



**HCBS Settings Final Rule  
 Milestone Update III – September 1, 2020**

The Colorado Department of Health Care Policy & Financing (HCPF or “the Department”) has developed a Statewide Transition Plan (STP) for bringing Home- and Community-Based Services (HCBS) throughout Colorado into compliance with the federal [HCBS Settings Final Rule](#). The [STP was last published and submitted to the Centers for Medicare & Medicaid Services \(CMS\)](#) on December 16, 2016. CMS granted [initial approval](#) of that version of the STP on November 21, 2017. The Department last submitted an updated schedule of HCBS Settings Final Rule implementation [milestones](#) to CMS on February 6, 2020.

Since then, the Department has continued its work to implement the HCBS Settings Final Rule, including in the areas of stakeholder engagement and oversight; site-specific assessment, verification, and remediation; systemic assessment and remediation; and the provision of training, guidance, and other technical assistance. For example, the Department rolled out the Provider Transition Plan (PTP) platform to all remaining affected providers, and it worked with the Colorado Department of Public Health & Environment (CDPHE) and members of the Rights Modification Stakeholder Workgroup to develop materials that include a Draft Rule and an informed consent template, with built-in guidance for providers and case managers. Nevertheless, the COVID-19 pandemic has caused certain delays in the rule implementation process. Recognizing these issues, CMS issued a [State Medicaid Director Letter](#) extending the statewide compliance deadline to March 2023.

To reflect these developments, the Department proposes the following updated schedule of milestones. The Department expects the revised dates to be reflected in the next version of the STP.

| Milestone   | Description  | End Date                     | STP Page                    |
|---|--|------------------------------|-----------------------------|
| <b>Systemic Assessment and Remediation</b>  |  |                              |                             |
| Completion of systemic assessment<br><i>[the date of overall completion of the systemic assessment, including review of all rules, regulations, and statutes]</i> | Review Colorado statutes, regulations, and waivers to determine whether these authorities are compliant with, silent on, or in conflict with the HCBS Settings Final Rule requirements; prepare crosswalk summarizing this analysis and recommending any changes necessary to achieve compliance.  | <b>Completed<br/>4/15/16</b> | p. 12,<br>Action<br>Item 29 |
| Prepare and clear budget request and/or state statute change  | Statutory changes identified in the systemic assessment crosswalk have been made. Specifically, the systemic assessment crosswalk identified one statute, C.R.S. 13-21-117.5, for which changes regarding individuals’ rights under landlord-tenant law and rights to person-centered planning prior to moves would be warranted. SB 18-174, | <b>Completed<br/>4/23/18</b> | p. 14,<br>Action<br>Item 37 |

| Milestone   | Description  | End Date                            | STP Page                                 |
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|   | <p>enacting these changes, was signed by the Governor on April 23, 2018. The Department has not identified any other changes required to bring Colorado’s statutes into compliance with the rule.</p>  |                                     |  |
|   | <p>The Department has been requiring providers to make low- or no-cost changes to come into compliance with the HCBS Settings Final Rule as soon as feasible. The Department has been collecting cost-impact information as part of the PTP process in order to inform its assessment of whether there are any significant cost impacts driven by the rule. The Department will analyze this information and does not yet know whether a budget request will be warranted. If the Department identifies significant cost impacts attributable to the rule and determines that a budget request is warranted, it will submit its request by November 1, 2021.</p> | <p><b>11/1/2021</b></p>             | <p>p. 14, Action Item 37 + extension</p> |
| <p>Funding is available; enacted bills become effective</p> | <p>Statutory changes identified in the systemic assessment crosswalk are in effect, as described above.</p>  | <p><b>Completed<br/>4/23/18</b></p> | <p>p. 15, Action Item 42</p>             |
|   | <p>If requested and approved, funds appropriated under a budget request should be available beginning on July 1, 2022, and any rate increase for waiver services (if needed) should be effective by January 1, 2023, allowing providers to make final, high-cost changes to come into compliance (if applicable) by March 17, 2023.</p>  | <p><b>7/1/2022</b></p>              | <p>p. 15, Action Item 42 + extension</p> |
| <p>Seek formal public comment on new/amended rules</p>      | <p>In January 2020, the Department shared a Draft Rule with the Rights Modification Stakeholder Workgroup. Workgroup participants asked questions about and provided comments on the Draft Rule during subsequent workgroup meetings and by email. In June 2020, the Department shared with the workgroup an updated Draft Rule, an in-progress listening log, and a draft informed consent template with built-in guidance for providers and case managers. The Department is hosting open meetings in summer-fall 2020 to continue getting</p>   | <p><b>11/10/2022</b></p>            | <p>p. 16, Action Item 60 + extension</p> |

