

Colorado Home and Community Based Services (HCBS) Statewide Transition Plan (STP)

EXECUTIVE SUMMARY

Federal HCBS Settings Rule

In January 2014, the Centers for Medicare & Medicaid Services (CMS) published a rule to ensure that the provision of Home and Community Based Services (HCBS) occurs pursuant to a person-centered planning process and in settings that meet certain criteria. 79 Fed. Reg. 2948 (Jan. 16, 2014). The rule went into effect in March 2014, and states have five years—until March 2019—to ensure that their HCBS settings are compliant with the rule. The new regulations ensure that participants in HCBS programs have access to the benefits of community living, and that services are true alternatives to services provided in an institutional setting and are delivered in the most integrated setting possible.

The final rule requires that all HCBS settings meet specific criteria, including that they:

- Be integrated in and support full access to the greater community,
- Be selected by the participant from among setting options,
- Ensure individual rights of privacy, dignity, and respect, and freedom from coercion and restraint,
- Optimize autonomy and independence in making life choices, and
- Facilitate choice regarding services and who provides them.

In addition, provider-owned or -controlled residential settings must meet additional criteria, including that they:

- Have a lease or other written agreement providing similar protections for the client that address eviction and appeals processes,
- Ensure privacy in the client's unit including lockable doors, choice of roommates, and freedom to furnish and decorate the unit,
- Ensure that individuals have freedom and support to control their own schedules and activities, and have access to food at any time,
- Protect individuals' ability to have visitors of their choosing at any time, and
- Be physically accessible.

Affected Colorado Waivers and Settings

The HCBS Settings Rule affects the following Colorado HCBS waivers:

- Elderly, Blind, and Disabled (EBD)
- Persons with Brain Injury (BI)
- Persons with Spinal Cord Injury (SCI)
- Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses
- Persons with Developmental Disabilities (DD)
- Supported Living Services (SLS)
- Children's Habilitation Residential Program (CHRP)
- Children's Extensive Support (CES)
- As well as the following waivers, under which services are provided in children's homes, professional provider offices, and clinics, which are presumed to be compliant with the federal settings requirements:
 - Children's HCBS (CHCBS)
 - Children with Autism (CWA)
 - Children with Life Limiting Illness (CLLI)

Under the waivers identified above, the following settings are affected:

- Adult day services centers, including basic and specialized adult day services centers
- Alternative care facilities (ACFs)/assisted living residences (ALRs)
- Day treatment facilities under the HCBS-BI waiver
- Child Residential Habilitation settings, including

- Foster Care Homes
- Kinship Foster Care
- Non-certified Kinship Care
- Specialized Group Facilities (SGFs), including group homes and group centers
- Residential Child Care Facilities (RCCFs)
- Day habilitation/treatment settings for individuals with intellectual and developmental disabilities (IDD), including
 - Specialized Habilitation
 - Supported Community Connections
 - Prevocational Services facilities
- Group Residential Services and Supports (GRSS) community residential homes for four to eight people
- Individual Residential Services and Supports (IRSS) homes for up to 3 people, including
 - Host homes
 - Family homes
 - Own homes
 - Apartment settings
- Private homes belonging to clients or their families, professional provider offices, and clinics, which are presumed to be compliant with the federal settings requirements
- Supported Employment locations, including group and individual program locations
- Supported Living Program (SLP) facilities under the HCBS-BI waiver
- Transitional Living Program (TLP) facilities under the HCBS-BI waiver
- Youth Day service settings under the CES waiver, including the child's home, the provider's home, and other child care centers

Overview of Statewide Transition Plan (STP)

The Colorado Department of Health Care Policy & Financing (HCPF or "the Department") has developed a Statewide Transition Plan (STP) for bringing Colorado's HCBS services into compliance with the HCBS Settings Rule. The STP is a detailed project plan of Colorado's road to compliance, and it is required by CMS to be subject to public input, be regularly updated, and be submitted for CMS approval and guidance.

The STP is organized *left to right* with: Action Steps that identify the steps necessary for the State of Colorado to come into compliance with the HCBS Settings Rule; projected dates for beginning and ending Action Steps; Key Stakeholders involved with or affected by Action Steps; Progress/Status thus far of Action Steps; and Findings/Results/Outcomes of Action Steps. *Top to bottom*, the STP is organized into three overall Program Components. The first is Stakeholder Engagement and Oversight; this component describes the Action Steps that the Department will take to get input from and provide information to HCBS participants, providers, and other members of the public. The second Program Component is Infrastructure, or ensuring that all the key parts are in place to comply with the HCBS Settings Rule. Within this framework, there are five major endeavors: (1) site-specific assessments of existing HCBS residential and non-residential settings; (2) site-specific remediation for these settings, including creation and implementation of Provider Transition Plans; (3) systemic assessment of existing Colorado statutes, regulations, waivers, and other authorities; (4) systemic updating of these authorities as needed; and (5) enhancing training and technical assistance. The third Program Component is Inclusion of Requirements within the HCBS Quality Framework; this component describes Action Steps to ensure that compliance is measured and monitored in the future.

Completed Work

Since the implementation of the HCBS Settings Rule, the Department has been working with stakeholders to ensure that Colorado is fully compliant by March 17, 2019. The Department created and has been updating the STP. The Department has convened an interagency group, which includes the Colorado Department of Human Services (CDHS) and the Colorado Department of Public Health and Environment (CDPHE), to assist in preparing and taking Action Steps. The Department has solicited waiver participants, providers, and other stakeholders to assist with onsite technical assistance, participation in web-based trainings, and stakeholder workgroups, as well as presentations at various committees and boards to educate and engage in conversation regarding the HCBS Settings Rule. The Department maintains a website for educational materials, Department communications, and CMS communications to ensure accessibility. The Department will continue to provide trainings to stakeholders regarding the HCBS Final Settings Rule to ensure that participants, providers and other stakeholders understand the HCBS Final Setting Rule and its implementation. The Department has completed a crosswalk that systemically assesses current state statutes, regulations, and waivers and identifies where changes may be necessary; this crosswalk is incorporated by reference into the STP. Other projects completed by the Department are described below.

