

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
12/6/23	8.7102.2 Level of Care Letter H	8.7100..A.38; 8.7100.G; 8.7514.Q.3.c; and CES: 8.7101.C	CCDC	Says the cost of HCBS waiver services shall not be greater than the cost of placement in an institution and the individual's safety and health can be assured in the community. This does not make sense and violates federal law and Olmstead v. United States, 277 U.S. 438 (1928). The cost of care is aggregate not individual. "States must show that the average Medicaid expenditures for the services provided under the waiver are equal to or less than what average expenditures would be if that same population were to be served in an institutional setting." US Government Accountability Office Report, GAO-18-628. See also 42 U.S.C. § 1396n(c)(2)(D). This is restated at 8.7103.2 (CES) Item C using slightly different and confusing language, and children are not subject to rigid limits or caps because of EPSDT. This appears in 8.7514.17 Case Management Functions C.3 as well	Accepted	Agree to remove this language throughout the document except in waiver section that states that the department can do an aggregate cost containment as required by waiver and federal rules.
12/6/23	8.7205.3 Community Advisory Committee C 3 items a-c	8.7201.C.3	CCDC	The number of people is too small to ensure adequate client/member representation and have other community members involved.	Adopted with Modifications	The number of people has not changed as this is the minimum and accommodates for rural areas. The Department updated language to ensure majority members is required on each committee.
12/6/23	8.7206.3 Nursing Facility Admission and Discharge	8.7202.C	CCDC	a. A1: WE LOVE that options counseling will be provided alerting people about community support or additional support before admission. b. B (3)c: This is one of the issues that the Department of Justice is talking about in the lawsuit against HCPF. If someone gets a one-year certification in a nursing facility they should not have less than that if they want to leave. The setting should not matter. This requirement discourages people from trying to leave because clients are told they will not "pass" and will lose their Medicaid. This is a particular issue for people with chronic illnesses and brain injuries who may look like they need less in an institutional setting. Letter E seems to contradict this and says what we think it should say, which is that the original length of stay should be used. It seems to say that one only gets that if they are using transition services. People should not have to use transition services if they do not need or want them (even though they are usually a good idea)	Accepted	Accepted. Made updates to final draft to reflect 12 month timeframe and members not needing to request transition services
12/6/23	8.7206.19 Support RE: Dispute Resolution	8.7202.S.1	CCDC	A: The items outlined here are appealable items, members need to be given formal notices and appeal rights (according to 10 CCR §2505-10 8.057). Having a way to talk in hopes of resolving the appeal is fine, but this makes it seem as if this "dispute process" in lieu of appeals which is completely inappropriate. Same issue is in 8.748 item 7	Adopted with Modifications	This section is related to member support from CMAs regarding resolution of disputes between members and provider agencies. The language now reads: 1. Every Case Management Agency shall have procedures which comply with requirements as set forth in these rules and Section 25.5-10-212, C.R.S., for resolution of the following disputes between Members or individuals and Provider Agencies involving individuals or Members. This dispute resolution does not supersede or negate the requirement for a Long Term Care Waiver Program Notice of Action (LTC-803). Case Management Agency dispute resolution procedures shall include but not limited to the following circumstances:
12/6/23	8.7206.19 Support RE: Dispute Resolution	8.7202.S	CCDC	The same section must include that the cost of mediation will be borne entirely by the CMA and that the mediator shall be mutually agreed upon.	Unable to Adopt	This language was not added as it is expected that the CMA would be the mediator to help resolve the conflict. If they are not able to do so, then they will support the member in finding another provider and/or participating in mediation paid for by the provider
12/6/23	8.7416 Psychotropic medications	8.7415	CCDC	The requirement to never be allowed to do PRN, especially for family caregivers or with guardian approval is leading to a lot of emergency room visits, need for crisis services, and law enforcement interaction. We agree there needs to be some guardrails to make sure people are not being drugged or having medications used for behavior, but the prohibition is a problem, particularly given the lack of behavioral health services for people with IDD.	Unable to Adopt	This is on the radar for the Department but is outside the scope of these rules. The Department will be doing continued stakeholder engagement in the near future to resolve this issue with stakeholders and have it reflected in rule after that engagement
12/6/23	8.7526.04.A.6 and 8.7536.06.A.2	8.7526.D; 8.7536.E.B	CCDC	definitions it says they cannot be reimbursed for travel time. This is a labor law violation. If they do errands as part of their work, they must be paid for this time. If they are working for an agency and going from point A to point B they also must be paid. 7 CCR 1101-1.9.2.	Accepted	Attendants can be reimbursed for travel when completing a task but not for commute time to/from the member's home before or after the shift. This language was clarified in the draft

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12/6/23	8.7522.03 Health Maintenance	8.7522	CCDC	There are a number of places here where HCPF is suggesting eliminating member inability to direct or assist with the task as a criteria for skilled services. They did add some language saying that the Department can determine something is skilled even if the other criteria are not met but this means more figuring out the magic language and lack of equity for those who do not have someone that can advocate for them. If someone cannot direct or assist with tasks like dressing, positioning, bathing, they need a skilled person to assist because judgement is required. The main differentiation between skilled and “unskilled” is that some judgement is used. There is no task where a client cannot assist or direct at all where there is no judgement required. We strongly object to this language. We understand that there are some provider agencies abusing this but managing the abusive providers is what is needed, not taking away a level of care from vulnerable individuals. This will cause decreases in services from people who are already barely hanging on in consumer direction and will put people in an untenable situation as personal care providers are not allowed to help people who require this level of judgement. This is a significant decrease in service and will cause widespread chaos and appeals on top of the chaos that is already in our system. We ask that the board require that this language not be removed from the rule.	Accepted	Thank you for this feedback. All direct care workers, skilled or otherwise, are required and trained to provide some level of professional judgment when providing care services. Judgment alone is not a determinant of if a task should be deemed skilled or unskilled. After additional engagement with stakeholders, the Department will revert verbiage back to the original HMA regulation which includes “unable to assist or direct care” as qualifying criteria for mobility, bladder care, bowel care, and positioning tasks. The Department will continue to exclude “unable to assist or direct care” from the qualifying criteria for dressing as inability to assist or direct care does not solely determine a skilled dressing need and dressing care can be provided by a personal care provider.
12/6/23	All	All	CCDC	Please identify all acronyms at the beginning of the section where they are used frequently. This includes items that may be spelled out elsewhere such as PASSR. We found a few areas that do not have acronyms spelled out.	Accepted	This will be updated and attended in the final document. We do not intend to use acronyms extensively as we know it can make it difficult reading the document.
12/6/23	All	All	CCDC	Language about cost containment is confusing. We appreciate that some of it was removed, but what was replaced is just fuzzy and hard to read	Accepted	Cost containment language was removed and updated to clarify.
12/6/23	8.7205.3 Community Advisory Committee C 2 (i)(a)	8.7201.C	CCDC	We appreciate the sentiment but using the term “self-advocates” is a euphemism for client or person with disability or disabled person. Disability is not a bad word. If someone is only advocating for themselves, they should not be on a committee. Disabled people can be great advocates for the whole client community. Please use our words, euphemisms are not culturally competent	Accepted	This will be updated to say “member” to match the rest of the document/rules and not cause confusion.
12/6/23	8.7206.7 Waitlist Management G	8.7202.G	CCDC	We suggest you break up number 2 into two different numbers and have people leaving institutions be one number and CLLI/CES/CHRP be another number making a total of 4 subcategories.	Accepted	This will be updated in final draft
12/6/23	Same section H: Number 1	8.7202.H.1	CCDC	30 days to accept or decline: This should be clear that this is to say yes or no, not to find a placement.	Accepted	The Department will clarify in the rule that individuals have 30 days to accept or decline the waiver, not to select providers.
12/6/23	Member Rights Section 8.7004 a. C.3	8.7001.C.3.c	CCDC	Retaliation protections should include people who have someone else advocating for them, for example no retaliation against a client due to advocacy by a family member or professional advocate. We believe this is the intention of the Department but would like it be noted.	Accepted	This is updated in the final draft.
12/6/23	Same section b. A.5-A.9	8.7001.B	CCDC	Please include both the Legally Authorized representatives and LTSS Representative in items 5-9. Many people who do not have a legally authorized representative such as a guardian will have an advocate that they want included. The “person centered plan” says clients have this right. See 8.7004.E.1. Please clarify this here.	Unable to Adopt	The definition of Legally Authorized Representative includes “anyone granted authority pursuant to any other type of court order or voluntary appointment or designation (e.g., . . . LTSS Representative . . . , or Authorized Representative under Sections 8.7514 or 8.7526), only with respect to matters within the scope of, and in the manner authorized by, the court order or voluntary appointment or designation.” Reiterating in A.5 through A.9 that the LTSS Representative may be included is not necessary and could lead to confusion about why other types of Legally Authorized Representatives (such as parents of a minor, Authorized Representative under Sections 8.7514 or 8.7526, etc.) are not so reiterated.
12/6/23	Preservation of members’ rights (8.7004 B)	8.7001.C.2 & 8.7201.J	CCDC	makes it appear as if the enforcement is completely up to members and that the Department is not responsible for enforcement. We do not believe this is the intent of HCPF as the single state agency.	Adopted with Modifications	This is in both the member rights section AND the CMA section. The Department added to the heading: “Case Management Agency Requirement for Preservation of Member Rights”.

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12/6/23	8.7102.2 Level of Care a. Letter B	8.7100.D.2	CCDC	the state prescribed tool should mention executive function as this was heavily discussed in the new tool and is a major reason for institutional care.	Accepted	This was added and updated to final draft.
12/6/23	same section Letter E	8.7100.D.5	CCDC	The PMIP does not cause a medical professional to say that the person needs an institutional level of care. It simply identifies diagnoses and notes if there is a TBI, MI, or IDD.	Accepted	This will be clarified in final draft
12/6/23	8.7205.8 Recordkeeping	8.7201.H.4	CCDC	Letter D: Same comment, all communication accommodations should be noted. We had specifically and repeatedly asked that this be on the dashboard or front page of the client record on the CCM and apparently that suggestion was either rejected without communication, ignored, or not shared with developers as it does not appear to be there. This means case managers often do not know about these critical issues. This lack of knowledge leads to immediate miscommunication.	Adopted with Modifications	The suggestion for CCM is outside the scope of these rules. These rules were updated to include: Added: "Case records shall include...any communication accommodations necessary for the member or guardian
12/6/23	8.7205.9.A	8.7201.I	CCDC	Releases should not all have to be redone if there is a change in provider. I think the intent is that only the release for THAT provider would be eliminated. Please clarify.	Accepted	The Department will clarify in the final draft. Added: "Releases shall be updated annually and with the new provider when there is a change in provider."
12/6/23	8.7205.12 Incident Reporting	8.7201	CCDC	We discussed that this needs to be more nuanced. Case managers will be flooded if someone reports every time a client goes to the hospital or has any injury. This should include language that says something like "and the event is not expected as a normal event regarding their disability". Also, if in a nonresidential setting who is required to report and where do they report? Most clients do not know who the case manager is. If this is going to become a serious requirement for clients a significant educational campaign is needed because clients do not currently do this. They call if there is a new need for service.	Adopted with Modifications	This section (8.7201) is for the CMAs, not the providers. CMAs must have processes for documenting and reporting incidents that occur while members are on their property or that occur in their presence. These incidents should be rare, but are necessary to ensure safety for everyone. Incident reporting for providers is in section 8.7412. Language is added to the first part of this section to say "reporting, recording and reviewing of incidents occurring on the CMA property or in the presence of case management staff..."
12/6/23	8.7206.10 Person Centered Support Coordination Letter I	8.7202.J.8	CCDC	This needs clarification. It says to ask permission if the case manager can observe a residence but then says shall be compelled to permit observation (sentence is written strangely). If this is required say it and clarify how often. Is this only once a year? Do not ask permission if it is mandatory. Also, say how much intrusion is required. Do they get to look in every room or just come in. Do they get to go through drawers, the refrigerator, etc.? Is the level of inspection based on anything such as vulnerability of the client or identification of clear concerns?	Accepted	This was struck from the rule and will be addressed in rules regarding the LOC Screen and reassessment. Not necessary for rules regarding person centered support coordination.
12/6/23	Same section Letter M	8.7202.J.12	CCDC	having a list but saying including but not limited to is not a great idea in rule. We suggest not having a list and saying instead that case managers must follow all operational guidance and policies.	Unable to Adopt	this has to stay in order to allow flexibility that can be operationalized in contracts with CMAs.
12/6/23	8.7206.21 Continuous Quality Improvement: Letter E	8.7202.U.5	CCDC	The may should be shall. I do not think the Department intends to select which performance reviews it makes public and keep some private.	Accepted	Performance reviews are subject to the Colorado Open Records Act and available to the public with the exception of information that falls into safe harbor. "May" was changed to "shall"
12/6/23	8.7405 Documentation items 7 and 8	8.7405	CCDC	This seems excessive for family caregiver situations	Unable to Adopt	These are items necessary to support the provision of service and the payment for services. These are necessary in terms of post payment reviews and federal requirements.
12/6/23	8.7414 Room and Board	8.7413	CCDC	Please identify who pays for medically necessary OTC that are not covered by Medicaid. We have repeatedly asked for this clarification	Accepted	Per 8.741 Room and Board Section C basic first aid supplies are to be provided by the provider. If the member requires anything additional beyond basic first aid, and items stipulated in 8.741 Section C, then the member is able to utilize their Personal Needs Allowance (PNA) to substitute this addition.
12/6/23	8.7514.05 CDASS Exclusions and Limitations	8.7514.E	CCDC	CDASS should not be provided in a nursing facility or hospital generally. There should be exceptions for hospitals for when it is necessary for health and safety. We have been meeting with HCPF for months on this issue. HCPF does grant exceptions based on reasonable modifications under the ADA and this should be noted. Also, to comply with DOJ limited services for training and transition should be available in nursing facilities	Unable to Adopt	The utilization of CDASS while a member is in a nursing facility or hospital is outside the scope of these rules changes. The Department is engaging with stakeholders outside of the rule process to discuss this feedback. OCL leadership will be following up with involved stakeholders shortly.