| Milestone   | Description   | End Date                              | STP Page   |
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|   | <p>informal feedback from stakeholders, including those that did not participate in the workgroup. The Department expects to continue updating the Draft Rule, listening log, and informed consent template based on informal public input. In addition, the Department will update the Systemic Assessment Crosswalk to determine any remaining changes needed to conform existing regulatory and waiver language to the HCBS Settings Final Rule and the Department’s Draft Rule.</p> <p>The date at right represents the approximate last date by which all required rule changes (including the remaining changes to existing regulatory and waiver language, per the updated Systemic Assessment Crosswalk) will be released for formal public comment in connection with the Medical Services Board (MSB) rulemaking process. (With informal public comment already underway as described above, the Department expects to complete the process before then, but is noting the deadline at right to ensure that if the informal feedback process takes more time than expected, the formal rulemaking process can still begin on time to ensure statewide compliance with the federal rule by March 2023.)</p> <p>Draft waiver amendments, while not tracked as part of these milestones, will be released for public comment by Fall 2022 (or earlier), to be effective by January 1, 2023 (or earlier).</p> |                                       |            |
| <p>Effective date of new rules and regulations: 50% complete</p> <p><i>[the date when at least 50% of all rules, regulations, and statutes identified through the assessment will be implemented]</i></p> | <p>CDPHE promulgated changes to its regulations governing assisted living residences (ALRs) that became effective in June 2018. While these changes were not compelled by the HCBS Settings Final Rule, they in many ways support compliance with the rule.</p> <p>The Department plans to promulgate changes to its own regulations (as described in the crosswalk) as part of a single package, to be completed no later than the “100% complete” deadline in the next row of this</p>  | <p><b>Completed<br/>6/14/2018</b></p> | <p>N/A</p> |

| Milestone   | Description   | End Date         | STP Page                          |
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|   | table. Therefore, the “50% complete” milestone covers just the CDPHE changes described above.   |                  |                                   |
| <p>Effective date of new rules and regulations: 100% complete</p> <p><i>[the date when all rules, regulations, and statutes (100%) identified through the assessment will be implemented]</i></p> | <p>For changes to HCPF/MSB regulations and, if necessary, Colorado Department of Human Services (CDHS) regulations.</p> <p>Providers have been coming into compliance with the HCBS Settings Final Rule pursuant to the PTP process. After the effective date of the rule, noncompliance will be detected and addressed through existing regulatory monitoring and enforcement mechanisms.</p> <p>This schedule sets out the approximate last date by which HCPF rule changes will be effective.</p> <p>Depending on the timing of the rulemaking process and the effective date(s) adopted, other dates in these milestones may be changed (for example, the rule could specify a date other than 12/31/21 as the deadline after which rights modifications not supported by complete documentation, including informed consent, may not be employed).</p> | <b>3/2/2023</b>  | p. 16, Action Item 72 + extension |
| Publish/implement revisions to departmental manuals, provider agreements, websites, and other materials to promote compliance with HCBS Settings Final Rule requirements.                         | <p>Systemic updating of authorities, policies, and procedures other than statutes, regulations, and waivers.</p> <p>The Department overhauled its <a href="#">HCBS Settings Final Rule</a> website in March 2017 and has routinely updated the site since then. The Department has also updated other areas of its public website to include, where relevant, links to the HCBS Settings Final Rule site and related materials. The Department has also updated the supplements to its <a href="#">Member Handbook</a> to reflect its waiver programs’ compliance with the rule. If changes to other materials (<i>e.g.</i>, provider agreements, billing manuals) are necessary, the Department will complete them by the end of the transition period.</p>  | <b>3/17/2023</b> | p. 17, Action Item 74 + extension |

