Colorado Assessment Process Development Final Report

Submitted to the Colorado Department of Health Care Policy and Financing

HCBS STRATEGIES INCORPORATED

HCBS.INFO

April 26, 2017

TABLE OF CONTENTS

Contents

EXECUTIVE SUMMARY

Executive Summary

The Colorado Department of Health Care Policy and Financing (Department) contracted with HCBS Strategies to transform its process for assessing individuals in need of publicly-funded long term services and supports (LTSS). The Department undertook this effort because of concerns about the reliability and validity of the items in the current tool used for eligibility determinations; the lack of consistent collection of all necessary data; and the ability of the current tool to support a person-centered process, to include developing a Support Plan.

The new assessment is described as a process because it incorporates several workflows that support key design decisions as opposed to a standalone tool or form. Extensive input by Department staff and stakeholders shaped the development of this process. If successfully implemented, the new process could be the keystone of a more person-centered system that uses workflows and data to improve rule compliance; allows for a fairer and efficient allocation of resources; and provides better information about the quality and effectiveness of the supports provided.

This report describes the following:

- The objectives of the new assessment process as identified by Department staff and other stakeholders.
- The approach that HCBS Strategies used to develop the new assessment process.
- An overview of the new assessment process including descriptions of the individual tools that comprise the process.
- The next steps for the project, including incorporating the assessment information into a new Support Plan format and automating and testing both the assessment and Support Plan.
- Considerations for rolling out the process statewide, including discussing additional reforms to the system that the new process will support.

BACKGROUND AND OBJECTIVES OF THE NEW ASSESSMENT PROCESS

Background and Objectives of the New Assessment Process

Under a grant from the Colorado Health Foundation (TCHF), the Colorado Department of Health Care Policy and Financing (Department) contracted with HCBS Strategies to assist with transforming its process for assessing individuals to determine if they are eligible for publicly-funded long term services and supports (LTSS). The Department had the following concerns about the ULTC 100.2, its current tool for determining eligibility for LTSS programs:

- The tool does not have established reliability and validity and there is anecdotal evidence that staff conducting assessments interpreted the items differently.
- The tool does not collect all the information necessary to make other decisions, notably support planning.
- The tool fails to collect core information identified by the Centers for Medicare & Medicaid Services (CMS) under the Balancing Incentives Program (BIP), which the Department considers as a best practice.
- The tool is inconsistent with requirements under CMS' Home and Community Based Services (HCBS) rules, notably, it lacks person-centered elements.

Department staff and stakeholders indicated that a new assessment process was necessary to meet the following objectives:

- Determine eligibility for a wide variety of programs targeting adults with a wide range of disabilities
- Drive systems change, including making the system more person-centered; enhancing self-direction; supporting greater coordination of services; and fostering competitive employment
- Support changes to operations, such as an emerging separation of eligibility determination, support planning, and ongoing case management
- Support objective and empirically sound resource allocation
- Guide the development of the Support Plan
- Enhance quality management efforts, including measuring quality of life and participant experience

