____ Lives with biological or adoptive parent(s) or legal guardian in the family home.

_____ In out of home placement and could return home with provision of CES services. Please describe:

Child's Name________________________________

In Appendix A are some samples of medical conditions, behaviors or vocalizations that your child may experience. Please examine each one and give information about the ones your child experiences including frequency (how often does it occur), duration (how long does it last) and intensity (what kind of injury it causes; such as bleeding, choking, bruising, etc.) Appendix B contains a list of possible interventions that may be used to address the conditions/behaviors. If you do not find the condition, behavior or intervention that you experience, please write it in. Please be as specific as you can. Page 5 is a summary page where you can include important information that may not be reflected elsewhere in the application.

Please enter the medical condition, behaviors or constant vocalizations (lists found in Appendix A and B) that you believe will qualify your child for the CES waiver. Page 3 is to be used for daytime interventions and Page 4 is to be used for nighttime interventions. The first two rows on this page have been completed to use as an example. If your child demonstrates the same condition or behavior as in the example please add it in your own words. Copy and use as many pages as needed.

Daytime Interventions

Column 1 **Medical Condition or Behavior** (see Appendix A for examples)	**Column 2** **Frequency-how often does it occur**		**Column 3** **Duration- State how long each behavior/condition episode lasts; 15 minutes, 1 hour, 2 hours, etc.)**	**Column 4** **Intensity-what is the injury to self or others-consequence of no intervention**	**Column 5** **Intervention-See Appendix B, enter code number of intervention here.**
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			

Child's Name________________________________

Column 1 **Medical Condition or Behavior** (see Appendix A for examples)	**Column 2** **Frequency-how often does it occur**		**Column 3** **Duration- State how long each behavior/condition episode lasts; 15 minutes, 1 hour, 2 hours, etc.)**	**Column 4** **Intensity-what is the injury to self or others-consequence of no intervention**	**Column 5** **Intervention-See Appendix B, enter code number of intervention here.**
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every two hours ☐ Other: Specify	☐ Daily ☐ Weekly ☐ Monthly			

Child's Name________________________________

Nighttime Interventions-on a weekly average how many nights does intervention occur?________________________________

Typical Bedtime:____________ Typical morning awake time:_____________Total number of hours the child sleeps each night:____

Column 1 **Medical Condition or Behavior** (see Appendix A for examples)	**Column 2** **Frequency-how often does it occur during nighttime hours.**		**Column 3** **Duration- State how long each behavior/condition episode lasts; 15 minutes, 1 hour, 2 hours, etc.)**	**Column 4** **Intensity-what is the injury to self or others-consequence of no intervention**	**Column 5** **Intervention-See page 5, enter number of intervention here.**
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			
	☐ Every 15 minutes ☐ Every hour ☐ Every three hours ☐ Other: Specify	☐ Nightly ☐ Weekly ☐ Monthly			

Child's Name_____

Summary Page: *(optional; limit to one page)* Briefly describe the frequency and intensity of behaviors or medical condition not detailed in previous pages but may further demonstrate eligibility for CES.

For example this may include: nature and extent of injuries sustained within the past 6 months, the school environment (1:1 aide, what the aide does to help the child, details of a behavior plan, enclosed environment to limit distractions, interaction with specialized school teams, i.e. District Autism Team, etc.), or description and dates of emergency room visits, hospitalizations, police interventions, and non-routine behaviors or medical conditions.

Child's Name_____

Pages 7 and 8 are to be completed ONLY for Continued Stay Review and ONLY if the child is NOT experiencing any behavioral/medical condition(s) that can be used as qualifying criteria DUE TO interventions provided by a CES service. CES services are those service specifically listed on pages 7 and 8. For a complete description of services please refer to the CES manual, Section 7. Do not complete these pages if your child is new to CES

If these pages are blank: do not fax to Masspro

Assistive Technology	Description of service:	Behavior/medical condition this helps to modify:
Behavior Services	Description of service:	Behavior/medical condition this helps to modify:
Home Accessibility Adaptations	Description of service:	Behavior/medical condition this helps to modify:
Personal Care	Description of service:	Behavior/medical condition this helps to modify:
Professional Service; **Hippo-therapy** **Movement therapy** **Massage therapy**	Description of service:	Behavior/medical condition this helps to modify:

Child's Name_____

Case Manager/Resource Coordinator: List the documents you have which describe the behaviors, medical conditions or constant vocalizations associated with eligibility that have occurred **within the past six (6) months**. Examples shall include, but not be limited to any of the following: medical records, professional evaluations and assessments, educational records, including communication logs between parent and school, insurance claims, Behavior Pharmacology Clinic reports, incident reports, police reports, social services reports or observation by a third party on a regular basis. Sources of information need to be from external sources outside the family and CCB. Please do not include IEP.

Please do not send documents with the application, they will be requested if needed. These documents must be available if requested by Masspro or the Division for Developmental Disabilities (DDD).

Specialized Medical Equipment and Supplies	Description of service:	Behavior/medical condition this helps to modify:
Respite	Description of service:	Behavior/medical condition this helps to modify:
Vision	Description of service:	Behavior/medical condition this helps to modify:

Child's Name_____

Documentation Page

Type of document or source of information	**Date of document or source of information dd/mm/yy**	**Who prepared the document or provided the information?**
	_____/_____/_____	
	_____/_____/_____	
	_____/_____/_____	

Child's Name:_____

Information needed for Wait List, Enrollment, or continued Stay Review: **(Appendices do not need to be submitted)**

_____ULTC 100.2 _____ CES Application Checklist Form

Child's Name_____

I certify, to the best of my knowledge, all information on this application is true and complete.