For more information on the HCBS Settings Rule, you may visit:

www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html.

For more information on Colorado's path to compliance with the HCBS Settings Rule, you may visit: www.colorado.gov/hcpf/hcbs-waiver-transition and

www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule.

Please send questions/comments to:

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Long Term Services and Supports Division
303-866-6873

Lori Thompson—HCBS Specialist
Division of Intellectual and Developmental Disabilities
303-866-5142

E-mail: STP.PublicComment@state.co.us

Mail: Statewide Transition Plan Team
1570 Grant St.
Denver, CO 80203

STATEWIDE TRANSITION PLAN (STP)

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
Program Component: Stakeholder Engagement and Oversight						
1.	Convene an interagency group to manage the transition planning process.	5/21/2014	Completed 6/1/2014	Colorado Department of Health Care Policy and Financing (“the Department”), the Lewin Group, the Colorado Department of Public Health and Environment (CDPHE)	An interagency team has been convened and meets weekly. The team will continue to meet to monitor and problem-solve issues that may arise throughout the planning process.	A timeline of prioritized tasks for the Department and key stakeholders was developed as a result of an in-person meeting where the interagency group discussed managing the transition process. This timeline will be included on weekly meeting agendas and leveraged as a guide for next steps. Weekly meetings provide a forum for Department staff, leaders, and other key stakeholders to discuss and work on mapping out processes and how to best support the state’s providers and waiver participants.
2.	Develop a communication strategy to manage the public input required by the rule as well as ongoing communication on the implementation of the transition plan. Adapt the strategy to different audiences (e.g., case management agencies (CMAs), including Single Entry Point (SEPs) and Community Center Boards (CCBs); providers).	7/10/2014	Completed 7/30/2014	The Department	Ongoing communication occurs with stakeholders, state agencies, and other community partners. The Department’s written strategy for managing formal public notice is described in Row 6 below. The Department’s written strategy for managing other forms of notice to different audiences is described in Rows 4, 5, 7, and 8 below. The Department carefully considers all the input it receives. The Department’s responses to the comments it has received during formal public notice periods are summarized and made available to the public, as stated in Row 6. The Department considers all input it receives, formal and informal, in developing trainings and in presenting information at meetings.	The Department has received and continues to receive valuable input from the public.
3.	Develop a provider scorecard for assessing the level of support providers need to come into compliance.	10/1/2014	Completed 7/1/2015	The Department, HCBS providers, CDPHE, Communication Department	Completed. A set of provider scorecards is available for review at www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .	Provider Scorecards available and posted to website at www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .
4.	Contact providers and provider associations to increase understanding of the rule and maintain open lines of communication.	6/30/2014	Ongoing through 3/15/2019	The Department, CDPHE, CMAs, including SEPs and CCBs, Program Approved Service Agencies and other providers, disability specific organizations, private case management agencies, Alliance, Assisted Living Residences,	During provider meetings, advisory committees, stakeholder meetings, etc., Department staff have been discussing the rule and how the Department is working to support all providers to become compliant. Communications coming from the Department include information about the requirements with additional information on how to take steps towards compliance. These communications will become more robust as the Department learns more about provider status, needs, and progress in the implementation of the STP.	The Department has actively contacted 580 providers and the organizations listed at left.

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
				Parents of Adults with Disabilities Colorado (PADCO), Self-Advocacy Network, Advocacy Communication Group, Participant Directed Programs Policy Collaborative, Waiver Simplification Workgroup, Brain Injury Stakeholder Workgroup, Mental Health Centers, Behavioral Health Organizations (BHOs), County Directors/CHRP Liaison, Guardian at Litem (GAL), Residential Care Collaborative, Arc of Colorado, Arc's, 24 hour Monitoring Unit, Residential Child Care Facility, Permanency Round Table, Foster Home Placements, Policy Advisory Committee (PAC), Sub PAC Family Voices, Parent to Parent, Colorado Cross-Disability Coalition (CCDC), Independent Living Centers, Rooster Ranch, Tall Tales Ranch, Colorado Legal Services, Leading Age, Alliance, Department of Human Services Division for Regional Center Operations, Ombudsman, Colorado Gerontological Society, and other organizations as identified		
5.	Create a space on an existing Department website to post materials related to settings and person-centered planning.	7/10/2014	Completed 7/10/2014	The Department	Completed. The website is located at www.colorado.gov/hcpf/hcbs-waiver-transition . Currently, the HCBS Waiver-Specific Draft Transition Plans and Amendments are posted. The Department has posted training webinars and other education and outreach materials at www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .	www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule : In August 2015: 106/Sept2015: 22 ("hits")
6.	Develop and issue required public notices. Collect comments and summarize for consideration and, where applicable, incorporate changes in the transition plan and within communication tools (e.g., FAQs).	7/30/2014	Ongoing	See Row 4	The Department is providing public notice of the current version of the STP (STP.3) through the following means: <ul style="list-style-type: none"> • Emailing a Communication Brief to the Long Term Services and Supports Stakeholder list; the Division for Intellectual and Developmental Disabilities Stakeholder list; and providers, advising the recipients of the availability of the full STP, the comment period, and the ways to comment. • Publishing a notice on the Department's website at www.colorado.gov/hcpf/hcbs-waiver-transition, advising the public of the availability of the full STP, the comment period, and the ways to comment. 	During the public comment period on the initial STP (STP.1), the Department received 106 questions from eleven different community stakeholders. All questions were clarifying questions that did not require the Department to change the STP. The only changes the Department made were to ensure that all of the community stakeholder groups were listed in the STP.