| Milestone   | Description   | End Date  | STP Page   |
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| <b>Site-specific Assessments</b>  |   |   |  |
| <p>Completion of randomly selected site visits</p>  | <p>The Department arranged for the completion of a statistically significant number of randomly selected site visits. Site visits were broadly informed by, and used to fill out and verify, the PTP. Site visit teams spoke not only with provider staff, but also with willing waiver participants and their relatives/guardians who wanted to share information about their lived experiences at settings.</p> <p>In addition to the randomly selected site visits, CDPHE has been conducting additional visits, including remote site visits during the pandemic, on an ongoing basis throughout the state.</p>   | <p><b>Completed<br/>6/30/2017</b></p>   | <p>pp. 8-9,<br/>Action<br/>Item 14</p>               |
| <p>Completion of initial site-specific assessments for all settings, including those not receiving a site visit</p> | <p>Initial PTPs will be completed by providers for all affected settings. This step includes provisionally identifying compliance issues, corresponding remedial action plans, and the potential application of heightened scrutiny. Providers are required to submit supporting materials (<i>e.g.</i>, policies and procedures, house rules, and leases/residential agreements) with their PTPs. When providers initially submit their PTPs, they will include policies and procedures (among other evidence) demonstrating that rights modifications are used, if at all, on an individualized, not across-the-board, basis.</p> <p>The Department will measure substantial completion of this milestone by determining that 95% or more of the PTPs in the relevant category have moved into a PTP Status other than Draft.</p> <p>As soon as providers submit their PTPs, they begin implementing their remedial action plans, with updates required every 3 months. As providers complete the remedial action plans identified in their PTPs, they will continue to work with individuals and case managers to discuss all rights modifications; case managers will discuss the modifications and alternatives with individuals and compile the documentation (including informed consent); and providers will maintain a copy of the signed documentation on file.</p> | <p><b>Adult<br/>Residential –<br/>substantially<br/>completed<br/>9/30/19</b></p> <p><b>Children’s<br/>Residential –<br/>10/31/20</b></p> <p><b>Nonresidential<br/>– 10/31/20</b></p> | <p>p. 10,<br/>Action<br/>Item 15 +<br/>extension</p> |

| Milestone   | Description  | End Date   | STP Page                                 |
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| <p>Completion of site-specific assessments for all settings, including those not receiving a site visit</p> <p><i>[the date of overall completion of the site-specific assessment, including review of all settings and the validation of assessment results]</i></p> | <p>Validation of site-specific assessments of all settings (PTPs) will be completed via desk reviews and/or site visits. This step includes desk reviews of PTPs and supporting materials and/or site visits, including remote site visits during the pandemic, to confirm that all compliance issues and corresponding remedial action plans have been identified and to confirm the potential application of heightened scrutiny. As part of its initial review and verification process, CDPHE may ask providers to submit evidence showing that all rights modifications have at least been identified for further conversations and documentation. To avoid possible inadvertent disclosure of personal health information (PHI), providers should not upload individualized evidence of specific rights modifications to the PTP platform unless and until asked by CDPHE, in which case they should do so promptly and with redactions of PHI.</p> <p>The Department will measure substantial completion of this milestone by determining that 95% or more of the PTPs in the relevant category have a Compliance Status other than (7) (the default status of “Not yet known”) or a blank Compliance Status.</p> <p>At the conclusion of this phase, all affected settings will be placed in their compliance/heightened scrutiny categories for purposes of publicly noticing the final STP and submitting it to CMS.</p> | <p><b>Adult Residential – substantially completed 3/2/20</b></p> <p><b>Children’s Residential – 12/31/20</b></p> <p><b>Nonresidential – 12/31/20</b></p> | <p>N/A</p>                               |
| <p>Incorporate results of settings analysis into final STP and release for public comment</p>   | <p>The final STP released for public comment will contain validated outcomes of all site-specific assessments (including which settings are being put forward to the public and/or CMS for heightened scrutiny or need to begin the process of transitioning individuals to another setting or funding source).</p> <p>At this point, all affected settings will have been placed in compliance/heightened scrutiny categories. Some providers may still be completing their remediation, subject to validation. Settings may be moved into different categories after this point if/as warranted by new</p>   | <p><b>Target 12/31/20; alternate 7/31/21</b></p>   | <p>p. 10, Action Item 18 + extension</p> |