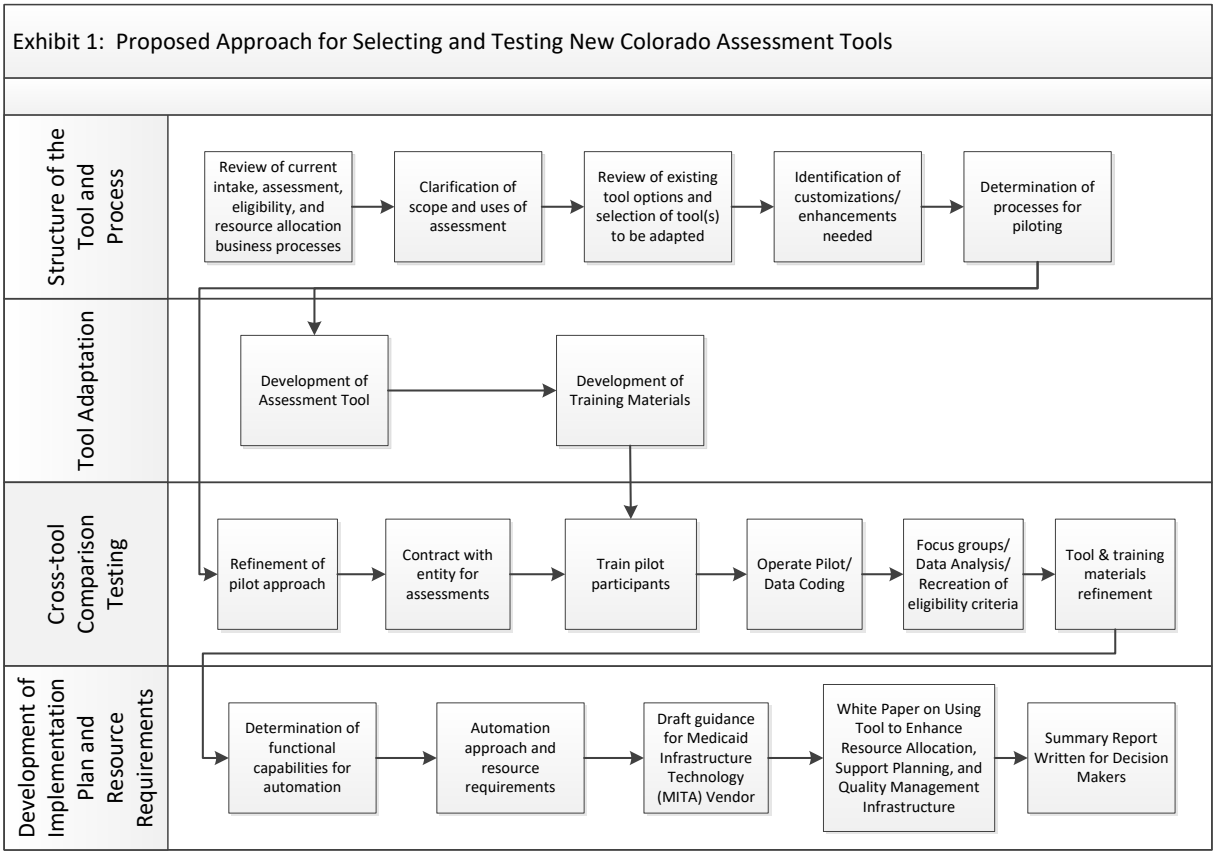
Development of the Assessment Process

APPROACH

The approach of the scope of work evolved as a result of external circumstances, including

- Shifting State and federal programs and timelines that would impact the assessment process (e.g., CMS' Testing Experience and Functional Tools (TEFT) effort);
- The need for additional information regarding key assessment design decisions, such as person-centered processes

The original approach is summarized in ***Exhibit 1***, and further described below.



- **Developing the structure of the assessment process:**
  - We proposed to first obtain an understanding of the role the assessment process would play in the larger LTSS delivery system by conducting a review of current

operations and proposed changes to these operations. This review was completed by the middle of 2014.
    - We next proposed to work with Department staff and stakeholders to clarify which purposes the process would fulfill and develop a high-level approach. This was also completed in the middle of 2014.
    - We proposed to use existing assessment tools (e.g., CMS' CARE tool, Minnesota's MnCHOICES, etc.) as building blocks for the new assessment process. This process was completed in October 2014.
    - We next proposed to identify customizations and enhancements that were needed to these existing tools to develop a process that was tailored to Colorado's operations. This was completed in late 2014.
    - Finally, we proposed to revisit piloting the assessment based upon the decisions made about the structure of the overall process. There were substantial changes made as a result of these discussions; these changes are discussed later in this section.
- **Tool adaptation**: We proposed to adapt existing tools for Colorado and produce corresponding training materials.
- **Cross-tool comparison testing**: The original scope of work included funds for a pilot of the tool that would collect information using both the new process and the existing tool, the ULTC 100.2. The major purpose of this pilot was to replicate the nursing facility level of care (LOC) criteria in a manner that would minimize differences in eligibility outcomes. At the onset of the project, it was assumed that the new process would consist of an existing tool with established reliability and validity to which minor modifications would be made to reflect Colorado's needs. As a result, the pilot was not structured to assess inter-rater reliability nor to determine the efficacy of workflows and decision support mechanisms that were built into the tool. It is important to note that there was a fixed budget for this project and it would not have been sufficient for this effort even if this had been identified as a need at the outset of the project.
- **Implementation plan and resource requirements**: We proposed to complete several tasks targeted at assisting the Department in being able to implement the new process and take advantage of the capabilities of the more sophisticated process. This included the following tasks:
    - We proposed to develop a document that identified the functional capabilities that a vendor who is automating the assessment process would need. This document was completed in August 2015.

- We proposed to assist in developing the automation approach and resource requirements. This assistance was provided over the life of the project. Much of this was focused on assisting the Department in evaluating the efficacy of a system proposed by its Medicaid Management Information Systems (MMIS) contractor, Hewlett-Packard (HP).
- We proposed to provide language to the Department to assist in obtaining enhanced Medicaid administrative match for the development and operations of the program. We provided the Department with guidance throughout the life of the project and provided language from an approved Implementation Advance Planning Document (IAPD) that HCBS Strategies had assisted Alaska in developing.
- We proposed to develop a white paper that discussed how the new assessment process could be used to support resource allocation, quality management, and support planning. This document evolved into a larger review, and a portion is summarized later in this report.
- Finally, we proposed the final report. This document represents the completion of this deliverable.