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12/6/23	8.7524.04 Home Accessibility Modifications: Letter G	8.7524	CCDC	not covered are walk in tubs. Is this different from a roll in shower? Those are common accessibility modifications. Also, sometimes air conditioning and duct cleaning can be a health need.	Accepted	Walk in tubs are different from roll-in showers. A walk-in tub is a special style of bathtub that features high sides that include a watertight door over a low threshold. A roll-in shower is a shower with a floor leveled with the rest of the bathroom, which improves accessibility from a standard tub/shower unit. Roll-in showers are still included in accessibility modifications. At this time, air conditioning and duct cleaning are not included as they are not an accessibility modification.
12/6/23	8.7536.04 Personal Care Exclusions, A 4	8.7536.D	CCDC	Says family members cannot be paid for homemaking. I believe the rule is that this is the case when they share a home, not in all cases. A relative that does not live with the client should be able to be paid for homemaking	Adopted with Modifications	Family members are unable to be reimbursed for homemaker services under the Brain Injury (BI), Elderly, Blind, and Disabled (EBD), Complementary and Integrative Health (CIH), Community Mental Health Supports (CMHS) and Children's Extensive Support (CES) waivers. However, family members are allowed to provide homemaker services within the Supported Living Services (SLS) waiver and Children's Extensive Supports (CES) waiver.
12/4/23	8.400-8.600		Alliance	General comments/questions: When will duplicative sections of 8.400-8.600 be repealed?	Accepted	Current rules must be maintained for the duration of the Case Management Agency transitions. The rules that the proposed rules replace will be repealed no later than July 1, 2024
12/4/23			Alliance	General comments/questions: Inconsistent terminology throughout to refer to people receiving services - "member", "individual", "individual receiving services", and "person receiving services" are all used. Needs consistent terminology throughout. This is especially confusing in 8.7004.	Accepted	This was updated throughout the document. "Individual" is used regarding rights and settings because those rights are universal for all individuals, not just Medicaid members or participants in HCBS.
12/4/23	8.7003.D.3.g	8.7001.B.4.c.vii	Alliance	timelines appear to conflict - review every 12 mos or every 6 mos?	Unable to Adopt	There are 6-month and 12-month timelines that work together. Under 8.7001.B.4.d.iv, the continuing need for the rights modification is to be *reviewed* by the Member Identified Team every six months. This review may lead to a determination that no changes are needed to the rights modification. Under 8.7001.B.4.c.vii-viii, the rights modification must be discontinued after twelve months unless it is *updated* and agreed-to via a <u>fresh informed consent</u> .
12/4/23	8.7103.9 et. seq. & 8.7103.10 et. seq.	8.7102.I et. seq. & 8.7102.J et. seq.	Alliance	the Dept. should consider whether it's still appropriate to have different enrollment criteria between the DD and SLS waivers.	Unable to Adopt	Waiver criteria is approved by CMS and not able to be changed in rules as rules will reflect waiver that contain federal approval.
12/4/23	8.7103.10.B.1 et. seq.	8.7101.J.3.a et. seq.	Alliance	This is duplicative of the "Waitlist Management" section of the rule, which has a more comprehensive explanation for the management protocol. Suggest removing this section and, instead, citing to the Waitlist Management section in the previous paragraph, i.e. "When the HCBS-DD waiver reaches capacity for enrollment, an individual determined eligible for the waiver shall be placed on a waiting list pursuant to Section 7.7206.7."	Unable to Adopt	This section is for the waiver criteria and general requirements. This is stating that the Department is ABLE to do a waitlist. 8.7200 Waitlist Section contains case management requirements for waitlist management.
12/4/23	8.7205.3.C.2.ii.a	8.7201.C.3.b.ii.1	Alliance	the only place "self-advocate" is used - inconsistent with other terminology throughout and undefined. Suggest using whatever term is decided upon.	Accepted	Member was added and now reads "The Member shall be given priority of selection over Family Members."
12/4/23	8.742.21	8.7402.S	Alliance	"has a contract" - shouldn't this say "certified by the department"?	Unable to Adopt	Currently the practice is to maintain a contract with the Department. Not all provider agencies are certified.
12/4/23	8.742.23	8.7402.U	Alliance	who is the department's fiscal agent?	Accepted	The Department's fiscal agent is any entity that is contracted with the Department to support financial payment or other management systems such as the Bridge. This is defined in 8.041.1. Currently the Department's Fiscal Agent is Gainwell Technologies.
12/4/23	8.7405.A.2	8.7405.A.1.b	Alliance	"beginning and end time for all services" - need an exception for services billed per diem.	Accepted	The subsection 8.7405.A.2 has been added to describe the documentation required for per diem services.
12/4/23	8.7405.A.8	8.7405.A.2.c et. seq.	Alliance	weekly notes - Concerned about how prescriptive this is and the administrative burden of this in addition to documentation that's already required. Suggest removing.	Adopted with Modifications	Section 8.7405.A et seq has been simplified. Subsection c now reads "Notes, which shall include: i. Activities Member participated in; ii. Respite services or overnight stays elsewhere if applicable."
12/4/23	8.7406.B	8.7406.B	Alliance	what is the purpose of an appointment with the SSA?	Adopted with Modifications	The reference to the SSA has been removed. The rule now reads: "Provider agencies managing personal needs funds shall comply with all licensing and bonding requirements."

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12/4/23	8.7407.A.1	8.7407.A.1	Alliance	Is this a one-time verification prior to delivering services, or how often is this expected? How are providers supposed to verify, and what is the expectation if someone does not appear eligible? This raises questions due to the eligibility confusion many providers are experiencing with the PHE end. In the current environment, we wouldn't want to tell providers that they should discontinue services if someone does not appear eligible in the system but likely still are.	Unable to Adopt	A Provider Agency is responsible for verifying if a Member is eligible for the services before delivering services. These requirements for Provider Agencies are outlined in the billing manual and having Provider Agencies verify eligibility is essential. We do not want to prescribe how often this is expected, rather than it must be done. We understand the current difficulties with the PHE unwind and we are committed to working with providers and CMAs on these cases, but as these rules are for the future it is best to have this here.
12/4/23	8.7407.A.2	8.7407.A.2	Alliance	"verify a PAR has been approved" - Note that this is currently impossible with the case management redesign transition.	Unable to Adopt	A PAR must be in place for the Provider to be paid for services. We understand that on-going the updates to the new Care and Case Management Tools has made this difficult, however this is still a requirement and majority of PARs can be found for each member in the Provider Portal if if not CM are directed to outreach the support team.
12/4/23	8.7412.A.11	8.7412.A	Alliance	requiring an IR for using a rights modification would drastically increase the number of IRs and doesn't make sense in many circumstances, e.g., how would you write one for 24-hour supervision, money management, locked cabinets, or locked sharps?	Accepted	In this location the "use of a rights modification" was removed.
12/4/23	8.7412.B	8.7411.B	Alliance	is it HCPF's intent that all IRs are reported in 24 hours and not separating critical incidents from other incidents (which require 72 hrs reporting) as is the current process?	Unable to Adopt	Provider agencies are expected to report all incidents to case managers within 24 hours, it is then the case manager's responsibility to determine if the incident meets the threshold for being considered a Critical Incident Report (CIR) and must therefore be submitted to HCPF. Considering it is the case managers responsibility to make this distinction, there is no difference between a provider submitting an incident report and what would likely be considered a CIR. This process has been communicated to both provider agencies and case managers since June 2020 when the Department hosted it's required Incident Management and Prevention Strategies Training.
12/4/23	8.7415.A	8.7414.A	Alliance	Medication Administration: Previously, there were exclusions for training and MAR requirements when family members were providing support (8.609.2.F) - this poses a huge paperwork challenge if people in SLS who are not independent in taking meds but don't get paid support to take meds.	Unable to Adopt	In this situation, if the member was under the SLS waiver, and had a family member of their choosing assisting with medication administration, and the family member is NOT a paid provider working underneath a provider agency, there is minimal enforcement to be made regarding training and MAR requirements. However, if the family member providing the medication administration is a paid provider, working with a provider agency, the rules would apply as detailed in 8.7414.
12/4/23	8.7415.A.1-4	8.7414.A. 1-4	Alliance	Medication Administration: "physician" should be replaced with "medically licensed provider" throughout. Physician excludes other types of prescribing providers, like PAs, dentists, etc.	Accepted	Under 8.7414 Medication Administration, all references to "physician" were updated to "licensed medical professional."
12/4/23	8.7416.A.3	8.7415.A.3	Alliance	"or pursuant to a valid court order" - seems like this should be "and" not "or". As written, appears you can give psych meds without consent if you have a court order.	Adopted with Modifications	Thank you for comment, "or pursuant to a valid court order" was removed. The rule now reads: "After Informed Consent of the Member or Legally Authorized Representative has been obtained."
12/4/23	8.7416.B.1	8.7415.B.1	Alliance	remove "or psychologist"	Accepted	Psychologist was removed. The rule currently reads: "Be as directed in a time-limited prescription of no more than 90 days written by an authorized medical professional and reviewed at least annually by medically licensed provider;"
12/4/23	8.7417.A	8.7416.A	Alliance	including of NG and J tubes in G-tube regs. The CDPHE section cited here does not include NG or J tubes in its coverage. Suggest removing these for consistency.	Accepted	All references to specific types of tubes was removed. The rule now reads: "Gastrostomy services means assistance with the ingestion of food or administration of medication through gastrostomy tubes."
12/4/23	8.7417.D	8.7416.D	Alliance	suggests the supervising health practitioner will document in the person's record - needs to be reworded.	Accepted	Thank you for your feedback. A new subsection was added and now reads: The supervising nurse, physician or other authorized health care practitioner shall document each instance of monitoring of the Member.

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12/4/23	8.7526.03.A.1	8.7526.C.1.a	Alliance	"services shall be applied only to the permanent living space of the member", but shopping is not typically provided in their living space. Perhaps say, "Homemaker tasks that occur in the home shall only be provided in the member's permanent living space."	Adopted with Modifications	This has been updated to read: "Homemaker services, except for laundry and shopping, must be completed within the permanent living space."
12/4/23	8.7526.05.A.3.d & 8.7536.05.A.2.g	8.7526.E.1.c.iv et. seq. & 8.7536.E.1.b.vii et. seq.	Alliance	Homemaker and Personal care requirement for supervisory visits in the person's home at least every three months. This language was pulled over from sections in 8.400 that previously did not apply to IDD waiver services. IDD providers have been conducting quarterly supervision for licensed personal care only in accordance with home care licensure rules, 6 CCR 1011-1 Chapter 26 Part 7.8, which requires one visit to be in-person annually and the rest may be conducted via telehealth. Our members already report that the existing requirements for supervisory visits are administratively burdensome and not always appropriate for family caregivers. We suggest adopting this supervision standard instead of what was pulled over from 8.400, which is even more administratively burdensome.	Adopted with Modifications	Thank you for this feedback. We have added flexibility to the requirement to allow quarterly supervisory visits to be conducted in a variety of ways that best meet the members' needs. The following was added to both sections of rule: "i. Supervision should be flexible to the needs of the member and may be conducted via phone, video conference, telecommunication, or in-person. 1) If there is a safety concern with the services, the Provider Agency must make every effort to conduct an in-person Assessment. 2) The Provider Agency must conduct Direct Care Worker (DCW) supervision to ensure that Member care and treatment are delivered in accordance with a plan of care that addresses the Member status and needs".
12/4/23	8.7540.03.A.2	8.7540.C.1.b	Alliance	"must ensure nutritionally balanced meals are available" - reword to "shall provide support to ensure nutritionally balanced meals" - for people who live alone, shop by themselves with some education from staff, but do not choose buy purchase or make meals that are nutritionally balanced or follow their physician's diet (or consent to a rights modification), the provider cannot practically ensure nutritious meals	Adopted with Modifications	This language was changed to: "The provider shall make available to Members nutritionally balanced meals."
12/14/2023	8.7540.03 & 8.7539.04	8.7540.C & 8.7539.D	North Metro	General Comments: Concern in treating all IRSS programs with the same set of rules; opportunity exists to differentiate the Family Caregiver (FCG) model within the rules	Comment Only	In order to ensure all settings and provider requirements are met within a Family Caregiver (FCG) model, this must stay in order to be operationalized into contracts with CMA's, as the caregiver will continue to be required to work underneath a PASA with the same expectations as a Host Home Provider.
12/14/2023	8.7539.04	8.7539.D	North Metro	Medication administration and related medical rules is the single most difficult area to oversee and enforce in the FCG model. FCG should be exempted from rules regarding Med Admin and documentation. Families are reluctant and resistant to comply with rules that pertain to things they have done for their loved one for years or decades. Agencies treating Med Admin as a natural support, which is currently outside of current rules. Rules around PRN OTC meds and needs for orders for them is impractical and unenforceable in any model.	Unable to Adopt	The Family Caregiver model will not be considered exempted as a result of family members or loved ones administering medication to the member. Per federal policy, regardless if the individual is a family member, that individual is looked upon as a paid provider and must comply with the rules set forth regarding Medication Administration detailed in 8.7414 as well as 6 CCR 1011-1 in order to remain compliant and remain a paid provider through Medicaid. This is due to federal oversight requirements to reduce any risk to the health, safety, and welfare of the members served.
12/14/2023	8.7540.03	8.7540.C	North Metro	Documentation and FCG-- would not advocate for relaxing the rules to the point where there is no documentation required from FCGs. Billings to Medicaid need supporting documentation. One size fits all approach for all IRSS seems too simplified. This is a difficult area to oversee in the FCG model currently and families tend to be resistant to what is viewed as being intrusive documentation. FCGs are taking the family member they are supporting to Dr. visits and other documentable appointments with no regard for the documentation to the provider agency that is required.	Comment Only	Documentation from the provider agency will continue to remain a requirement not only for host home providers, as well as family caregiver providers, as they are considered a paid Medicaid provider. The provider must provide sufficient oversight and guidance to ensure the health and medical needs of the Member. Therefore, in order for the provider and the provider agency to fulfill these requirements, the provider agency must continue to work alongside the provider to maintain the members records. The records must contain per 8.7540.C, the following: 1) medical services provided; 2) results of medical evaluations/assessments and of follow-up services required, if any; 3) acute illness and chronic medical problems; and, 4) weight taken annually or more frequently, as needed. Should the provider refuse to provide the necessary documentation, the provider may not be reimbursed for services rendered, as the provider would have not been able to demonstrate oversight was provided to the member.
12/6/2023	8.7540.03.A.2	8.7540.C.1.b	Alliance	"must ensure nutritionally balanced meals are available" - reword to "shall provide support to ensure nutritionally balanced meals" - for people who live alone, shop by themselves with some education from staff, but do not choose buy purchase or make meals that are nutritionally balanced or follow their physician's diet (or consent to a rights modification), the provider cannot practically ensure nutritious meals	Adopted with Modifications	This language was changed to: "The provider shall make available to Members nutritionally balanced meals."