| Milestone               | Description  | End Date   | STP Page   |
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|                         | <p>evidence submitted with their PTP updates, stakeholder comment, and the informal reconsideration process, as described below.</p> <p>The Department’s goal is to release for public comment both the final STP and information about settings in all heightened scrutiny categories around 12/31/20. If that schedule proves unworkable because of factors still in flux, such as providers’ adaptations to COVID-19 and the possible need to reassess their compliance, the Department will release for public comment information about settings subject to heightened scrutiny based on their location (categories i and ii) around 12/31/20, and it will release for public comment both the final STP and information about settings subject to heightened scrutiny based on their potential to isolate individuals (category iii) around 7/31/21.</p>   |  |  |
| Submit final STP to CMS | <p>The Department will review and address public comments before submitting the final STP to CMS.</p> <p>The STP will contain validated, final outcomes of nearly all site-specific assessments (including which settings are being put forward to the public and/or CMS for heightened scrutiny or need to begin the process of transitioning individuals to another setting or funding source). Some validation of PTP updates may still be underway, as described below.</p> <p>The Department’s goal is to submit to CMS both the final STP and information about settings in all heightened scrutiny categories by 3/31/21 (subject to the exclusion below). If that schedule proves unworkable because of factors still in flux, such as providers’ adaptations to COVID-19 and the possible need to reassess their compliance, the Department will submit to CMS information about settings subject to heightened scrutiny based on their location (categories i and ii) by 3/31/21, and it will submit to CMS both the final STP and information about settings subject to heightened scrutiny</p> | <p><b>Target<br/>3/31/21;<br/>alternate<br/>10/31/21</b></p> | <p>pp. 10-11,<br/>Action<br/>Item 19 +<br/>extension</p> |

| Milestone  | Description  | End Date  | STP Page                                 |
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|  | <p>based on their potential to isolate individuals (category iii) by 10/31/21 (subject to the exclusion below).</p> <p>Exclusion: the Department understands that settings in category iii that are verified compliant by 7/1/21 do not have to be submitted to CMS.</p>   |   |  |
| <b>Site-specific Remediation (this section includes only those settings where remediation is required)</b>   |  |   |  |
| <p>Updated site-specific assessments for all settings, including those not receiving a site visit, reflecting completion of remediation: 25%, 50%, 75%, and 100%</p> <p><i>[the date when the given percentage of providers will have completed the necessary remediation (of those providers that require remediation)]</i></p> | <p>Completion of site-specific remediation includes submission by providers of PTP updates with evidence showing that compliance issues have been resolved.</p> <p>Affected adult residential settings include alternative care facilities (ACFs), Supported Living Program (SLP) and Transitional Living Program (TLP) facilities under the Brain Injury (BI) waiver, group homes, and host homes. Affected children’s residential settings include Children’s Habilitation Residential Program (CHRP) settings. Affected nonresidential settings include adult day services centers, day treatment facilities under the BI waiver, day habilitation locations, and group supported employment locations.</p> <p>Providers are required to update their PTPs every three months after initial submission, to demonstrate work completed on remedial action plans, until the Department or CDPHE informs them that updates are no longer necessary (e.g., because the setting has been brought into full compliance or is determined unable to meet the federal requirements, in which case it must prepare to transition its HCBS participants to other settings). Providers are required to submit evidence showing that compliance issues have been resolved (e.g., revised policies and procedures, updated house rules and leases/residential agreements, photographs and/or receipts demonstrating the installation of bedroom door locks) with their updates. When providers submit their updated PTPs demonstrating remediation, they will have on file, or be working</p> | <p><b>Adult Residential</b></p> <ul style="list-style-type: none"> <li>• 25% – completed 9/30/19</li> <li>• 50% – completed 12/31/19</li> <li>• 75% – 6/30/21</li> <li>• 100% – 7/31/21</li> </ul> <p><b>Children’s Residential</b></p> <ul style="list-style-type: none"> <li>• 25% – 4/30/21</li> <li>• 50% – 5/31/21</li> <li>• 75% – 6/30/21</li> <li>• 100% – 7/31/21</li> </ul> | <p>p. 10, Action Item 16 + extension</p> |