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					<ul style="list-style-type: none"> Emailing a notice to Tribal Consultation recipients advising them of the availability of the full STP, the comment period, and the ways to comment. Publishing notices in the newspapers of widest circulation in each city in Colorado with a population of 50,000 or more advising the public of the availability of the full STP, the comment period, and the ways to comment. Publishing a notice in the Colorado Register, which is available at www.sos.state.co.us/CCR/RegisterHome.do, advising the public of the availability of the full STP, the comment period, and the ways to comment. <p>The full STP is available on the Department's website at www.colorado.gov/hcpf/hcbs-waiver-transition, and individuals may request the full STP in electronic or hard copy format via email at STP.PublicComment@state.co.us or Lori.Thompson@state.co.us or caitlin.phillips@state.co.us, via phone at 303-866-6873 (Caitlin Phillips—ACF Specialist, Long Term Services and Supports Division) or 303-866-5142 (Lori Thompson—HCBS Specialist, Division for Intellectual and Developmental Disabilities), via fax at 303-866-3991 (Attention: Statewide Transition Plan Team), or in person or via U.S. mail at ATTN: Lori Thompson, Statewide Transition Plan Team, 1570 Grant Street, Denver, CO 80203.</p> <p>The comment period is the 35-day period following public notice. The public may provide comments via email at STP.PublicComment@state.co.us or Lori.Thompson@state.co.us or caitlin.phillips@state.co.us, via phone at 303-866-6873 (Caitlin Phillips—ACF Specialist, Long Term Services and Supports Division) or 303-866-5142 (Lori Thompson—HCBS Specialist, Division for Intellectual and Developmental Disabilities), via fax at 303-866-3991 (Attention: Statewide Transition Plan Team), or in person or via U.S. mail at ATTN: Lori Thompson, Statewide Transition Plan Team, 1570 Grant Street, Denver, CO 80203.</p>	<p>Since the initial public notice period, the Department has implemented a more thorough public notice procedure. The Department has prepared a separate summary, dated November 16, 2015, of the public notice process employed with the second version of the STP (STP.2), as well as a summary of the comment(s) received and the Department's responses to such comment(s). This summary is available at www.colorado.gov/hcpf/hcbs-waiver-transition.</p> <p>The Department will make available a summary of the comments it receives on the current STP (STP.3) and its responses to the comments, as well as a copy of any revised STP it prepares in response to the comments.</p>
7.	Continue ongoing stakeholder engagement for Supported Employment Services and similar programs for non-DIDD waivers.	5/22/2014	3/15/2019	See Row 4	<p>Ongoing discussions regarding Supported Employment occur with the Department and stakeholders. Currently identifying possibilities and areas of concern.</p> <p>The Department is conducting webinar based trainings for service providers and stakeholders, to discuss how to support individuals receiving services be integrated into their community, including discussions on employment and volunteer opportunities that will allow individuals to engage with their community. The topics of these webinars are chosen from the feedback the Department is receiving from service providers about their highest concerns.</p> <p>The Department has convened a stakeholder workgroup, which has met five times, comprised of service providers, family members, and advocates to work collaboratively to create best practices that providers can start to implement to support their work of coming into compliance with the HCBS Settings Rule.</p> <p>The Department has met with 30 providers on an individual basis to provide technical assistance concerning the HCBS Settings Final Rule and has discussed employment and volunteer opportunities that can support individuals receiving services to engage with their community.</p>	<p>The Department has met with many residential and non-residential providers and expressed the importance of community integration and meaningful community roles for individuals. This has included individuals seeking competitive employment, volunteer opportunities, and other activities of their choosing. The Department is currently reviewing regulations to identify and eliminate barriers to meaningful community integration; as an example, the Department is reviewing a possible disincentive to work when in an Alternative Care Facility, given that payments to the facility increase as income increases.</p>
8.	Develop and update on a regular basis an external stakeholder communication plan.	9/30/2014	3/15/2019	See Row 4	<p>The Department is talking to lead staff about adding a standing agenda item to the regular stakeholder meeting and has started to give updates at the Monthly Advocates Communication meeting and the Alternative Care Facility Stakeholder meeting. The Department will begin to provide a quarterly e-mail blast to stakeholders. The Department will include all updates on the website (www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule).</p> <p>The Department is conducting webinar based trainings for service providers and stakeholders, to discuss how to support individuals receiving services be integrated into their community, including discussions on employment and volunteer opportunities that will allow individuals to engage with their community. The topics of these webinars are chosen from the feedback the Department is receiving from service providers about their highest concerns.</p> <p>The Department has convened a stakeholder workgroup, which has met five times, comprised of service providers, family members, and advocates to work collaborative to create best practices that providers can start to implement to support their work of coming into compliance with the HCBS Settings Rule.</p> <p>The Department has met with 30 providers on an individual basis to provide technical assistance concerning the HCBS Setting Final Rule and has discussed employment and volunteer opportunities that can support individuals receiving services to engage with their community.</p>	<p>Since November 2015, the Department has hosted several in-person and webinar-based stakeholder workgroups to discuss concerns, best practices, and other issues for implementing the HCBS Settings Rule. The workgroups have discussed both residential and non-residential settings. The workgroups focused in particular on expanding community integration opportunities, informed choice, and participant rights. The workgroups are currently preparing drafts of best practices that can be shared with other providers. The workgroups will continue to meet virtually (by phone/webinar) every month through March 2016.</p>
Program Component: Infrastructure						
1. Site-specific assessments of existing HCBS residential and non-residential settings						
9.	Create a two-stage provider survey process to assess settings where HCBS participants live and/or receive services.	5/21/2014	Completed 6/30/2014	The Department, the Lewin Group	Completed.	See below.