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
12/06/2023	8.7004	8.7001.C	Developmental Pathways	Suggestion to include language that all assessments be in-person except in the event of a natural disaster, pandemic, etc.	Adopted with Modifications	In the section under "Member Responsibilities" it lays out that members must comply with requirements for programs. In person LOC Screen is included
12/6/2023	8.7102.7	8.7100.I	Developmental Pathways	Suggestion to include language from HCPF OM20-052 regarding appropriations from the General Assembly as it relates to Waiting Lists.	Unable to Adopt	Thank you for this suggestion. However, we will not be adding one time appropriations in rule to allow for flexibility if the Department receives additional appropriations outside of the annual allocations.
12/06/2023	8.7012.7	8.7100.J	Developmental Pathways	Regarding termination, suggestion to add language to include death and moving out of state for reasons to discontinue a member's enrollment.	Adopted with Modifications	A bullet has been added to reflect "the member dies". Being a resident of Colorado is under financial eligibility requirements and there are even exceptions to this. There was extensive stakeholder engagement about this topic over the last year and a half and "moving out of state" is not appropriate to have in the rules as a reason for termination but the intent of the comment is covered in the requirement to receive a service every calendar month.
12/6/2023	8.7103.2	8.7101.B.2.a	Developmental Pathways	Regarding CES Targeting criteria, suggestion to remove unmarried requirements to align with other waivers	Unable to Adopt	This will remain as it's a requirement in the CES waiver and these need to align with the waiver
12/06/2023	8.7103.2	8.7101.B.3	Developmental Pathways	Suggestion that the Medicaid Eligibility Groups Served in the Waiver, language in 8.7103.2.B is made consistent with other waivers.	Unable to Adopt	Waiver eligibility is based on what is in the CMS approved waivers and some are the same but others are different. For example: CLLI and CES have the same criteria. CHCBS and CHRP are different because of the target groups.
12/6/2023	8.7103.5	8.7101.E	Developmental Pathways	Suggestion is to reorder the eligibility criteria in the BI Waiver to read: 3) Meets Nursing Facility Level of Care or 4) Meets Hospital Level of Care as evidenced by...	Accepted	Meets Nursing Facility Level of Care moved to account for proposed flow.
12/06/2023	8.7103.5.A.3.a.ii	8.7101.E.2.d.i	Developmental Pathways	Suggestion to be consistent in word choice around Level of Care Assessment vs the LTSS Level of Care Eligibility Determination Screen throughout the rules.	Accepted	MSB Final citation has been adjusted to "A comprehensive functional Assessment using the Long-term Services and Supports level of Care Screen..."
12/6/23	8.7103.7.C.1.a and 8.7102.3.B	8.7101.G.5.a.i and 8.7100.E.2	Developmental Pathways	There seems to be different language related to the discontinuation of programs when a member is in a nursing facility or hospital for more than a month. Under "Receiving HCBS Waiver Services" it states "HCBS waiver program members who have received no HCBS waiver services for one calendar month shall be discontinued from the program." Under EBD it states "HCBS-EBD members admitted to a nursing facility or hospital for one month or longer shall be discontinued from the HCBS-EBD program" The language used in the "Receiving HCBS Waiver Services" is preferred.	Accepted	The language in the rule is updated to include "calendar" before "month."
12/06/2023	8.7103.9.F.3.a and 8.7103.10.B.1.a	8.7101.I.5.c.i and 8.7101.J.3.a	Developmental Pathways	Previously the Emergency Criteria for SLS and DD were the same, it appears that the language has been removed/changed within the DD Waiver. It seems the definition included for emergency situations for SLS would still be needed in the DD language to be consistent.	Accepted	Language was adjusted to match between SLS and DD for emergencies
12/6/2023	8.7201.4.a.ii	8.7200.B.4.a.ii	Developmental Pathways	Suggestion is to specify that Targeted Case Management is a state plan benefit and is reimbursed as such.	Accepted	The following was added to MSB version: "Targeted Case Management is a state plan benefit and is reimbursed through direct billing not contract payments."
12/06/2023	8.7201.21	8.7200.B.21	Developmental Pathways	Suggestion is to add all HCBS waivers to the definition, it seems that CES and CHRP were unintentionally omitted.	Accepted	CES and CHRP were added to the bulleted list of LTSS programs along with the other Waivers.
12/6/2023	8.7201.23	8.7200.B.23	Developmental Pathways	Suggestion to reword the Member Identified Team to read "means the people, agencies or representatives a member selects to support their long-term care programs, processes, and procedures." This change will be more inclusive of HCBS, State General Fund, and non-HCBS programs	Accepted	The following was added to MSB version: "Member Identified Team means the people, agencies or representatives a Member selects to participate to support in their support in their long-term care programs, processes and procedures including but not limited to their service planning or other waiver program processes and procedures.
12/06/2023	8.7205.3.B.1	8.7201.C.2.a	Developmental Pathways	Recommendation that the verbiage be changed from monthly review of CMA complaint log to "at least quarterly review" and to allow the CMA and Community Advisory Committee to determine the appropriate frequency. This would minimize administrative burden to the members of the committee and make it easier to identify trends that are better noted with more aggregate data	Unable to Adopt	The requirement for monthly review will be maintained to ensure that if even one complaint is brought to the CMA, there is opportunity for the CAC input, advice and discussion to ensure prompt responses are conducted.

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12/6/2023	8.7205.3.C.4	8.7201.C.3.d.i	Developmental Pathways	Reflection: The Community Advisory Committee is not a decision-making body. They are an advisory group that makes recommendations. Since some agencies may choose to hold public meetings and because people will have invested time and energy in organizing and attending, there is concern with the verbiage that the meeting must adjourn until quorum is met. Recommendation: if there is no quorum the meeting should continue. However, final votes on the recommendations to move forward cannot be made.	Accepted	Language changed to: "If the quorum is not reached, the meeting may continue but the committee must abstain from final recommendation votes until the quorum is met."
12/06/2023	8.7205.2.A.4	8.7201.B.1.d	Developmental Pathways	Suggestion to reword the last sentence of the Governing Body section to read "the Case Management agency and its governing body shall work in partnership with the Department to resolve complaints appropriately, timely, and reasonably"	Unable to Adopt	Additional Stakeholder Engagement would be needed to make this change, as feedback received in earlier sessions suggested that Stakeholders felt it was important for the Department to have a certain level of oversight and enforcement.
12/06/2023	8.7205.2.B.5	8.7201.B.2.e	Developmental Pathways	Suggestion that the Governing Body function line be changed from "Developing and presenting the Long-Range Plan annually to the Department" to "Supporting the development of the CMA's Long-Range Plan"	Unable to Adopt	The Governing Body is ultimately responsible for the development and presentation to the Department of the Long-Range Plan. This change will not be made as the language needs to specify this responsibility.
12/06/2023	8.7205.3.F	8.7201.C.6	Developmental Pathways	Suggestion to reword this section to read "The CMA shall provide information to its community on the Community Advisory Committee through various channels including sharing information on scheduled committee meetings, meeting minutes and/or summaries, and relevant documentation on the work of the committee. Minimally, information on the committee shall be made available online and by request for increased equitable access. The Community Advisory Committee shall provide options for equitable access to meetings including live, online audio visual access to meetings."	Unable to Adopt	Public notices of meetings, meeting minutes and documentation of actions is a requirement for the CAC. The training and guidance given to CMAs on operationalizing this will include direction around maintaining confidentiality of members, advocates or individuals logging complains. We cannot accommodate DP's request at this time in order to maintain the spirit of the rule, which is to have transparency about the meetings and committees run by CMAs.
12/6/23	8.7205.3.H	8.7201.C.9	Developmental Pathways	Suggestion to reword this item to read "the CMS shall provide reports on the CMA's Community Advisory Committee to the Department and its committees upon request." The CMA is the administrator of the CAC. The CAC will not be getting requests from HCPF nor providing the information.	Unable to Adopt	It is the Department's intention that the CMAs' CACs would report to the Department upon request.
12/6/23	8.7205.3.G	8.7201.C.8	Developmental Pathways	Suggestion to reword this item to read "The Community Advisory Committee shall review its activities and related recommendations with the Case Management Agency especially as related to resolving complaint trends"	Unable to Adopt	This language will remain. There needs to be direct lines of communication with the Governing Body, not just the CMA.
12/6/23	8.7205.3.J	8.7201.C.11	Developmental Pathways	Recommendation to remove the presentation requirement from this rule, as it may create a strain on local resources to arrange the scheduling, staffing, and member time. This step seems duplicative of the summary report, which is already included in this rule.	Unable to Adopt	The Long Range Plan and the CMA's presentation to the Department annually is part of the requirements for CMAs.
12/6/23	8.7206.2.C.1	8.7201.F.3.a	Developmental Pathways	Post CMRD, requesting the Department provide additional operational guidance on verifying financial eligibility and where case managers can find this information in a timely and reliable matter, to be a "best record of truth".	Accepted	This information will be on PeakPro and the CCM. This will not be reflected in rules, however it will be part of the upcoming trainings on LOC and CCM.
12/6/23	8.7206.2.I - 8.7206.2.K	8.7202.9	Developmental Pathways	Suggestion to move item H "Regional Center Referrals" to become a sub point under I, as an outcome of challenging behavior.	Accepted	This bullet was moved to accommodate the change request.
12/6/23	8.7206.6.A and 8.702.6.B	8.7202.F.1 and 8.7202.F.2	Developmental Pathways	In sections A and B, the Department appears to be using "reassessment" to describe both initial level of care assessments as well as annual recurring assessments. This may be confusing to members, CMAs, and providers. Suggestion is to clarify in the definition section (8.7201) the needs assessment, specifically its relation to the level of care screen and the person-centered support plan.	Adopted with Modifications	CCMSI Team Response: The Needs Assessment rules will be updated in early 2024 (currently set for initial MSB hearing Feb 2024). We are working on drafting the Needs Assessment and Person Centered Support Plan rules now with input and assistance from stakeholders. We have thoroughly expanded the Needs Assessment and Person Centered Support Plan sections. We have also clarified the two types of Reassessments (annual at CSR and unscheduled review at any point there has been a significant change in the Member's support needs).
12/6/23	8.7206.7.A	8.7202.G	Developmental Pathways	Suggestion is to reorganize the Waitlist Management section so that items 2 and 4 be moved under 1 as sub bullets.	Accepted	The changes suggested have been incorporated into final draft.



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12/6/23	8.7206.7.B	8.7202.G.2	Developmental Pathways	Suggestion to add a sub-bullet that speaks to the exception for individuals ages 14-17 who can be placed on the DD waitlist prior to their 18th birthdays as 'see date' status as they, technically, do not meet all the eligibility criteria (as they are not age 18 or older) but are waiting. Having this clarity seems particularly important as all CMAs are serving all populations.	Unable to Adopt	This is already addressed in 8.7202.G.4.b.
12/6/23	8.7206.7.D.1	8.7202.G.4	Developmental Pathways	Suggestion to replace Community Centered Board with Case Management Agency	Accepted	The changes suggested have been incorporated into final draft.
12/6/23	8.7206.7.G.2	8.7202.G.7	Developmental Pathways	Suggestion to split the item that currently references those who reside in long-term institutional settings and those who are under age 18 in community settings to increase clarity	Accepted	The changes suggested have been incorporated into final draft.
12/6/23	8.7206.7.H.5	8.7202.G.8.e	Developmental Pathways	Historically, under contract requirements CMAs (previously CCBs) were provided operational deliverables on expectations regarding outreach to individuals waiting as ASAA verses safety net at a different frequency that those waiting as See Date. Recommend updating this section of rule to reflect "as directed by the Department" and/or to offer set clarity on the standing requirements for waitlist outreach, taking into consideration administrative burden and reimbursement strategies for the work	Accepted	This language was added to the final draft
12/6/23	8.7206.10.C	8.7202.J.3.b	Developmental Pathways	While we understand and agree with the desire to provide copies of the support plan as quickly as possible to the individuals and providers, a 15 day parameter is not always sufficient to obtain, document, and finalize the many components of a complex support plan (which may include, for example, letters of recommendation from qualified professionals for specific supports). The current timeline is 30 days and we suggest maintaining the current standard	Unable to Adopt	This requirement is for completed PCSPs, which should already have all the letters of rec necessary prior to finalization. 15 working days (3 weeks) should be sufficient to provide a copy in order to ensure services are started in a timely manner.
12/6/23	8.706.10.E	8.7202.J.5	Developmental Pathways	Suggestion to release updated operational guidance on the milestone(s) that must be met to hit "program eligibility" as this may differ from program to program.	Accepted	The Department's guidance is updated whenever necessary and/or possible.
12/6/23	8.7206.10.I	8.7202.J.9	Developmental Pathways	Request for clarification regarding observing an individual's residence prior to completing the Individual's Support Plan. Who is the decision-maker for whether the observation can occur, is the individual in serve compelled to allow CMs or can they deny CMs access to the home to meet this requirement? This section of rule is unclear.	Accepted	This section is deleted in the final draft. The remainder of the rules contain requirements for in-person contact at the Member's or Applicant's home
12/6/23	8.7206.11.A.2	8.7202.K.2.c	Developmental Pathways	Suggestion that item #2 in this section be moved under #3 as item b. This would make it more clear that the provider outreach is, in effect, a component of supporting the quarterly monitoring contacts for the individual.	Accepted	Language updated in final draft.
12/6/23	8.7206.13	8.7202.M	Developmental Pathways	Due to prior confusion on the transfer process, suggestion would be to re-organizing this section. (example provided)	Unable to Adopt	This will be looked at in future interactions of rule updates when the system has settled.
12/6/23	8.7206.18.A	8.7202.R	Developmental Pathways	Suggestion to be consistent regarding notice of adverse action and long-term care waiver program notice of action. Additionally, could HCPF please clarify these terms in the definition section?	Accepted	Language is updated to Long Term Care Waiver Program Notice of Action (LTC-803) throughout this section
12/6/23	8.7206.22.B	8.7202.V.3	Developmental Pathways	Request to provide a citation to the rules and regulations referenced to in this language.	Accepted	Citation added to final draft: 42CFR483
12/6/23	8.7206.22	8.7202.V	Developmental Pathways	Suggestion to provide more clarity in regulation to help members and providers understand State SLS monitoring requirements are divergent from HCBS waiver monitoring requirements. Additionally, a suggestion to extend the clarity to section 8.7557.04.	Unable to Adopt	What is in contract is not duplicated in rules, so we will not add those details
12/6/2023	8.7557.03	8.7557.C.	Developmental Pathways	Suggestion to clarify whether individuals on SLS and DD (apt. setting only) Waivers can also use State SLS for Supporting Independence in the Community. Also to make laguange consistent around emergency services and hardship.	Adopted with Modifications	Language used at 8.557.c.1.a.i states that "All HCBS Waiver Services identified as available to Members enrolled in the SLS waiver as identified throughout section 8.7500. ", which includes activities supporting independence in the community. Language was added to clarify that State SLS general funds may be used in both emergency situations and during temporary hardships.

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12/8/2023	8.484.2.E		Kristie Braaten	Suggestion to remove from "or if the supervision would be covered..." to the end of the sentence" under Intensive Supervision definition. Page 1, Lines 42-44	Adopted with Modifications	Current rules will be repealed by 7/1/2024 and these citations will be updated at that time to accommodate these requests.
12/8/2023	8.484.2.L		Kristie Braaten	Suggestion to remove from "or if the assistance..." to the end of the sentence. Under Restraint Definition on page 3, Line 15-18.	Adopted with Modifications	Same response as above. (G96)
12/8/2023	8.484.2.N		Kristie Braaten	Suggestion to define Emergency Rights Modification.	Unable to Adopt	Creating a whole new definition is not necessary and could be confusing. This falls under Rights Modification.
12/8/2023	8.484.2.N		Kristie Braaten	Suggestion of how to define "Emergency Rights Modification". "An Emergency Rights Modification Control Procedure is the unanticipated use of a Rights Modification restrictive procedure or restraint in order to keep the person receiving services and member or others safe from serious or imminent risk.	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023			Kristie Braaten	Suggestion to clarify that this process does not apply to Emergency Rights Modifications. Page 11, lines 28-29.	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023	8.484.5.G		Kristie Braaten	Suggesting to revise the language of 8.484.5.G. Page 14, lines 27-37	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023			Kristie Braaten	Suggestion to remove item 8, Safety Control procedures can be addressed with the newer Rights Modification Process. And revise item to to say "Emergency Rights Modifications". Page 52, line 38-39.	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023			Kristie Braaten	Suggestion to remove item 11, use of right modification. Page 99, line 14.	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023			Kristie Braaten	Suggestion to "strike" items 1 and 3 under E. Page 140, lines 18-20 and 24-26.	Unable to Adopt	This is on the radar for the Department to engage stakeholders at a later date as this is a new definitions and outside the scope of these rules.
12/8/2023	8.7402.21	8.7402.S	PPCH	Provider agency- means an agency which has a contract w/ dept to provide one of the following services? Please explain why this says contract and not is certified to provide services.	Unable to Adopt	The provider agency has a contract with the Department of Health Care Policy & Financing, however, certification would be provided through the Department of Public Health and Environment in order to be deemed approved in providing services.
12/8/2023	8.7402.22	8.7203.T	PPCH	Provider specialty- means a service than an HCBS provider may deliver and be reimbursed for upon meeting service specific qualifications and enrolling through the Dept's Fiscal Agent. Who is the Dept's Fiscal Agent?	Accepted	Currently, the Department's Fiscal Agent is Gainwell Technologies. A Fiscal Agent is defined at 8.041.1 and means a vendor who is contracted by the Department to process and maintain the Medicaid Management Information System (MMIS) for purpose of processing claims.
12/8/2023	8.7405 A.2	8.7405.A.1-2	PPCH	Beginning and end time for all services- What about services billed in "day" increments? Currently beginning and end time is not tracked in day services.	Accepted	This section has been updated and documentation requirements for per diem services are outlined.
12/8/2023	8.7405 A. 8	8.7405.A.2.c.i-ii	PPCH	Weekly notes? This is highly prescriptive. Then listing appointments (we have to have records of appointments already), activities and respite or overnight stays elsewhere? This is administratively burdensome. All of the above need to be reported elsewhere, except perhaps respite & activities in non-24hr services	Adopted with Modifications	The Section 8.7410.A on Provider Agency Documentation has been edited to remove the weekly notes and differentiate between unit based and per diem services.
12/8/2023	8.7406 B	8.7406.B	PPCH	What is the purpose of an appointment w/ SSA? Obviously, we need to comply with licensing and bonding requirements. But why does every REP pay need an appt w/ SSA? How often? Please explain point of appointment.	Accepted	The reference to the SSA has been deleted. The rule now reads: "Provider agencies managing personal needs funds shall comply with all licensing and bonding requirements. "