| Milestone | Description   | End Date   | STP Page |
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|           | <p>with case managers to develop, evidence demonstrating that all rights modifications are fully compliant with the federal criteria. Providers that are waiting on case managers to complete this work should not defer submission of their PTP updates.</p> <p>The Department will measure achievement of these milestones by reference to CDPHE’s estimates of the percentage of providers in each category that have submitted PTP updates, without regard to whether the updates have been verified. Specifically, CDPHE has been working with providers to update their overall policies and procedures, leases/residential agreements, handouts, and other materials applicable across numerous settings, with this work being recorded in a single master PTP for that provider. CDPHE will estimate how many providers in each category have submitted updates in an effort to demonstrate changes made to achieve provider-level compliance. These updates and all setting-specific materials will be verified as stated below.</p> | <p><b>Nonresidential</b></p> <ul style="list-style-type: none"> <li>• <b>25% – 4/30/21</b></li> <li>• <b>50% – 5/31/21</b></li> <li>• <b>75% – 6/30/21</b></li> <li>• <b>100% – 7/31/21</b></li> </ul> |          |

| Milestone   | Description   | End Date   | STP Page                                 |
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| <p>Identification of settings that will not remain in the HCBS system</p> <p><i>[the date those settings that are considered institutional or are not willing to remediate will be identified for removal from the HCBS system]</i></p> | <p>This step includes verification of updated PTPs demonstrating remediation.</p> <p>Subject to input and oversight by the Department, CDPHE will verify remediation at each setting by conducting a desk review of the provider’s updated documents and other evidence, and/or by conducting site visits (including remote visits) to observe the updates and how they were experienced by individuals. This process will allow the State to determine whether providers have made all required changes to resolve compliance issues and attain full compliance (including any changes necessary to withstand heightened scrutiny) or whether the provider needs to begin the process of transitioning individuals to another setting or funding source. As part of its final review and verification process, CDPHE may ask providers to submit evidence showing that all rights modifications are fully compliant with the federal criteria. Again, to avoid possible inadvertent disclosure of PHI, providers should not upload individualized evidence of specific rights modifications to the PTP platform unless and until asked by CDPHE, in which case they should do so promptly and with redactions of PHI.</p> <p>The Department will measure substantial completion of this milestone by determining that 95% or more of PTPs have a Compliance Status reflecting that each setting is compliant, closed, or unable to comply.</p> | <p><b>12/31/21</b></p>                                       | <p>p. 10, Action Item 17 + extension</p> |
|   | <p>Rights modifications not supported by complete documentation (including informed consent) may not be employed after this date.</p>   | <p><b>12/31/21</b></p>                                       | <p>N/A</p>                               |
| <p>Notification of affected providers and provisional outreach to affected individuals</p>  | <p>Notify providers that have settings (a) determined to be noncompliant or (b) put forward for heightened scrutiny and not yet approved as required (if CMS approval is required).</p>   | <p><b>Completed on a rolling basis through 1/15/2022</b></p> | <p>N/A</p>                               |