_____ _____

Signature Date

(Circle one) Parent Legal Guardian

I certify, to the best of my knowledge, all information on this application is true and complete.

_____ _____ _____

Signature (Case Manager/Resource Coordinator) Date Community Centered Board

Please Print Your Name

When this application is complete, please send to:

Program Coordinator

Children's Extensive Support Waiver

Masspro

245 Winter Street

Waltham, MA 02451

Phone 1-855-222-5250

FAX: 1-855-222-5257

coltc@masspro.org

Child's Name_____

Appendix A

To qualify for the CES waiver –The child must demonstrate a **behavior** or has a **medical condition** or **constant vocalization** that requires **direct human intervention, more intense than a verbal reminder, redirection or brief observation of status**, at least once **every two hours during the day and on a weekly average of once every three hours during the night**. The behavior or medical condition must be considered **beyond what is typically age appropriate** and due to one or more of the following conditions;

Medical Condition

Neurological
- Seizures/neurological condition
- Tics
- Tremors

Respiratory problems
- Other lung or airway issues
- Aspiration

Digestive
- Choking
- Nothing by mouth
- Feeding disorder
- Swallowing disorder
- Sensory Issues with Feeding
- Colostomy or _____ostomy
- Diarrhea
- Constipation
- Other elimination Issues
- Reflux
- Specify any other digestive issues
- Tracheostomy

Immune System
- Food Allergies
- Immune system compromised
- Illness

Musculo/skeletal Issues
- Paralysis
- Muscle Spasms
- Muscle Atrophy (weakness or loss of muscle)
- Scoliosis
- Joint Pain
- Other Musculo/skeletal Issues

Skin
- Skin Breakdown
- Unable to regulate body temperature
- Other Skin issues

Sensory
- Visual Impairments
- Hearing Impairments
- Smelling Impairments
- Overall sensory issues
- Lack of awareness of injury sustained

Child's Name_____

Appendix A1

Behavioral Conditions

Self-endangering Behavior

- Thoughts of suicide
- Wandering
- Elopement (running away)
- Leaving car restraint
- Interfering with driver of vehicle
- Climbing with high risk of injury
- Jumping with high risk of injury
- Head banging on hard surface
- Hitting head with fist causing bleeding, bruising, eye injury
- Fire Setting
- Dangerous/inappropriate sexual behavior
- Flailing arms/incidental hitting
- Lack of kitchen safety
- Lack of household safety
- Pica (eating unusual things, dirt, plaster, etc.)
- Stuffing mouth with food and chokes
- Refuses to eat
- Packing nose, ears, mouth with foreign items
- Chemical mixing
- Lack of awareness of injury sustained
- Breaking of skin due to picking or pinching
- Inappropriate dress for weather
- Other: Describe on description page

Serious Aggressive Behavior

- Fascination with Sharp Objects

Breaking of skin or gouging

- Biting-self or others
- Hitting/grabbing-self or others
- Kicking
- Pushing
- Spitting
- Twisting of skin
- Pinching
- Choking others
- Head Butting
- Smearing feces
- Inappropriate urination
- Shredding of clothing
- Destruction of home/contents
- Property damage
- Aggression to animals
- Other: Describe on description page

Constant Vocalization

- Screaming
- Crying
- Shrieking
- Humming
- Laughing
- Grunting
- Swearing
- Perseveration (need to repeat)
- Echolalia (echoes everything he/she hears)
- Other: Describe on description page

Child's Name_____

Appendix A2

Medical Interventions	
1	ER Visits
2	Hospitalizations
3	Doctor Visits
4	Mental Health Visits
5	Surgeries
6	911 calls
7	Social Services contact
8	Police Interventions
9	Oxygen
10	Suctioning
11	Bi-pap
12	C-pap
13	Pulse-ox
14	Nebulizers
15	Heart monitor
16	Dialysis
17	Tube feeding
18	Adaptive equipment
19	Repositioning
20	Special diet
21	Wound care
22	Skin care
23	Diapering
24	Interventions during seizures
25	Wheelchair ramp
26	ABI Vest
27	1 on 1 supervision
28	Response to medical equipment alarms
29	Administration of medications via G-tube
30	CPR
80	Other: Specify

Child's Name_____

Appendix B

Behavioral Interventions	
1	ER Visits
2	Hospitalizations
3	Doctor Visits
4	Mental Health Visits
5	Surgeries
6	911 calls
7	Social Services contact
8	Police Interventions
50	1 on 1 supervision
51	Environmental adjustments
52	Modifications to Home
53	Safe Room
54	Locks on Door/Window
55	Alarm System
56	Specialized Clothing
57	Parent vigilance at night
58	Locking child's bedroom door at night
59	Child sleeps with parents
60	Mattress on floor
61	Child's room is bare
62	Baby Monitors
63	Physically removing child from situation
64	Physically holding child for safety
65	Sensory input: Specify
66	Behavior Plan
67	Homebound
68	1:1 Para at school
69	Early Dismissal from school
70	Suspensions/Expulsions from school
71	Suspensions/Expulsions from school bus
72	Harness used in car/bus
73	Seat belt locks
74	Car seat not required by law
75	Prevention of ingestion of medications, poisons, cleaning liquids, etc.
76	Prevention of pica
77	Prevention of suicide attempts
78	Prevention of sexual aggression
79	Prevention of non-aggressive but inappropriate behavior
80	Other: Specify