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12/8/2023	8.7407- A1	8.7407.A.1 & 2	PPCH	Prior to EVERY time services are delivered? How ? Once? Monthly? What is expected when we KNOW there is a break in eligibility? Truly? Do we REALLY stop services? I think these regs exist already but maybe we should chat about these especially in light of all of the denials and all the services we PASAs continue to provide for continuity of care.	Unable to Adopt	8.7407.A. 2 states: 2. "Provider agencies shall verify a Prior Authorization Request (PAR) has been approved for the services in question, prior to service provision and claim submission;" meaning that the provider agency should receive an approved PAR from the CMA prior to rendering services, typically during initial enrollment or during a continued stay review that the case manager provides. This ensures that billing may take place, and services are approved for that member. Should billing attempt to take place prior to a PAR approval, this could cause disruptions in billing, loss of billing, or further delays. Should the member experience a disruption in services, the Member Identified Team should discuss and determine a process to resolve the disruption accordingly.
12/8/2023	8.747- A2	8.7407.A.1 & 2	PPCH	PAR approved prior- this used to be easy to do, is currently IMPOSSIBLE.	Unable to Adopt	A PAR must be in place for the Provider to be paid for services. We understand that on-going the updates to the new Care and Case Management Tools has made this is difficult, however this is still a requirement and most PARs can be found for each member in the Provider Portal.
12/8/2023	8.748 A 1 b iv	8.7408.A.1.b.iv	PPCH	what does this sentence mean?	Accepted	8.7408.A.1.b.iv states "Restrictions prohibiting staff on-site access if they are under the influence of alcohol or illicit drugs." This means that if a provider agency suspects any staff to be under the influence of alcohol or illicit drugs, that staff member could pose a risk to the health, safety, and welfare of the members served while on-site, and may not provide service or assistance to members while services are being provided on-site
12/8/2023	8.7412 A.11	8.7411.A. 1-10	PPCH	an IR for using a rights modification- That would DRASTICALLY increase Incident reports and be administratively burdensome. Additionally, how would you even write one for 24 hr supervision or \$ management or locked cabinets or sharps locked up?	Unable to Adopt	The current version of the rule indicates incident reporting is not required for using a rights modification. No changes being made as rule aligns with comments/concerns.
12/8/2023	8.7412 B	8.7411.B	PPCH	ALL Incident reports in 24 hrs? (72 is current rule and 24 for CIR) This is a DRASTIC change to practice.	Accepted	Thank you for your comment. The language within the rule has been changed from requiring incidents to be reported to the CMA within 24 hours to within 1 business day.
12/8/2023	8.7415	8.7414.A	PPCH	What is a Level of Care Screen? Shouldn't this be able to pass the Self Medication Administration Assessment?	Accepted	Thank you for your feedback. Your suggestion has been accepted. The reference to "Level of Care Screen" has been removed from this section.
12/8/2023	8.7415 B	8.7414.B	PPCH	Rights mod- anyone who needs assistance, but declines use right mod process. My understanding is they have to consent? If they denied consent, won't that be a very basic issue to the logic of this rule?	Adopted with Modifications	The sentence referring to a Rights Modification was removed. If a member requires assistance with medication administration, this would not require a rights modification. If assistance is required, the individual assisting must adhere to the rules and regulations surrounding medication administration as stated not only in 8.7414, but 6 CCR 1011 as well. Should the member refuse the medication, a rights modification may need to be explored. However, the member holds the ultimate right to decline to consent to the rights modification, regardless of a physician's order.
12/8/2023	8.7416 A. 3	8.7415.A.3	PPCH	After informed consent OR a court order... Is this not AND? You can give a psych med without consent if you have a court order?	Adopted with Modifications	Thank you for comment, "or pursuant to a valid court order" was removed. The rule now reads: "After Informed Consent of the Member or Legally Authorized Representative has been obtained."
12/8/2023	8.7516	8.7416.D.1	PPCH	SCC what goals are being achieved through the activities- Only mention of ISSP in entire packet. Why just for SCC? In all of the services just SCC needs a goal?	Accepted	Per 8.7416.D.1 "Provider agencies shall maintain documentation that includes the date and start/end times of activities completed, what activities were completed, and what Person-Centered Support Plan goals of the Member are being achieved through the activity(ies)." This rule applies to both Specialized Habilitation and Supported Community Connections services and refers to general goals within the member's Person-Centered Support Plan. Day Habilitation Services and Supports have always been habilitative services that assist members in acquiring skills and improving independence.

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
12/8/2023	8.7526.03 A.1	8.7526.C1.a	PPCH	Services shall be applied only to the permanent living space of the member... But in 2. Tasks may include f. shopping - Shopping does NOT USUALLY IN PERMANENT LIVING SPACE. These two sentences are not in alignment.	Adopted with Modifications	Thank you for this suggestion. We have changed the language to bring the rules into alignment. The language was adjusted to, "Service shall be for the benefit of the Member and not for the benefit of other persons living in the home. Homemaker services, except for laundry and shopping, must be completed within the permanent living space."
12/8/2023	8.7526.05 A 3 D	8.7526.E.1.c.iv	PPCH	SUPERVISORY VISITS TO HOME EVERY 3 MONTHS. This rule was pulled from, 8.4 and seems to be specific to EBD. Home care rules allow for quarterly VIRTUAL monitoring. This would be an INCREDIBLE burden. Would be extraordinarily expensive. Rates do not support. Where is the annual note w/ virtual quarterly option?	Adopted with Modifications	An additional subsection was added to allow for flexibility in supervisory visits at 8.7526.E.1.c.iv. The following was added to both sections of rule: "i. Supervision should be flexible to the needs of the member and may be conducted via phone, video conference, telecommunication, or in-person. 1) If there is a safety concern with the services, the Provider Agency must make every effort to conduct an in-person Assessment. 2) The Provider Agency must conduct Direct Care Worker (DCW) supervision to ensure that Member care and treatment are delivered in accordance with a plan of care that addresses the Member status and needs.
12/8/2023	8.7546.05 E	8.7546.E.5	PPCH	..... or settings that are not part of general community workplaces. * This is vague. Much of the population works in warehouses. I would suggest language more like "or settings with only individuals with disabilities working there" (the entire paragraph is written in the negative, it would be better if this was written with what they were looking for but I understand what they are trying to accomplish". The point is by saying "a general community workplace it sounds like they are describing a TJ Max, not an Amazon Fulfillment Center. An Amazon Fulfillment center would not typically be described as a "general community workplace". I recognize this is language directly from the waiver and it is still vague	Adopted with Modifications	Thank you for your feedback. This language was brought over from the Waiver to attempt to bring alignment. The Department has since developed a new strategy and will be hosting Stakeholder Engagement sessions about Supported Employment rules the Spring of 2024. The language about group employment that was in rule prior to this rule change has been restored and we look forward to further engagement with stakeholders.
12/8/2023	8.7417A	8.7416.A	PPCH	Gastrostomy services means assistance with the ingestion of food or administration of medication through gastrostomy tubes, naso-gastric tubes or jejunostomy tubes. No- J-tubes and NG tubes were not included in the gtube regs. Per 6 CCR 1011-1 Chapter 8 AND the ONLY gtube instructor manual from state. NG tubes and J tubes are NOT included in the Gtube.	Accepted	All references to specific types of tubes was removed. The rule now reads: "Gastrostomy services means assistance with the ingestion of food or administration of medication through gastrostomy tubes."
12/8/2023	8.7417D	8.7416.D.1	PPCH	A licensed nurse, physician or other authorized health care practitioner shall monitor each unlicensed person performing the gastrostomy services for a member on a quarterly basis during the first year and semi-annually thereafter, unless more frequent monitoring is required by the individualized protocol. The supervising practitioner shall document each instance of monitoring in the record of the member- do they mean "The supervising nurse, physician or other authorized health care practitioner shall document each instance of monitoring in the record of the member?" The writing is sloppy	Accepted	Thank you for your feedback. A new subsection was added and now reads: The supervising nurse, physician or other authorized health care practitioner shall document each instance of monitoring of the Member.
12/8/2023	8.7540.03	8.7540.C.1.b	PPCH	provider must ensure nutritionally balanced meals are available to members AND don't tromp on rights.... Just pointing out if an individual lives alone, shops by themselves with some education from staff, the individual does not consent to their physician diet or subsequent rights modification exactly what can/ should a provider agency do to "MUST ENSURE"??	Adopted with Modifications	This language was changed to: "The provider shall make available to Members nutritionally balanced meals."
12/7/2023		8.7201.C.6	CCLP and CCDC	The requirement for public notice should not be just for the notice of meetings but also for the public notice of meeting notes and action items in accordance with confidentiality requirements	Accepted	The language was changed to: The Community Advisory Committee shall maintain public notices in accordance with confidentiality requirements of the following: meetings, meeting minutes, and documentation of actions taken in response to recommendations and Complaints. Public notices of meetings shall be made available online and by request for increased equitable access.

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12/21/23	8.7101.J	Terminations 8.7100.J	DP	DP suggests adding language to explicitly include moving out of state for reasons to discontinue a member's enrollment. We feel that guidance through OM 23-024 (re: Case Management Eligibility and Notice of Action Requirements for the ending of the COVID-19 Public Health Emergency) makes cause for terminations clear, and this may cause added confusion for members and their families if regulation does not have a rule citation that can be cited on required notices of action.	Unable to Adopt	OM 23-024 states that: "a CMA may take immediate action to close a member from their program when: • A withdrawal is requested by the member or the member's legal representative, • The member dies, or • The member ceases to be a resident of Colorado." Being a resident of Colorado is under financial eligibility requirements and there are even exceptions to this. There was extensive stakeholder engagement about this topic over the last year and a half and "moving out of state" is not appropriate to have in the rules as a reason for termination but the intent of the comment is covered in the requirement to receive a service every calendar month.
12/21/23	8.7102.G	EBD Waiver 8.7101.G	DP	DP suggests rewording 8.7102.G.5.a.i as follows "HCBS-EBD Members admitted to a nursing facility or hospital for one full calendar month or longer shall be discontinued from the HCBS-EBD program." Our comment suggests language to clarify that HCBS members that do not receive an HCBS waiver service for one full calendar month shall be discontinued vs. one month shall be discontinued (as there could be confusion on how a month is calculated). We believe this language change is consistent with current operational guidance, and we believe this clarification will assist individuals, families, advocates, providers, and case managers in understanding the eligibility requirements.	Adopted with Modifications	"Calendar" has been added to the sentence before "month."
12/21/23	8.7202.J.3	Person Centered Support Coordination 8.7202.J.3	DP	DP appreciates the Departments efforts to provide individuals and their providers copies of the support plan as quickly as possible. We believe that this deadline may be challenging to obtain, document, and finalize the many components of a complex support plan as required under contract, waiver applications, and this regulatory timeline. We look forward to working with the department and sharing any challenges for individuals, families, providers, as well as CMs in meeting this regulatory expectation within the available tools.	Unable to Adopt	Thank you for your partnership and feedback. We look forward to continuing to work on this together.
12/21/23	8.7202.K.2.b-c	Monitoring 8.7202.K.2.b-c	DP	DP appreciates HCPF commitment to stakeholder feedback and clarifying this section based on our previous comments. We look forward to working with the Department to ensure that these monitorings are operationalized in the most appropriate settings for all individuals/members.	Accepted	Thank you for your partnership and feedback. We look forward to continuing to work on this together.
12/21/23	8.7202.V.4.b and 8.7557.D.4	8.7202.V.4.b and 8.7557.D. 4	DP	DP suggests clarifying the intended frequency of in person contact vs. a member's preference in rule, contract, and operational guidance. In 8.7202.V.4.b it seems to indicate that contact for individuals/members shall be based solely on preference, whereas at 8.7557.D.4 specifies in-person contact consistent with current contract. DP recommends giving deference to individual/member choice and consistency with HCBS in allowing more flexibility in the timeline.	Accepted	8.7202.V.4.b now reads: The Case Manager shall complete monitoring activities in compliance with 8.7557.D.4.
12/21/23	8.7000A 1-5	8.7000A 1-5	Kari Easterly- ARC	I appreciate the detail and language used regarding Authority, Scope and Purpose and Consequences for Non-Compliance. I would like to know how the Department plans to have oversight for Non-Compliance and monitoring of the rules.	Accepted	The Department will be conducting annual reviews of CMAs to check for compliance with rules, regulation and contract. The Department will continue their QIS reviews. Provider agencies are surveyed by the Department of Public Health and Environment.
12/21/23	8.7001.A. Definitions.	8.7001.A.	Kari Easterly- ARC	I appreciate the detail and language used regarding definitions of Home and Community Based Settings including Non-Residential, Residential Settings (Provider owned or Controlled), and settings that include all in which HCBS services are provided. These definitions have long been needed and I appreciate the detail greatly.	Accepted	Thank you for your partnership and feedback. We look forward to continuing to work on this together.