| Milestone  | Description   | End Date   | STP Page                          |
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|  | The Department also intends to provisionally inform affected individuals that they may need to begin the process of transitioning to another setting or funding source.   |  |                                   |
| Informal reconsideration   | The Department will complete reconsideration of any settings as to which providers have submitted timely and complete informal requests for reconsideration. Individuals and other interested parties may submit evidence for, against, or otherwise relevant to a provider's request for reconsideration. The results will be conveyed directly to the provider. | <b>3/17/2022</b>   | N/A                               |
| <b>Heightened Scrutiny</b>   |   |  |                                   |
| Completion of initial site-specific assessments for all settings, including identification of settings that may be subject to heightened scrutiny                                    | Initial PTPs will be completed by providers for all affected settings. This step includes provisionally identifying compliance issues, corresponding remedial action plans, and the potential application of heightened scrutiny.   | <b>Adult Residential – substantially completed 9/30/19</b><br><br><b>Children's Residential – 10/31/20</b><br><br><b>Nonresidential – 10/31/20</b> | p. 10, Action Item 15 + extension |
| Completion of site-specific validation, including provisional identification of settings that overcome the institutional presumption and will be put forward for heightened scrutiny | Validation of site-specific assessments of all settings (PTPs) will be completed via desk reviews and/or site visits. At the conclusion of this phase, all affected settings will be placed in their compliance/heightened scrutiny categories for purposes of publicly noticing the final STP and submitting it to CMS.  | <b>Adult Residential – substantially completed 3/2/20</b>  | N/A                               |

| Milestone   | Description   | End Date  | STP Page                                 |
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|   |   | <b>Children’s Residential – 12/31/20</b><br><br><b>Nonresidential – 12/31/20</b>  |  |
| <p>Complete gathering information and evidence on settings requiring heightened scrutiny that the State will present to CMS</p>                               | <p>Evidence may be gathered until the public notice date in the next row of this chart.</p>   | <b>Settings in categories i and ii – 12/31/20</b><br><br><b>Settings in category iii – target 12/31/20; alternate 7/1/21</b>  | <p>p. 10, Action Item 18 + extension</p> |
| <p>Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into final STP and release for public comment</p> | <p>The Department’s goal is to release for public comment both the final STP and information about settings in all heightened scrutiny categories around 12/31/20. If that schedule proves unworkable because of factors still in flux, such as providers’ adaptations to COVID-19 and the possible need to reassess their compliance, the Department will release for public comment information about settings subject to heightened scrutiny based on their location (categories i and ii) around 12/31/20, and it will release for public comment both the final STP and information about settings subject to heightened scrutiny based on their potential to isolate individuals (category iii) around 7/31/21.</p> | <b>Settings in categories i and ii – 12/31/20</b><br><br><b>Settings in category iii – target 12/31/20; alternate 7/31/21</b> | <p>p. 10, Action Item 18 + extension</p> |
| <p>Submit final STP to CMS with heightened scrutiny information</p>   | <p>The Department’s goal is to submit to CMS both the final STP and information about settings in all heightened scrutiny categories by</p>   | <b>Settings in categories i</b>   | <p>pp. 10-11, Action</p>                 |

| Milestone   | Description   | End Date   | STP Page                   |
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|   | <p>3/31/21 (subject to the exclusion below). If that schedule proves unworkable because of factors still in flux, such as providers' adaptations to COVID-19 and the possible need to reassess their compliance, the Department will submit to CMS information about settings subject to heightened scrutiny based on their location (categories i and ii) by 3/31/20, and it will submit to CMS both the final STP and information about settings subject to heightened scrutiny based on their potential to isolate individuals (category iii) by 10/31/21 (subject to the exclusion below).</p> <p>Exclusion: the Department understands that settings in category iii that are verified compliant by 7/1/21 do not have to be submitted to CMS.</p> | <p><b>and ii – 3/21/21</b></p> <p><b>Settings in category iii – target 3/21/21; alternate 10/31/21</b></p>                       | <p>Item 19 + extension</p> |
| <b>Non-Compliant Settings</b>   |   |  |                            |
| <p>Complete notifying individuals, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS Settings Final Rule requirements and that relocation or alternate funding sources need to be considered: 25%, 50%, 75%, and 100%</p> <p><i>[the date when members, guardians, case managers, etc. in the given percentage of providers have been notified that relocation is required]</i></p> | <p>Settings will be determined to be noncompliant or awaiting required CMS approval under heightened scrutiny through the site-specific assessment, validation, and informal reconsideration process described above.</p> <p>As noted above, the results of the informal reconsideration process will be conveyed directly to providers.</p> <p>The Department will inform affected individuals, as well as their guardians and other responsible parties, via their case managers of its final determinations that they will need to transition from the noncompliant/unapproved setting to another setting or funding source. This notification will also inform the individual of the Individual Transition Plan (ITP) process.</p>                  | <p><b>25% by 12/17/2021;</b></p> <p><b>50% by 1/17/2022;</b></p> <p><b>75% by 2/17/2022;</b></p> <p><b>100% by 3/17/2022</b></p> | <p>N/A</p>                 |

