

## Instructions for Completing the CES Checklist Application:

The checklist consists of nine (9) pages, Appendix A, which is two (2) pages and Appendix B, which is one (1) page. Please complete the CES Checklist application with the parent's input.

**Page 1:** The CES Checklist Application will use the current CES Eligibility criteria. The first page contains the CES Targeting criteria. For the complete CES Eligibility Criteria please refer to HCPF Rule 8.503, which can be found at:

[http://www.chcpf.state.co.us/HCPF/Pdf\\_Bin/503CES.pdf](http://www.chcpf.state.co.us/HCPF/Pdf_Bin/503CES.pdf)

**Page 2:** Provide information as requested in each box. Check the child's current living situation.

**Page 3 and 4:** These pages are to be used in conjunction with Appendix A that gives examples of Medical conditions, Behaviors or Constant Vocalizations and Appendix B, which gives examples of interventions. (Medical Condition, Behaviors or Constant Vocalizations will be referred to as "condition" throughout the rest of these instructions.) Appendix A and B are to be used as references, however, they are not exhaustive lists; if either does not contain the condition you need to describe please add it. Page 3 is to be used for daytime conditions and page 4 is to be used to document nighttime conditions. On page 4 state the average number of nights per week that the interventions occur.

- Column 1-Write the existing condition the child experiences (See example in first row on Page 3 and 4)
- Column 2-Check how often the condition occurs. If the condition occurs daily, also check the appropriate box indicating how often each day, such as: Every 15 minutes, Every hour or Every two hours. If the condition occurs weekly or monthly you will not need to check the minute/hour boxes.
- Column 3-Indicate how long the condition (or give a range of time) described in Column 1, typically lasts in a single episode.
- Column 4-Describe the injury to self or others or consequences of no intervention.
- Column 5-Refer to Appendix B for interventions. If the intervention used is not listed on Appendix B please use Code 80: "Other" and describe the intervention.

If the child experiences more conditions than you have room on page three or four to note, you may copy page three or four to have additional pages to fully describe the child's conditions.

**Page 5:** This page is **optional**. This page is to be used to describe any events that have occurred in the past six months that may support the child's eligibility (an example is detailed on this page). If it is not completed the application will be reviewed based on information supplied elsewhere in the document.

**Page 6-7:** These pages are to be completed **ONLY IN THE EVENT OF A CONTINUED STAY REVIEW** and **ONLY** if the child is **NOT** exhibiting conditions that can be used as qualifying criteria **DUE TO** interventions provided by a CES service. Interventions provided by CES are those services specifically listed on pages 6-7 and in full detail in the CES manual, Section 7. Services provided through the regular Medicaid state plan do not qualify here.

**Page 8:** Documentation Page: 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*. (Documents cannot be older than six months at the time the application is submitted to DDM.) 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.

**Page 9:** Signature Page must be signed and dated by the Parent/Legal Guardian and Case Manager/Resource Coordinator before the CES Checklist application is submitted to Dual Diagnosis Management. The signatures cannot be older than 90 days at the time of submission.

Upon completion, the CES Application and a non-finalized ULTC 100.2 form is to be submitted to Dual Diagnosis Management at the address given on Page 9 of the application. It may be mailed or faxed. If the application is mailed allow ample time for the document to get to the Dual Diagnosis Management offices in Tennessee prior to any deadline that may be associated with it. Appendix A and B do not need to be submitted with the Application. **Applications for Continued Stay Review are due to DDM 30 days prior to the end of the current certification period.**