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12/21/23	8.7001.B.3 Page 9, under 2(b)	8.7001.B.3	Kari Easterly- ARC	there is the statement that the residential lease and/or agreement “may” include a security deposit. It is common for an individual with IDD to have a behavior plan to address property destruction, or the team is in the process of collecting data to create such a plan because of the person’s disability. I am concerned this provision will be exploited by agencies when taking more difficult clients. If the person has a higher support level due to documented behaviors like property destruction this shouldn’t be allowed as part of a contract as this is a support need and may be a part of a behavior plan	Unable to Adopt	Thank you for this comment and Department agrees with the concern and believes it has been addressed outside of the rule. The Department issued FAQ on HCBS Settings Requirements Part III - Leases and Residential Agreements which provided this response to the question “can the provider require people to pay (and potentially forfeit) a security deposit?” Yes, security deposits are allowed if charged and returned in accordance with state and local law, and if appropriate for the resident. That said, standard security deposits and other ways of charging individuals for property damage may not be appropriate for all individuals, and the Department expects that they will rarely if ever be used in HCBS funded settings where they have not historically been used. In order to fulfill its obligations as a provider and avoid discriminating against individuals with disability related cognitive or behavioral challenges (who may be more likely to cause damage or not understand such damage), the provider may need to make an exception or modification to any policy it may have for charging residents for damage—perhaps with some other measure(s) taken to prevent damage to the property.
12/21/23	8.7001C. Page 16, under 2(b)		Kari Easterly- ARC	there is the statement about members that engage in the complaint process. Many clients/parents/guardians/family members have no access to the internet and are unable to access a website to file a complaint. There must be accommodations for individuals that need to access this level of due process and I didn’t see that explicitly stated.	Unable to Adopt	Thank you for this comment. There are a number of ways in which a complaint can be submitted. This can be done via an online form, over the phone, or through mail, fax or email. Members, parents/guardians, and family members should use the method that is most convenient and available to them.
12/21/23	8.7000 Final Draft, Page 39, 8.7200B.7.	8.7200B.7.	Kari Easterly- ARC	As you know, Case Management Agencies are replacing Community Centered Board functions through the Case Management Redesign process. It is difficult to tell what the function of a Community Center Board will be and what being a resource might mean from the definition and rules. From the 8.7000 Final Draft, Page 39, 8.7200B. 7. “Community Centered Board (CCB) means a private for-profit or not-for-profit organization that is an administrator of locally generated funding pursuant to CRS 25.510-206(6) and acts as a resource for persons with an Intellectual and Developmental Disability or a child with a Developmental Delay.”	Unable to Adopt	Thank you for this feedback. The role of community centered boards in the HCBS system is changing and evolving. Some will become providers and some will be CMAs.
12/21/23	8.7000 Final Draft, Page 39, 8.7200B. 7.	8.7200B. 7.	Kari Easterly- ARC	The Community Center Board is mentioned 14 times throughout the rule changes without much function, oversight, and responsibility clarification in the rules. For example, who is monitoring the funding received by the local CCB, the resources available for residents of that county, and how this money can intersect with HCBS funding?	Unable to Adopt	The Department will no longer associate case management services with CCBs. Mill Levy funding is monitored by the counties from which the money comes.
12/21/23	8.600 and 8.700		Kari Easterly- ARC	how will 8.600 as currently written interrelate to 8.7000? Will modifications be coming for 8.600?	Accepted	Yes, much of 8.600 will be repealed as of July 1, 2024.
12/21/23	8.745 A.2 ci	8.7405.A.1-2	Jodi Walters-PPCH	On 8.745 A.2 ci, I greatly appreciate that weekly notes has been removed. Listing activities that members participate in for per-diem services is appropriate the vast majority of the time, and necessary to demonstrate that individuals are meaningfully engaged in their communities per final setting rule. Where it does not make sense, however, is those individuals that live independently, can self-direct their own life and do not want staff support to access the community. I would like to see an if applicable added, or if the member requires staff support to access the community, or some clause like that added.	Accepted	Thank you for this comment. The language has been changed to reflect documentation of activities members participated in with staff support.

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12/21/23		8.7411	Jodi Walters-PPCH	Incident reporting- Critical Incidents are due to our CMA/ CCB partners in 24hrs. Why the change to all Incident Reports? This is a significant departure from practice. Currently, many CCBs are not open on Fridays. For a service agency to have to re-vamp our on call system to ensure ALL incidents are reported to CMA/ CCBs w/in 24s feels like a massively expensive waste of time for an email to sit unread in an inbox until business hours. Is this really a necessary on-call responsibility for non-critical Incident reporting? Why? Could we at the VERY least clarify BUSINESS HOURS or next BUSINESS DAY? For me to have to pay staff to be on duty during the weekend to respond to non-urgent incidents feels BANANAS. Why not 72 hrs? We obviously have a system in place for CIRs, but we maybe have 1 a weekend. This would up reporting to 20 + for med errors, behavioral incidents, injuries, etc. That is a big increase in on-call costs. To what benefit?	Accepted	Thank you for your comment. The language within the rule has been changed from requiring incidents to be reported to the CMA within 24 hours to within 1 business day.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	legally authorized representative	Accepted	Thank you for your comment. Legally Authorized Representative added as suggested.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	strike "travel"	Unable to Adopt	The Department has determined that travel needs to remain in the rule reference, as this is referring to the travel required by the CMA, as well beyond the defined service area.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	perform monitoring and follow-up	Accepted	Thank you for your comment. Monitoring and follow up was added in the final draft.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	Capitalization "The"	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	policy and procedure	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	No comment; highlighted text for citation 8.7206.14 to call out "provide health and safety checks"	Accepted	Thank you for your suggestion, this was updated in the final draft to read "monitoring and follow up".
11/21/23	8.7206.14	8.7202.N	Kristie Braaten	No comment; highlighted text for citation 8.7206.13 to denote lanuage duplication	Accepted	Thank you for your suggestion, the duplication was corrected in the final draft.
11/21/23	8.7206.15	8.7202.O	Kristie Braaten	....outside their current deined service area, all transfer activities outlined in XXXX shall apply, and the CMA shall comply with the following procedures:	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.15	8.7202.O	Kristie Braaten	No comment; highlighted text for citation 8.7206.13	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.16	8.7202.P	Kristie Braaten	remove CMA	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.16	8.7202.P	Kristie Braaten	No comment; highlighted text for citation 8.7003.D.7 and 8	Accepted	Thank you for your suggestion, this was updated in the final draft.
11/21/23	8.7206.17	8.7202.Q	Kristie Braaten	The CMA shall have procedures in place to mitigate potential conflicts of interest.	Accepted	This is added to 8.7202.Q.8
11/21/23	8.7206.17	8.7202.Q	Kristie Braaten	should be in the provider/service section	Unable to Adopt	This section explains to the CMA what is expected of the HRC. Likewise, in the provider section, there is an explanation(s) for what is to be reported to the HRC.
11/21/23	8.7206.17	8.7202.Q	Kristie Braaten	No comment; highlighted text for citation 8.604.3 and 8.7001-8.7004	Accepted	Thank you for your suggestion. Changes were made; is now Section 8.7001.
11/21/23	8.7206.17	8.7202.Q	Kristie Braaten	HCBS-DD waiver from IDD waivers	Unable to Adopt	This is intended to be broad to allow flexibility when or if there is a need for a review by someone outside of the HCBS-DD waiver.
11/21/23	8.7206.17	8.7202.Q	Kristie Braaten	No comment; highlighted text for citation 8.609.6.D.7 and 8	Accepted	Thank you for your comment. This was changed in the final draft to Section 8.7001.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	Highlighted "th member"	Accepted	Thank you for your comment. This was changed in the final draft to "the Member".
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted text for citation 8.057	Comment Only	Citations for 8.057 will remain because these rules are not being repealed for CMRD. These are the Department's rules for appeals and notices of action.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted text for citation 8.057	Comment Only	Citations for 8.057 will remain because these rules are not being repealed for CMRD. These are the Department's rules for appeals and notices of action.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted (LTC-803)	Accepted	Changes made to "Long Term Care Waiver Program Notice of Action (LTC-803)"
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	Request for "threshold" to be changed to "requirement"	Accepted	Thank you for your comment. This was changed in the final draft to "requirement."

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11/21/23	8.7206.18	8.7202.R	Kristie Braaten	Request to change "Program" to "Waiver"	Accepted	Thank you for your comment. This was changed in the final draft to "waiver."
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted (LTC-803)	Accepted	Changes made to "Long Term Care Waiver Program Notice of Action (LTC-803)"
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	for 1 month, or during a month?	Comment Only	Thank you for your comment. The Department has reviewed and determined that "For one month" is accurate and will remain in final draft.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	The member does not keep or schedule an appointment for assessment or monitoring two (2) times during a 30-day consecutive period	Accepted	Thank you for your comment. This was updated made in final draft.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	Is this necessary given the language above?	Accepted	Thank you for your comment. This was removed in final draft.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted (LTC-803)	Accepted	Thank you for your comment. Changes made to "Long Term Care Waiver Program Notice of Action (LTC-803)".
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment; highlighted (LTC-803)	Accepted	Thank you for your comment. Changes made to "Long Term Care Waiver Program Noticed of Action (LTC-803)".
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	No comment highlighted citation Section 8.057 et seq.	Comment Only	Citations for 8.057 will remain because these rules are not being repealed for CMRD. These are the Department's rules for appeals and notices of action.
11/21/23	8.7206.18	8.7202.R	Kristie Braaten	I think these say the same thing	Unable to Adopt	Thank you for your comment. To clarify, both of these are necessary as one of these gives instruction to the CMA about the termination and the next one gives more specific instruction to the case manager.
11/21/23	8.7206.19	8.7202.S	Kristie Braaten	highlighted citation	Comment Only	Thank you for your comment however this citation is not being repealed so it will remain.
11/21/23	8.7206.19	8.7202.S	Kristie Braaten	highlighted citation	Accepted	Thank you for your comment. This was removed in final draft.
11/21/23	8.7206.19	8.7202.S	Kristie Braaten	highlighted "community centered board, regional center and program approved service agency	Accepted	updated to Case Management Agency
11/21/23	8.7206.25	8.7202.Z	Kristie Braaten	highlighted: b.If the Case Management Agency causes an individual enrolled in HCBS Waiver Services to have a break in payment authorization, the Case Management Agency shall ensure that all services continue and shall be solely financially responsible for any losses incurred by Provider Agencies until payment authorization is reinstated.	Accepted	Updated Agency to Case management Agency
11/21/23	8.7206.26	8.7202.AA	Kristie Braaten	Suggest remove: CMA	Accepted	Thank you for your comment. This was removed in final draft.
11/29/23	8.7000.	8.7000.A	Kristie Braaten	Add Authority, Scope and Purpose and comprehensive list of dentitions that apply to all areas of HCBS services. Reserve definitions that only apply to certain areas for those areas (i.e. "certification" would go with the HCBS provider section).	Accepted	Thank you for your comment. This was moved to the beginning in the final draft.
11/29/23	8.7001	8.7000.A and 8.7001.A	Kristie Braaten	First section should be Waiver Elig Requirements. Starting with Member Rights and Responsibilities provides no context for what is being discusses. Should also include scope and purpose of this section for clarity.	Unable to Adopt	Thank you for your comment. The Authority, scope and purpose language is necessary to provide the context.
11/21/23	8.7001.E	8.7001.A.6	Kristie Braaten	If the 8.600 series of rules is to be recinded, the Department shouldn't use those rules as a reference, and instead should define the additional situations and how they should be handled - as emergencies that threaten the safety of a person and cannot wait for a Rights Modificaiton Process.	Adopted with Modifications	Wherever possible, the reference to 8.400,600, 500, 300 have been removed. If these rules are going to be repealed, the remainder of the citations will be removed at that time.
11/21/23	8.7002.F.3	8.7001.A.7.c	Kristie Braaten	anyone granted authority pursuant to a court order or voluntary appointment or designation, such as: a. an Authorized Representative under Sections 8.7514 or 8.7526, b. an agent under power of attorney, c. a conservator, d. a court appointed guardian, e. a LTSS Representative under Section 8.7002.G, or f. a member of a supportive community in connection with a supported decision-making agreement, and only with respect to matters within the scope of, and in the manner authorized by the court order or appointment.	Accepted	Thank you for your comment. Citations within this line have been updated in the final draft.
11/21/23	8.7002.F.3	8.7001.A.7.d	Kristie Braaten	The applicable court order, voluntary appointment or designation shall determine the scope of representation and decision making authority of the Legally Authorized Representative. Orders that are not current, or are expired, shall not be used.	Unable to Adopt	Thank you for your comment. Original language is more clear regarding the required analysis of the order/appointment/designation. It is unnecessary to add that orders that are expired shall not be used.



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11/21/23	8.7002.J	8.7001.A.11	Kristie Braaten	Is 8.500 being repealed? If so, this citation needs to be removed.	Accepted	Wherever possible, the reference to 8.400,600, 500, 300 have been removed. If these rules are going to be repealed, the remainder of the citations will be removed at that time.
11/21/23	8.7002.K	8.7001.A.12	Kristie Braaten	The Department defines Plain Language multiple times using different definitions. Recommend keeping this definition and striking others.	Accepted	Thank you for your comment. This definition is the one used throughout the document now.
11/21/23	8.7002.N	8.7001.A.15	Kristie Braaten	The Department should not refer to other, or repealed rules here. Please define what the Department means here without the use of old/repealed rules.	Unable to Adopt	Wherever possible, the reference to 8.400,600, 500, 300 have been removed. If these rules are going to be repealed, the remainder of the citations will be removed at that time.
11/21/23	8.7002.P.1.g	8.7001.A.17.a.vii	Kristie Braaten	The Department should not refer to other, or repealed rules here. Please define what the Department means here without the use of old/repealed rules.	Unable to Adopt	Wherever possible, the reference to 8.400,600, 500, 300 have been removed. If these rules are going to be repealed, the remainder of the citations will be removed at that time.
11/21/23	8.7003.B	8.700.1.B.2	Kristie Braaten	Need to clarify that Rep Payee only applies to SS funds, not earned or other income	Unable to Adopt	Rule specifically states the rep payee is designated under the SSA's policies and further designation will be included in the Person-Centered Support Plan.
11/21/23	8.7003.B	8.700.1.B.2	Kristie Braaten	Point of clarification: Does this mean it is determined on an individualized basis?	Adopted with Modifications	Correct, this would be individualized as documented within the Person-Centred Support Plan
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Should say Colorado instead of state, include statutory references to landlord tenant law.	Unable to Adopt	The use of "state" is accurate and should not be Colorado. Reference to tenant law is not included to allow flexibility based on city and county as needed.
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Replace State with Colorado. Reword so parenthesis are not used.	Adopted with Modifications	The use of "state" is accurate and should not be Colorado. Parenthesis was removed.
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Point of clarification: Agency determined refund policies?	Adopted with Modifications	The Provider agency is responsible to detail refund policies as specified in 8.7003.C
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Is this consistent with Colorado landlord/tenant law?	Comment Only	This should be clearly stated within the lease or residency agreement between the member and Provider Agency.
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	The prolonged residence in some situations will put other people at risk. Department is mixing responsibilities of a provider of covered services and responsibilities for housing, which the Department does not fund.	Unable to Adopt	This is not new policy. The Member reserves the right to appeal, grievance, and dispute resolution. Furthermore, the provider agency must work with the individual and Member-Identified Team to seek alternative placement to avoid situations such as homelessness, or possibly health and safety risks to the Member in services.
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Will this be a requirement for members, that they must have these things. What if they do not want any of these items?	Unable to Adopt	The member must be provided this criteria in its entirety. Should the member choose not to opt into having locks, keys, privacy, etc. this needs to be documented and communicated within the Member-Identified Team. Situations have arisen with members feeling uncomfortable with the responsibility of keeping up with a key, however, the provider must provide this option. For instance, the member may choose to keep a key to their room in a drawer, but never use the key.
11/21/23	8.7003.C	8.7001.B.3	Kristie Braaten	Violates landlords rights to determine whether smoking is allowed on their property.	Unable to Adopt	The member must be allowed the option for smoking, vaping, or utilizing nicotine products in a safe manner. Providers are required to identify designated smoking areas for members.
11/21/23	8.7003.C.4.b	8.7001.3.d.ii	Kristie Braaten	remove "does" and add s to require	Accepted	Thank you for comment. This has been updated in final draft.
11/21/23	8.7003.D.3.e	8.7001.4.c.v	Kristie Braaten	The following should be the lead in sentence to item D. "Rights of a individual receiving services may be modified only in a manner that will promote the least restriction on the individual's rights and in accordance with the rules herein."	Unable to Adopt	This sentence specifically clarifies the first sentence in "v." related to the identified need of the member.
11/21/23	8.7003.D.3.h	8.7001.4.c.viii	Kristie Braaten	this is unclear	Unable to Adopt	Instructions for informed consent are provided to Provider Agencies and CMAs and will give further clarification, if needed. The Department is also working on member education that includes rights modifications.
11/21/23	8.7003.D.3.k	8.7001.4.c.xi	Kristie Braaten	Think through high risk situations: sex offender refuses Rights Mod for supervision and provider is unwilling to serve unless there is a Rights Mod in place.	Unable to Adopt	This is not new policy direction. Members shall not be retaliated against. If the Provider Agency is unable to serve the member without Rights Modifications, it is within the provider's rights to find a placement that is a better fit.