| Milestone   | Description   | End Date  | STP Page                                   |
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| Complete individual relocation or alternate funding across all providers: 25%, 50%, 75%, and 100%<br><br><i>[the date when individuals receiving services from the given percentage of providers have been relocated]</i> | Case managers will prepare an ITP with each individual that resides in or receives services at a setting that has been finally determined noncompliant/not able to timely comply/not approved if CMS’s approval under heightened scrutiny is required. ITPs will then be implemented by the dates at right, with affected individuals completing their transitions to other settings or funding sources, such that individuals no longer receive Medicaid-funded services at noncompliant settings. | <b>25% by<br/>12/17/2022;</b><br><br><b>50% by<br/>1/17/2023;</b><br><br><b>75% by<br/>2/17/2023;</b><br><br><b>100% by<br/>3/17/2023</b> | p. 11,<br>Action<br>Item 27 +<br>extension |

**Quarterly reporting:** The following quarterly progress report milestones are optional. When initial approval is granted, states have the option of utilizing the quarterly report feature to track progress and provide updates to CMS through the milestone tracking system.

Colorado received initial approval for its STP on November 21, 2017.

| Milestone   | Description   | End Date   | STP Page   |
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| <b>Quarterly progress reporting updates</b>   |   |  |  |
| Quarterly progress updates<br><br><i>[First through tenth quarters after initial approval.]</i> | Quarterly reports for quarters ending 12/31/2017 through 3/31/2020.<br><br>Completed reports are emailed to CMS and posted on the Department’s <a href="#">HCBS Settings Final Rule website</a> under the header “Correspondence between the Department and CMS.” | <b>Completed<br/>1/8/2018<br/>through<br/>4/9/2020</b> | N/A. The target dates at left allow the State some time after the end of each quarter to prepare its report. |
| Quarterly progress update<br><br><i>[Eleventh quarter after initial approval.]</i>              | Quarterly report for quarter ending 6/30/2020.  | <b>Completed<br/>7/14/2020</b>                         |  |
| Quarterly progress update   | Quarterly report for quarter ending 9/30/2020.  | <b>10/14/2020</b>                                      |  |

| Milestone   | Description  | End Date          | STP Page |
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| <i>[Twelfth quarter after initial approval.]</i>                                  |  |                   |          |
| Quarterly progress update<br><i>[Thirteenth quarter after initial approval.]</i>  | Quarterly report for quarter ending 12/31/2020.  | <b>1/15/2021</b>  |          |
| Quarterly progress update<br><i>[Fourteenth quarter after initial approval.]</i>  | Quarterly report for quarter ending 3/31/2021.   | <b>4/15/2021</b>  |          |
| Quarterly progress update<br><i>[Fifteenth quarter after initial approval.]</i>   | Quarterly report for quarter ending 6/30/2021.   | <b>7/14/2021</b>  |          |
| Quarterly progress update<br><i>[Sixteenth quarter after initial approval.]</i>   | Quarterly report for quarter ending 9/30/2021.   | <b>10/15/2021</b> |          |
| Quarterly progress update<br><i>[Seventeenth quarter after initial approval.]</i> | Quarterly report for quarter ending 12/31/2021.<br><br>By this date, verification of updated PTPs demonstrating remediation should be complete. The Department will discuss with CMS whether further quarterly progress updates are warranted. | <b>1/14/2022</b>  |          |

Please use the following section to provide any additional milestones for which the state would like to track or provide information to CMS. These milestones are optional; any listed milestones will be tracked in the CMS website and should reflect any major progress. More incremental progress does not have to be noted.