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
10.	Conduct Stage 1 macro review of provider settings (initial survey of existing providers).	6/30/2014	Completed 1/21/2016	See Row 9	Completed.	See below.
11.	Conduct Stage 2 micro review of provider settings based on the results of Stage 1 (secondary survey).	7/20/2014	Completed 1/21/2016	See Row 9	<p>Completed.</p> <p>As of January 21, 2016, 613 unique providers completed the Initial and/or Secondary Provider Self-Assessment Surveys. Some providers offer multiple services and/or participate in multiple waivers, and hence completed multiple surveys, yielding 1,602 completed surveys. 145 providers did not complete the self-assessment survey, or their response submissions could not be linked to a provider.</p>	<p>As of January 21, 2016, 211 residential providers scored a Support Level 1, meaning that their responses to the Initial and/or Secondary Provider Self-Assessment Surveys yielded an indicators of isolation score less than 25% and a score less than 50% on concerns relating to "Rights, Autonomy, and Choice." 146 residential providers scored a Support Level 2 or higher, meaning that their responses to the Initial and/or Secondary Provider Self-Assessment Surveys fell within one of the following categories: Support Level 4 (any indication of a setting located on the grounds of or immediately adjacent to a public institution or an indicators of isolation score greater than 50%), Support Level 3 (indicators of isolation score less than 50% and greater than 25%), or Support Level 2 (indicators of isolation score less than 25% and a score greater than 50% on concerns relating to "Rights, Autonomy, and Choice").</p> <p>Residential providers' self-assessment survey responses indicate that they have practices that promote empowerment and community inclusion, and that they tend to ensure that residents have access to food at all times. Key areas for improvement include promoting residents' interactions with people who are not disabled, Medicaid-only residents, and/or paid staff; increasing individuals' control over their finances; and protecting residents' ability to leave the property.</p> <p>As of January 21, 2016, the majority of nonresidential providers appear to need support in complying with the rule. 142 nonresidential providers scored a Support Level 2 or higher, and 58 scored a Support Level 1. (Some providers may appear in both the residential and nonresidential categories.) Nonresidential providers' self-assessment survey responses indicate that they respect individuals' ability to choose to engage or not in various activities based on their own interests and preferences. The main area for improvement for nonresidential providers is to address the prevalence of segregated settings where the majority of individuals do not work in integrated competitive employment and/or do not engage in activities with the general community.</p> <p>Updated scorecards summarizing the survey data for providers serving particular waiver</p>