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
11/21/23	8.7003.D.7	8.7001.4.g	Kristie Braaten	This language seems to cover what was previously known as an Emergency Control Procedure. Maybe needs to be moved up and included with earlier language on Rights Mod	Unable to Adopt	Thank you for comment. This language is included in the section on Rights Modifications.
11/21/23	8.7003.D.8	8.7001.4.h	Kristie Braaten	This could use some clarity, but I do not have specific recommendations right now. Give me a few days.	Adopted with Modifications	Thank you for comment. Citations are updated but no further clarification provided.
11/21/23	8.7004.A	8.7001.C	Kristie Braaten	Who does the Department mean when using "other"? Should be removed	Unable to Adopt	These rights and requirements apply to not just members but all individuals. This is saying members and other individuals have these rights.
11/21/23	8.7004.A.1	8.7001.C.1.a	Kristie Braaten	Unclear - don't have specific language recommendation right now - maybe we can review together?	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.5	8.7001.C.1.e	Kristie Braaten	Suggestion to change "the individual and the individual's..." to "the individual and their..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.6	8.7001.C.1.f	Kristie Braaten	Suggestion to change "the individual and the individual's..." to "the individual and their..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.7	8.7001.C.1.g	Kristie Braaten	Suggestion to change "the individual and the individual's..." to "the individual and their..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.8	8.7001.C.1.h	Kristie Braaten	Suggestion to change "the individual and the individual's..." to "the individual and their..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.9	8.7001.C.1.i	Kristie Braaten	Suggestion to change "the individual's" to "their"	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.9	8.7001.C.1.i	Kristie Braaten	Citations from 8.500 highlighted.	Accepted	Thank you for your comment. This citation has been changed in final draft.
11/29/23	8.7004.A.11	8.7001.C.1.k	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.12	8.7001.C.1.l	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.13	8.7001.C.1.m	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.14	8.7001.C.1.n	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.15	8.7001.C.1.o	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.16	8.7001.C.1.p	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/29/23	8.7004.A.17	8.7001.C.1.q	Kristie Braaten	Suggestion to remove "other individuals" from the line "Members and other individuals..."	Unable to Adopt	Thank you for your comment. This language specifies that the Legally Authorized Rep belongs to the individual.
11/21/23	8.7004.B.2	8.7001.2.b	Kristie Braaten	Where do we find that information on the escalation process of the HCPF website?	Accepted	Thank you for your comment. This is provided in operational direction as it occasionally changes.
11/21/23	8.7004.C.1-4	8.7001.C.a-d	Kristie Braaten	remove "other individuals" x4	Unable to Adopt	These rights and requirements apply to not just members but all individuals. This is saying members and other individuals have these rights.
11/21/23	8.7004.C.1	8.7001.C.3.a	Kristie Braaten	what does programmatic mean?	Accepted	"Programmatic barriers" means the CMA cannot set up processes that would put a obstacle in member access to the CMA.
11/21/23	8.7004.D.1	8.7001.C.3.a	Kristie Braaten	Should it say "member" instead of individual receiving services?	Accepted	Thank you for your comment. This has been changed to member" in the final draft.
11/21/23	8.7004.D.1	8.7001.C.3	Kristie Braaten	Need to add "provide guardianship or other legal documents as requested"	Accepted	Thank you for your comment. "There are changes in legal status, such as guardianship or Legally Authorized Representative. " was added to the final draft.
11/21/23	8.7004.D.1.d.i	8.7001.C.3	Kristie Braaten	Should this (LOC) be spelled out? Consistency with how acronyms are introduced and used throughout the document.	Accepted	Thank you for your comment. All acronyms except HCBS and LTSS have been spelled out throughout the document
11/21/23	8.7004.D.1.e	8.7001.C.3	Kristie Braaten	Add changes in legal status such as guardianship/Legally Authorized Representative	Accepted	Thank you for your comment. "There are changes in legal status, such as guardianship or Legally Authorized Representative. " was added to the final draft.
11/21/23	8.7004.D.1.e.ii	8.7001.C.3	Kristie Braaten	This has to be crystal clear - is it during a calendar month, or 30 consecutive calendar days?Ensure consistent language throughout the document. some places say 1 consecutive month.	Adopted with Modifications	Thank you for your comment. This was updated to "calendar month" and throughout the document where applicable.

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11/21/23	8.7004.E.1	8.7001.C.5.a	Kristie Braaten	If the CMA is responsible to inform, then this belongs in the CMA section: CMAs shall inform people who are eligible for services and their Legally Authorized Representative(s) at the time of enrollment and annually in conjunction with the Person-Centered Support Plan that they may designate an LTSS Representative. The designation ...must occur with informed consent of the eligible person or their Legally Authorized Representative(s), as applicable. OR People eligible for services and supports....have the right to designate...	Accepted	Thank you for your comment. This is also included as a portion of the CM responsibilities for the Person Centered Support Plan.
11/21/23	8.7100.	8.7100.	Kristie Braaten	Move this to 8.7001, directly after the intro HCBS section. Move these definitions to the "main" definitions sections in 8.7000 that cover all HCBS topics. Then you can delete duplicates - brevity, mitigates the risk of confusion and misinterpretation associated with inconsistent definitions..	Unable to Adopt	Thank you for your suggestion. The Department policy specialists determined that it is beneficial to keep the definitions with each of the sections and we will maintain the order of the rules as stated previously.
11/21/23	8.7101.12	8.7100.A.12	Kristie Braaten	Differentiate definition of Congregate facility from GRSS	Unable to Adopt	Thank you for you comment. This definition is used by federal government in waiver and needs to remain.
11/29/23	8.7101.14	8.7100.A.14	Kristie Braaten	8.7206.6 was highlighted.	Accepted	Thank you for your comment. This citation has been updated in the final draft.
11/29/23	8.7101.15	8.7100.A.15	Kristie Braaten	Definition doesn't match the description in another section (either CMA or Provider)	Accepted	Thank you for your comment. This has been updated and now reads: "Comprehensive Review of the Person's Life Situation means a thorough review of all aspects of the person's current life situation by the Provider Agency in conjunction with other Members of the Member Identified Team."
11/29/23	8.7101.16	8.7100.A.16	Kristie Braaten	8.7101 was highlighted.	Accepted	Thank you for your comment. This citation has been updated in the final draft.
11/29/23	8.7101.18	8.7100.A.18	Kristie Braaten	Suggestion: "circumstance" instead of "state of being of greater than normal severity"	Unable to Adopt	Thank you for your suggestion, however this is language used in waiver and necessary for these rules so will remain in the final draft.
11/29/23	8.7101.19	8.7100.A.19	Kristie Braaten	Suggestion: "an institution" instead of "institutional care"	Unable to Adopt	Thank you for your suggestion, however this is language used in waiver and necessary for these rules so will remain in the final draft.
11/29/23	8.7101.20	8.7100.A.20	Kristie Braaten	Suggestion: "an institution" instead of "institutional care"	Unable to Adopt	Thank you for your suggestion, however this is language used in waiver and necessary for these rules so will remain in the final draft.
11/29/23	8.7101.29	8.7100.A.29	Kristie Braaten	Suggestion: delete "based on the criteria"	Unable to Adopt	Thank you for your suggestion, however this is language used in waiver and necessary for these rules so will remain in the final draft.
11/29/23	8.7101.29	8.7100.A.29	Kristie Braaten	Comment reads "Is this different than the"Long Term Services and Supports Level of Care Eligibility Determination Screen?"	Unable to Adopt	Thank you for your comment, however we are unable to respond without clarification as to what you are asking.
11/29/23	8.7101.31	8.7100.A.31	Kristie Braaten	Should this specify the HCBS-DD Waiver?	Unable to Adopt	Thank you for your question. This should not be clarified to read HCBS-DD Waiver because the definition wouldn't change if it was offered in other waivers
11/29/23	8.7101.33	8.7100.A.33	Kristie Braaten	Suggestion: "resident or non-resident at least 21 years of age" rather than "an individual at least 21 years of age, resident, or non-resident"	Unable to Adopt	Thank you for your comment. This is written in order of priority and needs to remain as written.
11/29/23	8.7101.42	8.7100.A.42	Kristie Braaten	Add language about CDPHE licensure in ICF-IDD definition	Unable to Adopt	Thank you for your comment. This suggestion has been reviewed and determined that it is unnecessary to be added for this definition.
11/29/23	8.7101.45	8.7100.A.45	Kristie Braaten	Check citation - 8.401	Accepted	Thank you for your comment. This citation has been updated in the final draft.
11/29/23	8.7101.46	8.7100.A.46	Kristie Braaten	Is this being stricken? "means a medical condition or set of medical conditions that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the child reaches adulthood at age 19"	Accepted	Thank you for your comment. This definition is not being stricken and remains in the final draft.
11/29/23	8.7101.52	8.7100.A.52	Kristie Braaten	Check citation - 8.7500	Accepted	Thank you for your comment. Citation was verified as correct.
11/29/23	8.7101.58.a	8.7100.A.58.a	Kristie Braaten	Move this to 8.7001, directly after the intro HCBS section. Move these definitions to the "main" definitions sections in 8.7000 that cover all HCBS topics. Then you can delete duplicates - brevity, mitigates the risk of confusion and misinterpretation associated with inconsistent definitions..	Unable to Adopt	Thank you for your question. To clarify, this is part of the Delay and Disability determination process so it's included in that definition.
11/29/23	8.7101.62	n/a	Kristie Braaten	Is the Supporting Coordinating Agency definition or function still necessary? Isn't this covered by cMA and/or OHCDs?	Accepted	Thank you for your comment. This item has been removed from the final draft
11/29/23	8.7101.63	8.7100.A.62	Kristie Braaten	Suggestion to add to SIS definition "and is used to determine the funding and reimbursement rates available for a member's LTSS"	Unable to Adopt	Thank you for your comment, however the SIS definition cannot be modified as this is the official definition for this tool.

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11/29/23	8.7101.64	8.7100.A.63	Kristie Braaten	Suggestion to add to Support Level Definition "nd is used to determine reimbursement rates for HCBS-CES, HCBS-DD and HCBS-SLS services and funding constraints for members enrolled in HCBS-SLS."	Unable to Adopt	Thank you for your comment, however the SIS definition cannot be modified as this is the official definition for this tool.
11/29/23	8.7102	8.7100.B.2	Kristie Braaten	Suggestion to either move "The section hereby incorporates terms and provisions...the waiver shall control" to the beginning of the document with the intro after 8.7000, or move to the beginning of 8.7102	Unable to Adopt	Thank you for your comment. This section cannot be moved to the beginning of the document as it pertains specifically to the waivers and authority of the federal approvals.
11/29/23	8.7102.1.A	8.7100.C	Kristie Braaten	Check citation - 8.100	Comment Only	Thank you for your comment. Citation was verified as correct.
11/29/23	8.7102.1.D	8.7100.C.4	Kristie Braaten	Suggestion to move item to the beginning of 8.7102	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.1.D.1	8.7100.C.4.a	Kristie Braaten	Suggestion to change first "listed" to "other" in sentence "...if all <i>listed</i> eligibility criteria listed at 8.100.6.P are met"	Accepted	Thank you for your comment. Language was updated as suggested.
11/29/23	8.7102.1.D.1	8.7100.C.4.a	Kristie Braaten	Check citation - 8.100.6.P	Comment Only	Thank you for your comment. Citation was verified as correct.
11/29/23	8.7102.2	8.7100.D.1	Kristie Braaten	Suggestion: Delete first sentence, then "The CMA shall use the LTSS LOC...to determine an individual's need for HCBS waivers and State Plan Institutional care.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.2.B	8.7100.D.2	Kristie Braaten	Suggestion: Delete "six" Not important to note the number of ADLs, and if the number of ADLs changes, you need to update the rule too.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.2.B	8.7100.D.2	Kristie Braaten	Unless it's unlikely to change, not sure how important it is to name the ADLs	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.2.C	8.7100.D.3	Kristie Braaten	Delete item C if you use the suggestion provided regarding A.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language is correct as written.
11/29/23	8.7102.2.D	8.7100.D.4	Kristie Braaten	In addition to LOC requirements specific to each waiver, individuals must also be at risk of placement in an institution within one month, but for the availability of waiver services.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language is correct as written.
11/29/23	8.7102.2.E	8.7100.D.5	Kristie Braaten	For initial LOC eligibility determinations, the CMA shall ensure the PMIP is completed by a....	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language is correct as written.
11/29/23	8.7102.2.I.2	8.7100.D.9.b	Kristie Braaten	Check citation - 8.401	Comment Only	Thank you for your comment. Citation was verified as correct in final draft.
11/29/23	8.7102.3.A	8.7100.E.1	Kristie Braaten	Is this the correct citation? "as defined at Section 8.5000"	Accepted	Thank you for your comment. Citation was updated to 8.7500.
11/29/23	8.7102.3.B	8.7100.E.2	Kristie Braaten	Should be under "termination" section also number formatting consistency: one (1)	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.4.B	8.7100.F.2	Kristie Braaten	Suggestion: strike the word "residing". No one resides in a hospital	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/29/23	8.7102.4.B	8.7100.F.2	Kristie Braaten	Suggestion: strike the word "resides". No one resides in a hospital	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/29/23	8.7102.4.C.1	8.7100.F.3.a	Kristie Braaten	This doesn't make sense here. It should be with the termination section. It is also not an exception to the above statement. It's just another statement.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.4.C.3	8.7100.F.3.c	Kristie Braaten	should be a subsection of the above - it is clarifying the above item, not an exception to item C	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.5.1	8.7100.G.1	Kristie Braaten	Redundant. Either remove the other references to these requirements, remove this one, or ensure they say exactly the same thing. Specifically: "Only members who can be safely served within the capacity and expenditure limits imposed pursuant to cost containment restrictions, as defined at Section 8.7101.17 are eligible for the HCBS waiver programs."	Accepted	Thank you for your comment. The highlighted section has been struck. It now reads: "The Department of Health Care Policy and Financing shall conduct periodic aggregate cost containment analyses per federal requirements and in partnership with the Centers for Medicare and Medicaid"
11/29/23	8.7102.6	8.7100.H	Kristie Braaten	This section s/b under Members Rights and Responsibilities Also D. The member must not reside in and institution or correctional facility.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.7 and 8.7102.7.A	8.7100.I.1	Kristie Braaten	Suggestion: combine "...eligible for placement on the waiting list for the HCPF waiver for which they applied. A separate waiting list shall be maintained for each waiver." and "The Department shall maintain the waiting list" to be "The Department shall maintain a separate waiting list for each waiver."	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.7	8.7100.I.1	Kristie Braaten	HCPF waiver should be HCBS waiver	Accepted	Thank you for your comment, language has been updated to read "HCBS" waiver.
11/29/23	8.7102.7.B	8.7101.I.1.b	Kristie Braaten	Except for the HCBS-DD and HCBS SLS waivers (age 14 or date of eligibility).	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.