| Milestone   | Description   | End Date         | STP Page                          |
|---|---|------------------|-----------------------------------|
| <b>Additional</b>   |   |                  |                                   |
| Ongoing strategies to ensure compliance with rule, policy, procedure, and regulation changes. | <p>Include HCBS Settings Final Rule-related outcomes measures within the current 1915(c) waiver quality improvement system.</p> <p>Potential amendments to Colorado’s HCBS waivers may include changes to Quality Improvement Strategy (QIS) measures. HCBS Settings Final Rule-related outcomes measures, if adopted, will be reflected in amended waivers.</p>  | <b>1/1/2023</b>  | p. 20, Action Item 85 + extension |
|   | <p>Develop process(es) for case managers to confirm with individuals that the settings at which they receive services are compliant.</p> <p>In addition to providing the trainings and issuing the guidance described elsewhere in these milestones and available on the Department’s <a href="#">HCBS Settings Final Rule website</a>, the Department is adding fields regarding rights modifications to the existing and future case management system(s) and is considering the possibility of additional measures to support case managers.</p> | <b>3/17/2023</b> | p. 20, Action Item 86 + extension |
|   | <p>Identify and publicize process(es) for waiver participants, case managers, and others to report potential violations of HCBS Settings Final Rule criteria.</p> <p>Individuals can report concerns to their case managers, with whom they already meet regularly under existing case management processes. Individuals can also address concerns about their case managers and/or providers through the existing processes for grievances, complaints, and/or dispute resolution, if applicable. The</p>  | <b>3/17/2023</b> | p. 20, Action Item 87 + extension |

| Milestone   | Description  | End Date                       | STP Page                          |
|---|--|--------------------------------|-----------------------------------|
|   | Department is considering the possibility of additional measures to support individuals and others to report compliance concerns.  |                                |                                   |
|   | 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).   | <b>Ongoing</b>                 | p. 20, Action Item 88 + extension |
| Provide trainings, guidance, and other strategic technical assistance to all key stakeholders | Conducted a webinar series to provide clarity on the requirements of the HCBS Settings Final Rule. Training materials are available on the Department’s <a href="#">HCBS Settings Final Rule website</a> under the header “Training Materials Presented by the Department.” In addition, in light of the Rights Modification Stakeholder Workgroup’s identification of training topic priorities and recommended approaches for developing and presenting trainings, the Department is considering possible future trainings.  | <b>Completed<br/>1/22/19</b>   | p. 19, Action Item 80             |
|   | Issued responses to frequently asked questions (FAQs) regarding application of the HCBS Settings Final Rule to various situations. FAQ responses are available on the Department’s <a href="#">HCBS Settings Final Rule website</a> under the header “Additional Departmental Guidance.” The Department will consider whether additional FAQs are necessary.   | <b>Completed<br/>4/10/19</b>   |                                   |
|   | Provide strategic technical assistance to all key stakeholders by issuing fact sheets and responding to questions related to the implementation of the STP (action steps, timelines, and available technical assistance).<br><br>The Department issued fact sheets, communication briefs, and informational and operational memos, and it hosted a statewide question-and-answer call, to inform stakeholders about STP implementation, timelines, and other issues. Issuances are available on the Department’s <a href="#">HCBS Settings Final Rule website</a> under the header | <b>Completed<br/>6/10/2020</b> |                                   |

| Milestone | Description  | End Date | STP Page |
|-----------|--|----------|----------|
|           | <p>“Additional Departmental Guidance.” The Department will consider whether additional communications are necessary.</p> <p>From November 2015 through March 2016, the Department hosted several in-person and webinar-based stakeholder workgroups to discuss concerns, best practices, and other issues. Notes from the workgroup meetings are available on the Department’s <a href="#">HCBS Settings Final Rule website</a> under the header “Stakeholder Engagement.” In <a href="#">August 2019</a>, the Department announced plans to host another series of workgroup meetings to develop proposed additional materials regarding the rights modification process. The Rights Modification Stakeholder Workgroup met five times between December 2019 and June 2020. The date at right reflects the date of the workgroup’s final meeting.</p> <p>The Department expects to continue to provide technical assistance through meetings, calls, emails, issuances, and other communications avenues.</p> |          |          |