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
						populations will be posted on the Department's website.
12.	Develop and conduct survey for individuals and families to provide input on settings by type and location.	10/1/2014	Development completed 6/30/2014. Survey data collection is ongoing.	See Row 9	Completed the development of the survey and the development of a Spanish-language version of the survey. Currently collecting data at www.research.net/s/ColoradoHCBS and via hard copy. Data is currently being analyzed.	The survey is ongoing for all individuals and families to take as often as needed as it pertains to their individual needs/person centered care. Results will inform processes and providers and/or locations that need additional support. Results will also inform stakeholder engagement agenda items, as well as training topics. As of April 22, 2016, 389 individual surveys have been completed. Many survey respondents have elected to identify the particular setting at which they or their family member receive services, which allows their responses to be used in the site-specific assessment process. The Department is asking all providers to work with the individuals receiving waiver services to complete the survey. The Department has started and will continue to inform stakeholders of the survey through stakeholder meetings, webinars, and official publications.
13.	Prepare for on-site surveys.	3/1/2015	Completed 4/8/2016	The Department, the Lewin Group, Telligen, CDPHE, CMAs, including SEPs and CCBs, providers that own or operate affected settings, clients that receive services at or reside in affected settings, and other community stakeholders	<p>The Department has finalized the Provider Transition Plan (PTP) Excel file; the PTP User Manual; the Protocol for Site Visits and Heightened Scrutiny; and a Checklist for site visitors. These materials will be used to support providers in coming into compliance with the HCBS Settings Rule and to guide the site visit process.</p> <p>The Department's contractor, Telligen, has emailed PTP Excel files and PTP User Manuals to the initial set of providers whose settings will receive an on-site survey. Telligen is currently beginning to conduct site visits with these providers.</p>	<p>The Provider Transition Plan (PTP) is an Excel document that the provider completes in order to assess its compliance with the HCBS Settings Rule, assess the potential application of heightened scrutiny, and set out a remedial action plan and timeline. When submitting its PTP, the provider attaches relevant evidence (e.g., leases, photographs). The completed PTP and attached evidentiary materials are subject to review and approval by the Department.</p> <p>The PTP User Manual is a Word document that guides providers in completing the PTP.</p> <p>The Protocol for Site Visits and Heightened Scrutiny (Protocol) is a Word document that guides site visitors in conducting site visits and determining whether a setting may be subject to heightened scrutiny. The Protocol includes a Checklist for site visitors to use when assessing particular settings.</p> <p>Under the HCBS Settings Rule, CMS will apply heightened scrutiny where a setting</p> <ul style="list-style-type: none"> is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; is in a building located on the grounds of, or immediately adjacent to, a public institution; or has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes																																																																														
14.	Conduct on-site surveys.	4/13/2016	1/1/2017	See Row 13	<p>As noted above, the Department’s contractor, Telligen, is currently beginning to conduct site visits with the initial set of providers whose settings will receive an on-site survey.</p> <p>The Department will conduct site visits to verify survey responses and to further assess particular settings. A statistically significant number of randomly selected site visits will be completed. During site visits, PTPs will be updated and completed for providers that are being visited.</p> <p>Sampling Approach (based on recommendations and analysis by the Department’s contractor, the Lewin Group)</p> <p>This sampling approach includes a 95% confidence interval (CI) sample of all providers as the sample total. For each setting type, Lewin calculated the 95% CI for the provider universe, and used that sample size to proportionally allocate site visit amounts by setting type. Thus, the sample total is stratified by setting type, and the setting type samples are representative of the provider universe. For example, ACFs comprise 25.6% of the provider universe, and 25.6% of the sample. Within ACFs, the particular providers selected for a site visit are randomly selected. As a result, this approach includes 231 providers expected to receive site visits.</p> <p>Methodology</p> <ul style="list-style-type: none"> • Sample drawn from provider universe (n=1,222) • Within setting type, site visits are made to a randomly selected set of providers • Total of site visits across all setting types yields 95% CI overall • Unique providers in sample (for deduplication purposes) are determined with reference to Support Level (from provider self-assessment surveys) <table border="1" data-bbox="1205 842 2511 1721"> <thead> <tr> <th>Setting Type</th> <th>Provider Universe</th> <th>Sampling Metric</th> <th>Providers in Sample</th> <th colspan="2">Deduplicated Count for Sample by Self-Assessment Survey Score</th> </tr> </thead> <tbody> <tr> <td>Adult Day</td> <td>6</td> <td>95% CI of universe</td> <td>1</td> <td rowspan="3">Support Level 4</td> <td rowspan="3">14</td> </tr> <tr> <td>Adult Day - Basic</td> <td>45</td> <td>95% CI of universe</td> <td>11</td> </tr> <tr> <td>Adult Day - Specialized</td> <td>59</td> <td>95% CI of universe</td> <td>14</td> </tr> <tr> <td>Alternative Care Facility</td> <td>313</td> <td>95% CI of universe</td> <td>75</td> <td rowspan="2">Support Level 3</td> <td rowspan="2">33</td> </tr> <tr> <td>CHRP</td> <td>55</td> <td>95% CI of universe</td> <td>13</td> </tr> <tr> <td>Day Habilitation - Specialized Habilitation</td> <td>126</td> <td>95% CI of universe</td> <td>30</td> <td rowspan="3">Support Level 2</td> <td rowspan="3">13</td> </tr> <tr> <td>Day Habilitation - Supported Community Connections</td> <td>170</td> <td>95% CI of universe</td> <td>41</td> </tr> <tr> <td>Prevocational Services</td> <td>32</td> <td>95% CI of universe</td> <td>8</td> </tr> <tr> <td>Residential Habilitation (GRSS)</td> <td>55</td> <td>95% CI of universe</td> <td>13</td> <td rowspan="3">Support Level 1</td> <td rowspan="3">115</td> </tr> <tr> <td>Residential Habilitation (IRSS) - Host Home</td> <td>101</td> <td>95% CI of universe</td> <td>24</td> </tr> <tr> <td>Residential Habilitation (IRSS) - Other</td> <td>104</td> <td>95% CI of universe</td> <td>25</td> </tr> <tr> <td>Supported Employment - Group</td> <td>66</td> <td>95% CI of universe</td> <td>16</td> <td rowspan="3">Nonresponsive/Incomplete</td> <td rowspan="3">56</td> </tr> <tr> <td>Supported Employment - Individual</td> <td>84</td> <td>95% CI of universe</td> <td>20</td> </tr> <tr> <td>Supported Living Program</td> <td>6</td> <td>95% CI of universe</td> <td>1</td> </tr> <tr> <td>Total</td> <td>1,222</td> <td>N/A</td> <td>293</td> <td>N/A</td> <td>231</td> </tr> </tbody> </table> <p>For purposes of site-specific assessments (e.g., Provider Transition Plans and site visits), Colorado plans to draw on its understanding of the way most private homes, professional provider offices, and clinics operate in presuming that they are</p>	Setting Type	Provider Universe	Sampling Metric	Providers in Sample	Deduplicated Count for Sample by Self-Assessment Survey Score		Adult Day	6	95% CI of universe	1	Support Level 4	14	Adult Day - Basic	45	95% CI of universe	11	Adult Day - Specialized	59	95% CI of universe	14	Alternative Care Facility	313	95% CI of universe	75	Support Level 3	33	CHRP	55	95% CI of universe	13	Day Habilitation - Specialized Habilitation	126	95% CI of universe	30	Support Level 2	13	Day Habilitation - Supported Community Connections	170	95% CI of universe	41	Prevocational Services	32	95% CI of universe	8	Residential Habilitation (GRSS)	55	95% CI of universe	13	Support Level 1	115	Residential Habilitation (IRSS) - Host Home	101	95% CI of universe	24	Residential Habilitation (IRSS) - Other	104	95% CI of universe	25	Supported Employment - Group	66	95% CI of universe	16	Nonresponsive/Incomplete	56	Supported Employment - Individual	84	95% CI of universe	20	Supported Living Program	6	95% CI of universe	1	Total	1,222	N/A	293	N/A	231	<ul style="list-style-type: none"> • The selected approach most closely follows available guidance, which states that “[s]tates may . . . perform on-site assessments of a statistically significant sample of settings”; “[s]tatistically valid sampling means the number of providers selected for review is proportionally representative of the total number of settings OF THAT TYPE in the state”; “the sampling should be stratified - a statistically representative number of settings FOR EACH type of setting should be visited”; and “[s]tratifed sample means X% of adult foster homes, X% of group homes, X% of sheltered work facilities, X% Adult Day services, etc.” Slide Deck on Assessment of State Systems (presented by Sharon Lewis, Senior Advisor to the Secretary on Disability Policy and Principal Deputy Administrator for the Administration on Community Living (ACL), on CMS-hosted Sept. 23, 2015 SOTA call). • The selected approach ensures that “the number of providers selected for review is proportionally representative of the total number of settings OF THAT TYPE in the state.” <i>Id.</i> • While an approach the Department considered in the prior STP is also generally consistent with CMS’s guidance, it may go too far: by providing for a 95% confidence level within each setting type, it yields a disproportionately high number of site visits—as many as 100% of providers—within setting types that have relatively few providers (e.g., Adult Day; Supported Living Program). Visiting 100% of any setting type defeats the purpose of sampling, and is probably not what CMS has in mind. • The Department reserves the right—but not the obligation—to add site visits if it believes a particular provider may be out of compliance. For example, if the Department develops concerns based on the provider self-assessment survey responses, any client or family responses to the Individual and Family Survey that are identifiable to a particular setting, or public input, it could decide that it would be worthwhile to visit the setting in question (even if the setting is not part of the randomly selected 231 settings). • Compared to the other approaches considered, the selected approach makes the most efficient use of state time and resources by providing for the smallest total number of site visits. The smaller the number of site visits, the more likely it is that Colorado will be able to complete them within its proposed timeframe (aiming to
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	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
					compliant with these requirements. Anyone may seek to rebut this presumption by providing information about a particular setting to the Department.	<p>complete all initial site visits by January 1, 2017) and within budget. The other approaches would generate a far greater—and probably unrealistic—burden in terms of time and effort.</p> <ul style="list-style-type: none"> • Even though it provides for a smaller number of site visits, the selected approach still provides for a very significant number of site visits, amounting to 37.7% of the total number of unique providers. Because such a large proportion of providers will receive direct, in-person contact with site visitors, it is questionable whether the other, more burdensome, approaches provide any appreciable value to CMS, the Department, and stakeholders. <p>The outcomes of the site visits will inform providers' next steps and will be acted upon as described below.</p>
2. Site-specific remediation for existing HCBS residential and non-residential settings						
15.	Provider Transition Plans (PTPs) will be completed with all providers (including those not subject to site visits). PTPs will include determinations of whether providers are potentially subject to heightened scrutiny and whether they need to make any changes to attain compliance and/or to be put forward to CMS for heightened scrutiny.	4/13/2016	1/1/2017	See Row 13	<p>As noted above, the Department has finalized the Provider Transition Plan (PTP) Excel file; the PTP User Manual; the Protocol for Site Visits and Heightened Scrutiny; and a Checklist for site visitors. These materials will be used to support providers in coming into compliance with the HCBS Settings Rule and to guide the site visit process.</p> <p>The Department's contractor, Telligen, has emailed PTP Excel files and PTP User Manuals to the initial set of providers whose settings will receive an on-site survey.</p> <p>In addition to the guidance contained within the PTP, Department assistance with remedial actions may include: conducting an additional site visit; meeting with the provider to identify potential solutions for compliance; sharing information from stakeholder action groups to identify innovations and problem-solve challenges; and providing in-person training, webinar training, fact sheets, frequently asked questions documents, slide decks, and a website with an innovation corner for provider feedback and comments.</p>	
16.	Updated PTPs will be submitted, along with evidence supporting changes made by the provider to come into compliance.	10/13/2016	12/31/2017	See Row 13	Providers will be asked to submit an update to their PTP within six months of their site visit or initial submission of their PTP without a site visit (if the provider was only asked to complete a PTP), with evidence of any changes made (e.g., new leases or resident agreements). The Department may request further six-month updates or conduct additional site visits as necessary, including to better understand how individuals are experiencing any changes made by the provider.	
17.	Determine whether each provider has made any required changes (including any necessary to be put forward to CMS for heightened scrutiny) or whether the provider needs to begin the process of transitioning clients from the impacted setting to another setting.	10/13/2016	12/31/2017	See Row 13	<p>The Department will use the data from the two Provider Self-Assessment Surveys, the on-site surveys, the PTPs, and any updates to PTPs (with evidence of any changes made by the provider) to sort settings into the following categories:</p> <ul style="list-style-type: none"> • Setting is not subject to heightened scrutiny and is compliant with the HCBS Settings Rule; no further action needed. • Setting is not subject to heightened scrutiny and will become compliant with remediation that it will complete in a reasonable timeframe. • Setting is not subject to heightened scrutiny, cannot meet the federal requirements, and will be removed from HCBS program; setting must prepare to transition clients elsewhere. • Setting is presumptively non-HCBS, and state will submit evidence to CMS to overcome the presumption of institutional or isolating qualities. This category includes: <ul style="list-style-type: none"> ○ (a) Setting is subject to heightened scrutiny and is able to overcome institutional presumption, and evidence will be put forward to CMS; and ○ (b) Setting is subject to heightened scrutiny and is not yet able to overcome institutional presumption, but will be able to do so in a reasonable timeframe. • Setting is institutional or is subject to heightened scrutiny and not timely able to overcome institutional presumption; setting must prepare to transition clients elsewhere. 	