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11/29/23	8.7102.7.C	8.7100.I.1.c	Kristie Braaten	As openings become available within the capacity limits of the federal waiver, the Department shall consider individuals for services based on the criteria in order of priority as follows:...	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.7.C.4	8.7100.I.1.c.iv	Kristie Braaten	Add language that indicates exceptions for waivers that have reserve capacity priorities.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/29/23	8.7102.7.C.4	8.7100.I.1.d	Kristie Braaten	Check citation - 8.057	Unable to Adopt	Thank you for your comment. Citation was verified as correct in final draft.
11/29/23	8.7102.7	8.7100.J	Kristie Braaten	Should be 8.7102.8 (previous section was .7)	Accepted	Thank you for your comment. Citations and sequencing were verified as correct in final draft.
11/20/23	8.7102.7.C	8.7100.J.1.c	Kristie Braaten	"One month" was highlighted, no further explanation provided.	Unable to Adopt	The Department requires further information from stakeholder; unable to provide response at this time.
11/20/23	8.7102.7.D	8.7100.J.1.c.i	Kristie Braaten	"a full one-month period" was highlighted, no further explanation provided.	Unable to Adopt	The Department requires further information from stakeholder; unable to provide response at this time.
11/27/23	8.7103.1.A.5	8.7101.A.2.e	Kristie Braaten	Redundant - already covered in 8.710.22 (G)	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.1.C.2	8.7101.A.5.b	Kristie Braaten	Redundant - already covered in 8.7102.7	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.2.C.2	8.7101.B.2.a	Kristie Braaten	Redundant - already covered in 8.7102.7	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.4.C	8.7101.C.3.b	Kristie Braaten	Redundant - already covered in 8.7102.7	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.5.A.2	8.7101.E.2.b	Kristie Braaten	Age is the first criteria listed in other waivers -suggestion to move to match format of other Target Groups	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that order of this targeting criteria language will remain as written.
11/27/23	8.7103.5.B - 3 & 4	8.7101.E.4.c and d	Kristie Braaten	Suggestion: 3. Working individuals with disabilities who buy into Medicaid under the following programs a. BBA working disabled... b. TWWIIA	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/27/23	8.7103.5.C	8.7101.E.5.a	Kristie Braaten	Redundant - already covered in 8.7102.7	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.6.A.1.a	8.7101.F.2.a.i	Kristie Braaten	Age is the first criteria listed in other waivers -suggestion to move to match format of other Target Groups	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that order of this targeting criteria language will remain as written.
11/27/23	8.7103.9.F.4	8.7101.I.5.e	Kristie Braaten	This section is different than the language in the other area, and doesn't seem like it belongs here. Perhaps remove or move to CMA section?	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.10.A	8.7101.J	Kristie Braaten	Add: "resides in a GRSS or IRSS setting"	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that placement of this language will remain as written.
11/27/23	8.7103.10.B.2	8.7101.J	Kristie Braaten	Department shall authorize enrollment to	Accepted	Thank you for your comment. Language was updated as suggested.
11/20/23	8.741	8.7401	Kristie Braaten	Outline numbering needs editing.	Accepted	Thank you for your comment. Citations and sequencing were verified as correct in final draft.
11/20/23	8.742	8.7402	Kristie Braaten	Remove any definition that has already been defined. "In addition the definition"	Accepted	Thank you for your comment. The duplicative definition has been removed in the final draft.
11/20/23	8.742.11	8.7402.K	Kristie Braaten	Redundant	Accepted	Thank you for your comment. The duplicative definition has been removed in the final draft.
11/29/23	8.745.A.2	8.7405.A.1 - .2	Kristie Braaten	How do we document this for Residential Services that operate 24 hours/day?	Adopted with Modifications	The subsection 8.7405.A.2 has been added to differentiate the documentation required for per diem services and services billed as unit increments.
11/29/23	8.745.A.8	8.7405.A.1 - .2	Kristie Braaten	Is the department now requiring weekly notes in addition to other documentation that is occurring?	Accepted	Thank you for the comment. This has been clarified and "weekly" has been removed in final draft/
11/29/23	8.747.C	8.7407.C	Kristie Braaten	Extra word - services	Accepted	Thank you for your comment. The additional "services" has been removed in the final draft.
11/29/23	8.748.4.e	8.7408.A.4.e	Kristie Braaten	Should reference the specific statute for reporting to law enforcement	Accepted	Thank you for your comment. The relevant statute was added to the beginning of this section.
11/29/23	8.748.8.d	8.7407.A.8.d	Kristie Braaten	Anonymous complaints may not be able to be resolved. No timeline implies we could be addressing issues that happened 10 year ago. Laws specify time limitations, why should there be no time limit on grievances and complaints?	Accepted	This section has been updated and the final draft language reads, "Provider Agencies shall allow Grievances/Complaints to be submitted anonymously."
11/21/23	8.7407.9.a	8.7407.A.9.a	Kristie Braaten	this language is a little dicey	Comment Only	Thank you for your comment.

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
11/21/23	8.7410.A.2.c	8.7409.A.2.c	Kristie Braaten	Does not apply to contractors	Accepted	This section has been updated and the final draft language reads, "Documentation of supervision and performance evaluation or contractor management. "
11/21/23	8.7410.A.2.e	8.7409.A.2.d	Kristie Braaten	contractors don't have job descriptions	Accepted	This section has been updated and the final draft language reads, "Documentation of the job description."
11/21/23	8.7410.B.1	8.7409.B	Kristie Braaten	strike "in the personnel record"	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/21/23	8.7410.E.1	8.7409.E.1	Kristie Braaten	New requirement	Comment Only	Thank you for your question. This is not a new requirement and will remain in the final draft as written.
11/21/23	8.7410.E.2.a	8.7409.E.2.a	Kristie Braaten	Does this mean all CAPS checks run need to be submitted to HCPF?	Accepted	Thank you for your question. The Department has added additional language to help clarify this requirement. This now reads, "HCPF or its designee shall act as the oversight Provider Agency described at 26-3.1-111(6)(a)(III) and shall receive CAPS check results for provider agencies requiring Certification, ."
11/21/23	8.7411.B	8.7410.B	Kristie Braaten	This is already covered in other areas	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/21/23	8.7412.A.11	8.7411.A.11	Kristie Braaten	makes no sense	Accepted	Thank you for your comment. The rights mod notation has been removed in the final draft.
11/21/23	8.7412.D	8.7411.D	Kristie Braaten	too ambiguous	Accepted	This section has been updated and the final draft language reads, "Additional follow up information may also be requested by the Case Manager, or the Department. A Provider Agency is required to submit all follow up information within the timeframe specified by the Case Management Agency. "
11/21/23	8.7412.E	8.7411.E	Kristie Braaten	Provider agencies shall	Accepted	Thank you for the comment, language in final draft has been updated to reflect suggestion.
11/21/23	8.7413.A	8.7412.A	Kristie Braaten	Provider agencies shall ensure that provider owned or controlled settings comply with...	Accepted	Thank you for the comment, language in final draft has been updated to reflect suggestion.
11/21/23	8.7413.A.1	8.7412.A.1	Kristie Braaten	provider agency	Accepted	Thank you for the comment, language in final draft has been updated to reflect suggestion.
11/21/23	8.7413.A.4	8.7412.A.4	Kristie Braaten	provider	Accepted	Thank you for the comment, language in final draft has been updated to reflect suggestion.
11/21/23	8.7414.A	8.7413.C	Kristie Braaten	Exceptions: If a member chooses to eat food or meals at a restaurant instead of the food and meals provided, the member shall bear the cost of the food/meal.	Accepted	Thank you for your comment. The relevant language for this reference has been struck from final draft.
11/21/23	8.7415.A	8.7414.A	Kristie Braaten	This is a pretty major change and needs more explanation and training for all (CMs/Provider agencies)	Accepted	This section has been updated and the final draft language reads, "Provider agencies shall provide sufficient support to Members in the use of prescription and non-prescription medications. Members shall be presumed capable of self-administration unless they are determined otherwise., through a Level of Care Screen, to need assistance. The type and level of medication administration support provided shall be determined by the results of an assessment performed by a qualified person the Level of Care Screen. Medications shall be administered only by persons authorized in accordance with 6 CCR 1011-1, Chapter VII and XXIV."
11/21/23	8.7415.B	8.7414.B	Kristie Braaten	Highlighted text, however, no comment made. Highlighted text references :The Provider Agency shall apply the Rights Modification requirements and process at 8.7003.D for any member whose assessment shows they need assistance with medication administration but decline the assistance."	Accepted	The correlating highlighted section has been struck from final draft.
11/21/23	8.7416.A-.1	8.7415.A	Kristie Braaten	This is a pretty big change for members not receiving residential services. These requirements should only apply to the HCBS-DD waiver.	Adopted with Modifications	Thank you for your comment. The Department has modified this section of the rule.
11/21/23	8.7416.A.2	8.7415.A.2	Kristie Braaten	identified in the CMA section of the new rules. Who is responsible to conduct this comprehensive review?	Accepted	Thank you for your comment. The relevant language for this reference has been struck from final draft.
11/21/23	8.7416.A.4.	8.7415.A.4	Kristie Braaten	This means that a member who receives a prescription for a psych med cannot take it until it has been reviewed by HRC, which could be months.	Accepted	The correlating highlighted section has been struck from final draft.
11/21/23	8.7416.B.1	8.7415.B.1	Kristie Braaten	Remove "or psychologist" - since (some) psychologists are now approved to prescribe, calling them out specifically seems unnecessary.	Accepted	Thank you for your comment, "psychologist" has been removed from final draft.
11/21/23	8.7416.C	8.7415.C	Kristie Braaten	caps for "Provider Agency"	Accepted	Thank you, the punctuation corrections have been made in final draft.

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
11/27/23	8.7200.A.1	8.7200.A.1	Kristie Braaten	Home and Community Based Service (HCBS) waivers	Unable to Adopt	Thank you for your comment. This sentence pertains to the actual services being approved, not the waiver programs.
11/27/2023	8.7200.B	8.7200.B	Kristie Braaten	Move this to the beginning of the HCBS Services Section (which should come first)	Unable to Adopt	Thank you for your comment. The definitions will remain at the beginning of each section of the rules as they are currently written to avoid confusion in each section.
11/21/23	8.7201	8.7200.B	Kristie Braaten	In addition to the definitions at 8.7100, these definitions apply to Case Management Agencies/CMA Services...	Unable to Adopt	Thank you for your comment. The definitions required for each section of the rules are included in the definition section for that specific section, including ones from previous sections.
11/27/23	8.7201	8.7200.B	Kristie Braaten	delete -Case Management Agency} means as is defined in 8.7101.8	Unable to Adopt	Thank you for your comment. The definition will continue to reference 8.7100.
11/27/23	8.7201	8.7200.B	Kristie Braaten	and children with developmental delays and their families	Unable to Adopt	Members or people with I/DD includes children and families.
11/27/23	8.7201 - 9	8.7200.B - 9	Kristie Braaten	should include reference to federal regulation	Unable to Adopt	Thank you for the comment. Federal regulation is referenced in the actual rules but has not been included in the definitions.
11/27/23	8.7201 - 9	8.7200.B - 10	Kristie Braaten	is this correct? 10. Conflict-Free 1 Case Management Waiver means the Case Management Agency does not 2 provide direct services to members for whom it provides case management services.}	Accepted	This is updated in the final draft.
11/27/23	8.7201 - 23	8.7001.A - 9	Kristie Braaten	Include in main definitions under HCBS services (8.700)	Unable to Adopt	Thank you for the comment. The definitions will remain with the section they are related to.
11/27/23	8.7202 A	8.7200.C	Kristie Braaten	Move to the beginning of this section	Unable to Adopt	Thank you for the comment. This section is mirrored after other sections of Colorado rules, so the location of the legal basis will remain.
11/27/23			Kristie Braaten	Then delete the ones that have already been defined in 8.7000 and only keep CMA specific definitions	Unable to Adopt	Thank you for your comment. The definitions will remain with the section they are related to.
11/27/23	8.7202		Kristie Braaten	This belongs in the HCBS Section, as it applies to everything	Accepted	The majority of this section was moved in the final draft. The remainder references the legal basis for the specific case management system.
11/27/23	8.7205.1.C.1	8.7201.A.3.a	Kristie Braaten	Move to the end of letter C	Unable to Adopt	Thank you for the comment. The order of the items does not put weight on the item in the rule. They are all valid, so they will remain in current order.
11/27/23	8.7205.1.D.2	8.7201.A.4.b	Kristie Braaten	delete - unnecessary language	Unable to Adopt	Thank you for your comment. This language will remain to help people know why this is offered and how this continues the policy of rural exceptions.
11/27/23	8.7205.1	8.7201.A.4.c	Kristie Braaten	The Case Management Agency shall: a. Submit a formal application i.i. The Department shall provide formal notification to the CMA within 10 business days of the receipt of the application b. no changes ii. If the Department denies the application, the Department shall coordinate with the CMA for a transition period, as necessary.	Accepted	This has been updated in the final document.
11/27/23	8.7205.1	8.7201.A	Kristie Braaten	delete - unnecessary language	Accepted	Updated in final draft.
11/27/23	8.7205.1	8.7201.A	Kristie Braaten	Move to the end of letter C	Accepted	Updated in final draft.
11/27/23	8.7205.1.D.3	8.7201.A	Kristie Braaten	Restart numbering at 4 a b 5. A CMA that is granted a CFCM Waiver shall provide and annual report to the Department that includes, but is not limited to the following information: a. A summary of individuals participating..., b. How the CMA has ensured... c. How the CMA continue to support the recruitment of... d. How direct service and CM functions are administered separately 5. If a new service provider... 6. If other service providers... 7. The Department will conduct annual quality reviews...	Accepted	Updated in final draft.