18.	Publicly notice final outcomes of site-specific assessments (including which providers will be	12/31/2017	1/31/2018	See Row 13		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	put forward to CMS for heightened scrutiny).					
19.	Submit updated STP with site-specific assessments to CMS (including which providers are being put forward for heightened scrutiny).	1/31/2018	3/5/2018	See Row 13		
20.	Develop a process to support a stable transition for individuals to new settings as appropriate.	1/1/2017	11/1/2018	See Row 4	The Department will develop a framework similar to that currently used by the Colorado Choice Transitions (CCT)/Community Transition Services (CTS) program. While this program focuses on transitioning from institutional to community settings, the lessons and processes can be adapted for what is needed to comply with the HCBS Settings Rule. The Department will require service providers that are not compliant with the HCBS Final Setting Rule to utilize an ITP to support the individual(s) being served in the transition.	Individual Transition Plan (ITP) is a plan developed with an individual to identify the services and supports needed if their current setting is not going to timely come into compliance and the individual needs to transition to a new setting. The ITP will include assurances that the beneficiary received reasonable notice and due process in their transition; that the beneficiaries are given the opportunity, information, and supports to make informed choice of an alternate setting; and that critical services/supports are in place in advance of the individual's transition. The timeline for relocation and the number of beneficiaries impacted have not yet been determined.
3. Systemic assessment of existing Colorado statutes, regulations, waivers, and other authorities						
21.	Review Colorado statutes, regulations, and waivers to determine whether these authorities are compliant with, silent on, or in conflict with the HCBS Settings requirements; prepare crosswalk summarizing this analysis and recommending any changes necessary to achieve compliance. As part of the crosswalk or in addition to it, flag places to make changes necessary to: <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. Ensure that Group Residential Services and Supports (GRSS) settings are more home-like and less isolating (see policies for Individual Residential Support Services (IRSS) settings). 	5/21/2014	Completed 4/15/2016	The Department, CDPHE, the Colorado Department of Human Services (CDHS), the Lewin Group	The systemic assessment crosswalk is being published with, and is incorporated by reference in, the current version of the STP (STP.3). The Department invites public comment on the crosswalk.	The Lewin Group provided the Department with an initial set of recommended redlines to relevant statutes, regulations, waivers, and other authorities. The Department has since conducted a more detailed and comprehensive review of potentially relevant statutes, regulations, and waivers, and it has prepared a more detailed crosswalk as described at left. The crosswalk will be used as a roadmap for preparing a more detailed and comprehensive set of recommended redlines to relevant statutes, regulations, and waivers. The Department is collecting best practices relevant to potential rule changes as part of the Stakeholder Engagement Workgroups (November 2015-March 2016).
22.	Publicly notice crosswalk.	4/15/2016	5/5/2016	See Row 4, plus CDHS and potentially other agencies	As noted above, the systemic assessment crosswalk is being published with, and is incorporated by reference in, the current version of the STP (STP.3). The Department invites public comment on the crosswalk.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
23.	Submit amended STP with crosswalk to CMS.	5/5/2016	6/30/2016	See Row 22		
24.	To the extent not already addressed in Row 21, work with other agencies as appropriate to analyze existing provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency; and to determine where changes could be made to promote and monitor ongoing compliance with HCBS Settings requirements, both for current providers and new/potential providers.	4/1/2015	1/1/2017	See Row 22	<p>The Department is working with CDPHE to modify survey requirements and to review survey cycles.</p> <p>The Department is gathering data, evaluating, and discussing with other stakeholders potential changes to existing provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency.</p> <p>The Department has developed a list of modifications to quality assurance documents. This action step will include deleting references to “non-integrated work services programs [that] provide paid work in sheltered/segregated settings.”</p>	
25.	<p>To the extent not already addressed in Row 21, work with CDHS to analyze existing policies for CHRP settings and to determine where changes could be made to promote compliance with HCBS Settings requirements, potentially including:</p> <ul style="list-style-type: none"> • Strengthening the person-centered planning processes in group homes, group centers, and RCCFs • Expanding financial and dietary rights in group homes, group centers, and RCCFs (similar to DD waiver) when appropriate by age or court order • Ensuring informed choice of settings, including providers available within waiver (and not just choice between waiver and institutional/other options), and choice of roommates, when consistent with court orders • Expanding Individual Choice Statement described in the waiver to include additional flexibility in choosing persons who attend team meetings, roommates when applicable, and setting type when such an option is available through a court order. 	4/1/2015	1/1/2017	The Department, CDHS, County Departments of Social Services (DSS), County Directors/CHRP Liaison, Educational settings, GAL, Residential Care Collaborative, Arc of Colorado, 24 hour Monitoring Unit, Residential Child Care Facility, Permanency Round Table, Foster Home Placements, PAC, Sub PAC	The Department is working with the Colorado Department of Human Services (CDHS), which administers the CHRP waiver, to review setting and setting requirements. This work includes analysis of the interface between the HCBS Settings Rule and current CHRP operations and the restrictions in place due to the statutes that govern the Colorado Foster Care system, along with the legal authorities that restrict choices youth can make.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<ul style="list-style-type: none"> Identifying where educational supports are provided within the residential setting and moving toward integration within the public school system. 					
4. Systemic updating of existing Colorado statutes, regulations, waivers, and other authorities						
26.	<p>Prepare new/amended Departmental regulations and proposed amendments to waivers (using crosswalk as a roadmap); request that other affected agencies do the same for their regulations.</p> <p>In connection with this process, prepare changes necessary to:</p> <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. Ensure that GRSS settings are more home-like and less isolating (see policies for IRSS settings). 	6/30/2016	6/30/2017	See Row 22		
27.	<p>Publicly notice and finalize new/amended Departmental regulations and proposed amendments to waivers (using crosswalk as a roadmap); request that other affected agencies do the same for their regulations.</p> <p>In connection with this process, propose changes necessary to:</p> <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. Ensure that GRSS settings are more home-like and less isolating (see policies for IRSS settings). 	6/30/2017	7/31/2017 (target to publicly notice); 3/15/2019 (deadline to finalize)	See Row 22		
28.	Propose and finalize new/amended statutes (using crosswalk as a roadmap).	6/30/2016	7/31/2017 (target to propose); 3/15/2019 (deadline to finalize)	See Row 22		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
29.	Work with the Colorado Division of Housing (CDOH) to develop template leases, written agreements, or addendums to support residential providers in documenting protections regarding evictions and appeals comparable to those provided under Colorado landlord tenant law.	5/1/2015	12/1/2016	The Department, the Colorado Department of Housing (CDOH), and stakeholders in Row 4	Currently working with the Colorado Department of Housing (CDOH), stakeholders, and CDPHE to identify options and develop implementation. A draft template with minimum requirements for a residential agreement has been compiled by Department staff. It includes information from the Colorado Residential model lease, a model lease from the Department of Housing and Urban Development, as well as an existing comprehensive residential agreement from a residential provider. This document is being reviewed by the Department's legal staff.	
30.	Publish/implement revisions to Departmental manuals, provider agreements, and other materials to promote compliance with HCBS Settings requirements.	6/30/2016	7/31/2017	See Row 4		
31.	To the extent not already addressed in Row 26, work with other agencies as appropriate to implement changes to provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency to promote and monitor ongoing compliance with HCBS Settings requirements, both for current providers and new/potential providers.	1/1/2017	3/15/2019	See Row 24		
32.	To the extent not already addressed in Row 27, work with CDHS to implement changes to CHRP policies to promote compliance with HCBS Settings requirements, potentially including: <ul style="list-style-type: none"> • Strengthening the person-centered planning processes in group homes, group centers, and RCCFs • Expanding financial and dietary rights in group homes, group centers, and RCCFs (similar to DD waiver) when appropriate by age or court order • Ensuring informed choice of settings, including providers available within waiver (and not just choice between waiver and institutional/other options), and choice of roommates, when consistent with court orders • Expanding Individual Choice Statement described in the waiver to 	1/1/2017	3/15/2019	See Row 25		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<p>include additional flexibility in choosing persons who attend team meetings, roommates when applicable, and setting type when such an option is available through a court order</p> <ul style="list-style-type: none"> Identifying where educational supports are provided within the residential setting and moving toward integration within the public school system. 					
5. Enhancing training and technical assistance						
33.	Require provider and CMA (including SEP and CCB) staff training on person centered planning (PCP) philosophy and practice.	3/1/2015	3/15/2019	The Department, the Lewin Group, CMAs, including SEPs and CCBs	<p>Webinar trainings regarding PCP requirements have been conducted. Training slide decks are published on the Colorado State Transition website (www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule) so this information can be utilized by stakeholders when it is needed. Trainings will be ongoing.</p> <p>In addition, the Department has contracted to conduct statewide trainings for approximately 500 people regarding person-centered planning.</p>	<p>Webinars have been well-attended. The Department has conducted six webinars since September of 2015, with the average attendance being 221:</p> <p>September 28, 2015-CO HCBS Settings Rule Overview-228 participants</p> <p>October 20, 2015-Person Centered Planning and HCBS Settings Final Rule-178 participants</p> <p>January 29, 2016-The HCBS Settings Rule effect on Residential Services-261 participants</p> <p>February 23, 2016-The HCBS Settings Rule effect on Non-Residential Services-217 participants</p> <p>March 31, 2016-Guardianship and the HCBS Final Rule-200 participants (approx.)</p> <p>April 28, 2016-Balancing Individual Rights and Provider Liability-200 participants (approx.)</p>
34.	Provide clarity on the need for all settings to comply with home and community based settings requirements, and conduct a webinar series to highlight the settings requirements (residential, non-residential, adults, children), principles of person-centered planning, and implementation.	3/1/2015	12/1/2015 and ongoing thereafter	See Row 4 and the Lewin Group	Webinar trainings have been conducted for all stakeholders focusing on an overview of the final rule, person centered planning, details of the rule as applicable to residential and non-residential settings, guardianship, and balancing individual rights and provider liability. A planned future training will address leases and residential agreements. Trainings will be ongoing. Slides will be posted online at www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .	See Row 33.
35.	Provide strategic technical assistance to all key stakeholders by issuing fact sheets and FAQs and responding to questions related to the implementation of the transition plan (action steps, timelines, and available technical assistance).	8/1/2014	Ongoing	See Row 9	The Department has posted guidance documents on its website at www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule . The Department will continue to update these documents. Additional FAQs and other messaging documents are expected over the course of the next year to further inform and update providers, individuals, and other stakeholders on ongoing rule compliance. Department staff are also meeting regularly with providers around the state to provide technical assistance.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
36.	Provide training to licensure/certification staff on new settings requirements.	1/1/2016	11/1/2018	The Department, the Lewin Group, CDPHE	Webinar trainings have been administered for all stakeholders involving person centered planning and clarification regarding the final rule for residential and non-residential settings. More targeted training and support to licensure/certification staff is expected over the course of the next year. Although there has not yet been formal training specifically for licensing and certification staff, representatives from licensure and certification staff have been in attendance for many of the trainings held to date, and a representative was present at an in-person event in June 2015 held by the Department.	
37.	Provide training to quality improvement staff on new settings outcomes measures.	1/1/2017	11/1/2018	See Row 36		
38.	Provide training to enrollment staff regarding review and potential heightened scrutiny of new providers/facilities.	1/1/2016	11/1/2018	See Row 36		
39.	Provide training to case managers through CMAs, including SEPs and CCBs, and County Departments of Social Services to support an informed choice of setting, identify areas of non-compliance, and support implementation of the transition plan.	31/2015	1/1/2017	The Department, CDHS, County DSS, CMAs, including SEPs and CCBs	Webinar trainings have been administered for all stakeholders involving person centered planning and clarification regarding the final rule for residential and non-residential settings. More targeted training and support to case managers is expected over the course of the next year.	See Row 33.
Program Component: Inclusion of Requirements within the HCBS Quality Framework						
40.	Include setting-related outcomes measures within the current 1915(c) waiver quality improvement system.	6/1/2017	1/1/2018	The Department, CDPHE		
41.	Monitor data from Quality of Life and National Core Indicators (NCI) related to outcomes (e.g., opportunities for informed choice, choice of roommate and setting, freedom from coercion).	1/1/2016	3/15/2019	The Department		
42.	Provide quarterly updates to CMS on status of systemic assessment and site-specific assessment projects.	9/31/2016	Ongoing until projects are completed or 3/15/2019	See Row 9	The Department plans to provide quarterly updates by email to CMS Regional Office and Central Office staff.	