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11/27/23	8.7205.2.A	8.7201.B	Kristie Braaten	delete - unnecessary language	Accepted	Updated in final draft.
11/27/23	8.7205.2.B	8.7201.B	Kristie Braaten	punctuation	Accepted	Updated in final draft.
11/27/23	8.7205.3.B.5	8.7201.C	Kristie Braaten	strike	Accepted	Updated in final draft.
11/27/23	8.7205.3.C	8.7201.C.3.A	Kristie Braaten	Add Socio-Economic Status	Accepted	Updated in final draft.
11/27/23	8.7205.3.C.3	8.7201.C.3.C	Kristie Braaten	This list identifies at least 9 members, but then defines fewer based on service numbers.	Unable to Adopt	Thank you for the comment. The list identifies that each committee must have at least one from the first list and one from the second list, not one from each category between the commas in the first list.
11/27/23	8.7205.3.C.4	8.7201.C.3.C	Kristie Braaten	shall be a simple majority	Accepted	Updated in final draft.
11/27/23	8.7205.4.C	8.7201.C.6 and 8.7201.C.8	Kristie Braaten	The CMA shall make all complaint procedures available on their public facing website.	Accepted	Updated in final draft.
11/27/23	8.7205.4.D.7	8.7201.C.6 and 8.7201.C.8	Kristie Braaten	I don't understand what this means.	Adopted with Modifications	The Community Advisory Committee is required to be part of the complaint procedure with a review of their redacted complaint log for every CMA.
11/27/23	8.7205.4.F	8.7201.C.6 and 8.7201.C.8	Kristie Braaten	Two/Two	Accepted	Updated in final draft.
11/27/23	8.7205.4.G	8.7201.C.7	Kristie Braaten	Move to the beginning of 8.7205.4	Unable to Adopt	Thank you for the comment. Moving the item does not change the meaning or flow of the requirements.
11/27/23	8.7205.4.G	8.7201.C.7	Kristie Braaten	"shall" not "form"	Accepted	Updated in final draft.
11/27/23	8.7205.6	8.7201.F	Kristie Braaten	"Patterns" delete - unnecessary word	Unable to Adopt	Thank you for the suggestion. This is language used throughout the Colorado rules.
11/27/23	8.7205.6.A	8.7201.F	Kristie Braaten	Ratios	Accepted	Updated in final draft.
11/27/23	8.7205.6.B	8.7201.F.2	Kristie Braaten	CMAs shall publicly post...shall clearly communicate	Unable to Adopt	Thank you for the comment. The Department wants CMAs to publicly post their policies and procedures regarding choice of case manager.
11/27/23	8.7205.6.C	8.7201.F.3	Kristie Braaten	How will the Department define/determine best practices? Will these be evidence based? And if they are not?	Unable to Adopt	The Department will define best practices based on research and national standards and communicated via contract and/or Memo Series.
11/27/23	8.7205.6.G	8.7201.F.3.a	Kristie Braaten	The intent of this sentence is unclear	Unable to Adopt	No changes made. This sentence is intended to state that the CMAs may only exceed best practices with prior Department approval.
11/27/23	8.7205.6.E	8.7201.F.5	Kristie Braaten	Unenforceable and unclear.	Unable to Adopt	Thank you for the comment. This will be part of the annual review for each CMA.
11/27/23	8.7205.6.G	8.7201.F.7	Kristie Braaten	redundant. Covered in the item above	Unable to Adopt	This is the sentence that requires documentation and verification for the above requirements.
11/27/23	8.7205.8.D.1	8.7201.H.4.A	Kristie Braaten	"DOB"	Accepted	Updated in final draft.
11/27/23	8.7205.8.K	8.7201.H.11	Kristie Braaten	The CMA shall provide members one free copy of any information contained in their record upon request.	Accepted	Updated in final draft.
11/27/23	8.7205.9	8.7201.I.1	Kristie Braaten	N/A	Unable to Adopt	No comment attached to highlighted text.
11/27/23	8.7205.9	8.7201.I.9	Kristie Braaten	"8.6xx" citation	Unable to Adopt	This citation remains because it pertains to confidentiality requirements for all LTSS programs not just case management.
11/27/23	8.7205.10	8.7201.J.1	Kristie Braaten	A. CMA shall have policies and procedures that assure the preservation of members rights contained in Sections.....	Accepted	Updated in final draft.
11/27/23	8.7205.10	8.7201.J.1.b.v	Kristie Braaten	Question on citation	Accepted	Updated in final draft.
11/27/23	8.7205.11	8.7201.K.1	Kristie Braaten	CMA shall have policies and procedures that assure compliance with all federal mandate regarding access to services.	Accepted	Updated in final draft.
11/27/23	8.7205.12.8-.9	8.7201.L.1.h and 8.7201.L.1.i	Kristie Braaten	N/A	Unable to Adopt	This is related to previous sections of rights modifications and won't be updated until the subject matter experts approve this update.
11/21/23	8.7206.2	8.7202.B.8	Kristie Braaten	Belongs with Service Agency Rules	Unable to Adopt	Thank you for the comment. This remains as it is the responsibility of the case manager and case management agency to be part of that process for members with challenging behavior.
11/21/23	8.7206.6	8.7202.F	Kristie Braaten	five (5)	Accepted	Updated in final draft
11/21/23	8.7206.7	8.7202.G	Kristie Braaten	one (1) remove comma	Accepted	Updated in final draft
11/21/23	8.7206.7	8.7202.G	Kristie Braaten	two (2)	Accepted	Updated in final draft
11/21/23	8.7206.7 - A 3	8.7202.G	Kristie Braaten	Why define this, if there are only 2 defined categories? Could change to say there are 3 categories or remove this definition	Unable to Adopt	Thank you for the comment. This definition is to help people understand the options on the waitlist currently and what could be used in the future.
11/21/23	8.7206.7 - F	8.7202.G	Kristie Braaten	subject verb agreement	Accepted	Updated in final draft.
11/21/23	8.7206.7 - G	8.7202.G	Kristie Braaten	This is already addressed in another section	Unable to Adopt	This was language requested by stakeholders in this section.
11/21/23	8.7206.10 - I	8.7202.J	Kristie Braaten	Is this supposed to say shall NOT be compelled?	Adopted with Modifications	This section was updated in the final draft for clarity.



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11/21/23	8.7206.10 - J	n/a	Kristie Braaten	citation highlighted.	Unable to Adopt	Thank you for the comment. The citations will remain until rules are repealed.
11/21/23	8.7206.11 - A 1	8.7202.K.2.a	Kristie Braaten	Spell out acronyms	Accepted	Updated in final draft.
11/21/23	8.7206.11 - A 3	n/a	Kristie Braaten	capitalization of member x2	Accepted	Updated in final draft.
11/21/23	8.7206.12 - D	n/a	Kristie Braaten	Citation update	Unable to Adopt	Citations maintained to reference statute.
11/21/23	8.7206.12 - E 1	n/a	Kristie Braaten	Citation update	Unable to Adopt	Citations maintained to reference statute.
11/21/23	8.7206.12	8.7202.L	Kristie Braaten	Remove CMA	Accepted	Updated in final draft.
11/21/23	8.7206.13	n/a	Kristie Braaten	Citation updated	Accepted	Updated in final draft.
11/27/23	8.7206.13 - D	8.7202.M	Kristie Braaten	1. Both agencies must verify and document the transfer request sent and received.	Unable to Adopt	This language remains as current direction to CMAs is based on this language.
11/29/2023	8.7500	8.7500	Kristie Braaten	strike "Revisions"	Accepted	Thank you for your comment. The title of this section has been updated to read, "8.7500 HCBS Benefits and Services Requirements".
11/29/2023	8.7501	8.7501	Kristie Braaten	Remove any reference to previously defined language. Intro with "In addition to definitions at xxx, these definitions apply to HCBS benefits and Services.	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that additional language will not be needed.
11/29/2023	8.7508.02	8.7508.B.1	Kristie Braaten	Don't italicize	Accepted	Thank you for your comment. The italics for this word has been removed in the final draft.
11/29/2023	8.7508.03.a-b.	8.7508.C.1-2	Kristie Braaten	(language from the existing rule. Leaving out the "or" changes the scope of allowable services). b. To include acute, short term intervention at the time of enrollment from an institutional setting, or. c. To address an identified challenging behavior of a Client at risk of institutional placement and to address an identified challenging behavior that places the Client's health and safety or the safety of others at risk remove parenthesis - unnecessary	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that additional language is not needed and will not be added.
11/29/2023	8.7513.02.A.3	8.7513.B1.c	Kristie Braaten	remove parenthesis - unnecessary	Accepted	Thank you for your comment. The parenthesis for this section have been removed in the final draft.
11/29/2023	8.7513.03.B	8.7513.C.2	Kristie Braaten	consistent use of PCSP v. SP	Accepted	Thank you for your comment. PCSP was spelled out to maintain consistent references.
11/29/2023	8.7516.04	8.7516.D	Kristie Braaten	Not only is this a change, it is already covered in an early section. Recommend removing.	Accepted	Thank you for your comment, this reference has been removed.
11/29/2023	8.7516.04	8.7516.D	Kristie Braaten	This is a significant departure from the current definition of Spec Hab, and if the Department wants to change the definition, stakeholders deserve an opportunity to engage in a specific discussion about the change.	Accepted	This section has been updated and the final draft language reads, "Specialized Habilitation settings must meet the criteria outlined in Section 8.7001.B."
11/29/2023	8.7516.04	8.7516.D	Kristie Braaten	Same as above - also not identified as a major change, which is a little concerning.	Unable to Adopt	Thank you for your comment. To clarify, this is not new language and will remain in the final draft.
11/29/2023	8.7516.05.C.3	8.7516.E.3.c	Kristie Braaten	Is the Department's exception process defined anywhere in this rule?	Unable to Adopt	Thank you for the comment. The exception process is part of the waiver language, but is not required to be included in the rules. The Department will not be adding additional language regarding the exception process.
11/29/2023	8.7523.05.A	8.7523.E.1	Kristie Braaten	Why would being enrolled as a Medicaid provider be a requirement?	Accepted	Thank you for your comment. This language had been struck from the final draft.
11/29/2023	8.7524.02	8.7524.B.1	Kristie Braaten	Intro: In addition to definitions at xxx, the following definitions apply to Home Accessibility...	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that additional language is not needed and will not be added.
11/29/2023	8.7524.02.B	8.7524.B.2	Kristie Braaten	Strike - Seems unnecessary given 8.7524.01(A)	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/29/2023	8.7524.03.C	8.7524.C.3	Kristie Braaten	strike	Accepted	Thank you for your comment. This language had been struck from the final draft.
11/29/2023	8.7524.04.E-F	8.7524.D.5-6	Kristie Braaten	Include all of these items on the exclusions list (G)	Accepted	Thank you for your comment, this reference has been moved to the exclusions list. under 8.7514.D.5
11/29/2023	8.7524.04.I	8.7524.D.8	Kristie Braaten	add this to the exclusion list in (G)	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language does not align with the other excluded "items" and will remain as written.
11/29/2023	8.7524.05	8.7524.E	Kristie Braaten	This section belongs with the CMA section	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that, in order to better support the home accessibility modifications and adaptations processes, this language will remain as written.

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11/29/2023	8.7526.03.B.2	8.7526.C.2.b	Kristie Braaten	Need punctuation here :	Accepted	Thank you for your comment. The punctuation has been added in the final draft.
11/29/2023	8.7526.04.A	8.7526.D.1	Kristie Braaten	Strike - unnecessary	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that, in order to maintain consistent formatting, this language will remain as written.
11/29/2023	8.7526.04.A.3	8.7526.D.1.c	Kristie Braaten	This needs some work, but I don't have a great suggestion right now	Adopted with Modifications	Thank you for you comment. The Department has reviewed and made some minor edits in the final draft to help with clarity.
11/29/2023	8.7526.04.A.5	8.7526.D.1.e	See response in Previous listening log in July	Snow removal should be allowed for members who live alone, as it can create access and safety issues for members	Unable to Adopt	Thank you for your feedback. While the Department agrees that snow removal can pose as a safety issue for members, snow removal does not meet the task definitions of Homemaker. The Department will not be revising this section of Homemaker rule at this time but will determine the feasibility of adding to future iterations of the regulations.
11/29/2023	8.7526.05	8.7526.E	Kristie Braaten	Strike - seems unnecessary to repeat	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that, in order to maintain consistent formatting, this language will remain as written.
11/29/2023	8.7526.05.A.4	8.7526.E.1.d	Kristie Braaten	Remove - this is already a requirement of all HCBS provider agencies as speechified in an earlier section	Accepted	Thank you for your comment. This language had been struck from the final draft.
11/29/2023	8.7526.06.A	8.7526.F.1	Kristie Braaten	Strike - unnecessary language	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that, in order to maintain consistent formatting, this language will remain as written.
11/29/2023	8.7526.06.A.5	8.7526.F.1.e	Kristie Braaten	Isn't this covered in an earlier section for all HCBS providers?	Accepted	Thank you for your comment. This language had been struck from the final draft.
11/29/2023	8.7526.07.A	8.7526.G.1	Kristie Braaten	A remote option for Homemaker services is available in the following waivers:	Accepted	Thank you for you comment. The Department has reviewed and made some minor edits in the final draft to help with clarity.
11/29/2023	8.7526.07.A.3.d	8.7526.G.1.c.iv	Kristie Braaten	Correct wording choice "triggered"	Accepted	Thank you for you comment. The Department has reviewed and edited this word to "alerted".
11/29/2023	8.7534.02.A	8.7534.B.1	Kristie Braaten	strike	Accepted	Thank you for your comment. This language had been struck from the final draft.
11/29/2023	8.7536.04.A.2.a	8.7536.D.1.b.i	Kristie Braaten	Highlighted text - The total number of Medicaid personal care units for a member of the client's family shall not exceed the equivalent of 444 hours per support plan year which is equivalent to an average of 1.2164 hours / day (as indicated on the member's Support Plan).	Comment Only	This section was highlighted but did not include comments from the stakeholder.
11/29/2023	8.7539.01.A	8.7539.A.1	Kristie Braaten	I/DD	Unable to Adopt	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/29/2023	8.7539.04.A	8.7539.D.1	Kristie Braaten	If we're talking about a planned move, this shouldn't matter. Ask team.	Comment Only	Thank you for your comment. The Department has reviewed and determined that this language will remain as written.
11/29/2023	8.7540.02.A.1	8.7540.B.1.a	Kristie Braaten	Highlighted setting	Adopted with Modifications	Thank you for you comment. The Department has reviewed and made some minor edits in the final draft to help with clarity.
11/21/23	8.7540.03.A.1	8.7540.C.1.a	Kristie Braaten	Garbled and confusing	Adopted with Modifications	Changes made to state" The Provider Agency is responsible for controlling the daily operations and management of the Agency and all residential settings in which the Agency employees or contractors provides services. "
11/21/23	8.7540.03.A.2.i	8.7540.C.1.b.i	Kristie Braaten	Communication/collaboration/agreement with CDPHE on how this rule jives with CDPHE rules	Comment Only	The Department of Public Health and Environment would also be held to this rule, as it relates to the Final Settings Rule
11/21/23	8.7540.03.A.3.vii	8.7540.C.1.d.	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7540.03.A.4	8.7540.C.1.d	Kristie Braaten	Does this belong with HH language?	Accepted	Yes. This is due to the factors that are required for a three-person setting under IRSS rules that live within a Host Home Setting.
11/21/23	8.7540.03.A.8	8.7540.C.1.h	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7540.03.B.1.ii.b	8.7540.C.2.a.ii.2	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.

Date	Working Document Citation	Proposed Rule Citation (MSB)	Stakeholder	Feedback	Department Status	Department Response
11/21/23	8.7540.03.B.1.ii.c	8.7540.C.2.a.ii.3	Kristie Braaten	If this applies to all IRSS providers, references to HH should be removed	Adopted with Modifications	Language has been changed to include IRSS providers, and not limiting to just Host Home Providers.
11/21/23	8.7540.03.B.1.iv	8.7540.C.2.a.iv	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7540.03.B.1.iv	8.7540.C.2.a.iv	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7540.03.C.3	8.7540.C.3.b.ii	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7540.03.C.11-12	8.7540.C.3.i-j	Kristie Braaten	Already covered in environmental requirements 8.7413	Unable to Adopt	Due to protocols set forth in the Colorado Division of Housing (DOH) these requirements must be included under IRSS settings due to the inspections that take place every two years that encompasses this protocol.
11/21/23	8.7541.02.A	8.7541.B.1	Kristie Braaten	Highlighted text with no comment. Highlighted text is "settings"	Accepted	The word "homes" has been changed to the word "settings" as the word settings is inclusive of multiple living preferences, such as: apartments, houses, facilities, group homes, host homes, etc.
11/21/23	8.7541.03.A	8.7541.C.1	Kristie Braaten	Should also include rent/Room and Board/cost of food.	Accepted	Language has been added to identify room and board.
11/29/2023	8.7543.03	8.7543.C	Kristie Braaten	Is this different than what is listed in 1-7?	Accepted	Thank you for your comment. The repeated language has been removed from the final draft.