Changes to the Scope

The following factors drove changes to the approach described above:

The new assessment process is substantially more comprehensive than anticipated: The operations review and stakeholder input process indicated that the new assessment process needed to be substantially more comprehensive than simply replacing the ULTC 100.2. Specifically,

- The operations review identified 26 additional forms and tools that were used either at the state or local level for direct assessment and support planning, or to supplement missing information. All tools that 1) needed to be standardized; 2) were administered statewide; and 3) did not require specialized qualifications (e.g., nursing certification) were folded into the new process.
- The review and input on the objectives of the process identified a number of workflows and decision-making processes that needed to be included in the new process. This will allow the new process to ensure compliance with CMS' rules and support Colorado's objectives to build a more person-centered system that fosters self-direction and competitive employment.

- The review identified multiple systems change initiatives that would impact or be impacted by the new assessment process. The Department recognized that it needed to fully understand these implications so that the new assessment process could be designed to support all the envisioned change. As a result, we moved up the timeframe for the white paper described above and broadened its scope.

These findings meant that the tool development process involved developing modules that, while building upon existing tools, required greater amounts of adaptation and stakeholder input. In addition, new item-sets had to be developed to address areas that Department staff and stakeholders identified as important to include, but were not addressed by any existing tools, notably in self-advocacy.

Having a more complex process that incorporated multiple tools made the original vision of comparing results from the ULTC 100.2 with a new but similar tool unworkable. The original pilot envisioned that data would be collected either on paper or via a fillable PDF. Administering the new process using this approach would be extremely cumbersome because we could not automate decision logic, notably which sections should be skipped based upon standardized criteria. An assessor would have to pay substantial attention to following the logic in the process and this would detract from the assessor's ability to conduct a person-centered assessment. In addition, the assessment time would likely be substantially greater than using an automated process and could be prone to more data errors. Thus, the Department decided to combine a pilot of the full process with an effort at full automation. This decision may also allow the Department to receive enhanced match for the effort.

TEFT-related changes: The operations review revealed that Colorado was also participating in the CMS funded Testing Experience and Functional Tools (TEFT) initiative. Under this initiative, one of the commitments the Department made was to test a set of assessment items designed to address the needs of people with disabilities. The Department, with input from stakeholders, decided to incorporate these items into the new assessment process. Because these items have not been finalized and are likely to change, the Department decided to delay the effort to try to replicate the LOC, automate, and pilot the entire new process until after the CMS contractor finalized the items.

These changes resulted in the removal of LOC validation from the current scope of work and the following additions to the scope:

- Development of a modular process
- Piloting of the intake screen and personal story modules
- Expansion of the white paper

- Adapting the process for children.

STAKEHOLDER INPUT

The project included extensive stakeholder input that shaped all components of the initiative from the high-level establishment of the scope and purpose of the process to individual items. We obtained stakeholder input through a variety of methods, including:

- **Project website:** We provided a website http://coassessment.blogspot.com/ (Contents now posted on Department website) that provided information about the project and allowed stakeholders to provide input online. The website, which was established at the beginning of the effort, includes the current version of the modules, past and future meeting information, and other background information.
- **Stakeholder meetings:** We conducted 21 meetings with stakeholders. A list of the stakeholders is included as ***Exhibit 2*** and a listing of the dates and purposes of the meetings is included as ***Exhibit 3***.

Exhibit 2: Stakeholders involved in the assessment process development workgroup

Name	Organization
Sarah Avrin	Aurora Mental Health Center
Robin Bolduc	Family Advocate
David Bolin	Accent on Independence
Marcia Brenowitz	Vivage Quality Health Partners
Keelee Burtch	Rocky Mountain Human Services
Katey Castilla	The Independence Center Colorado Springs
Pat Cook	Gerontological Society
Carolyn Dekkers	Foothills Gateway, Inc.
Cassidy Dellemonache	The Arc of Colorado
Daniel Dunaway	Colorado Department of Human Services
Delanie Dunning	Powers County Options for Long Term Care
Melissa Emery	Rocky Mountain Human Services
Julie Farrar	Colorado Developmental Disabilities Council
Gerrie Frohne	Family Advocate
Jean Hammes	Alpine Area Agency on Aging
Renee Hazlewood	The Arc of Jefferson County
Kathy Hill	Pueblo County Department of Human Services

DEVELOPMENT OF THE ASSESSMENT PROCESS

Name	Organization
Daniel Holzer	Jefferson County Department of Human Services
Susan Langley	The Denver Hospice
Debbie Lapp	Foothills Gateway, Inc.
Amanda Lighthiser	Rocky Mountain Human Services
DeAnn Major	The Arc of Adams County
Kathy Martin	Rocky Mountain Human Services
Amy Mathias	Park Hill Senior Housing Options
Chandra Matthews	Access Long Term Support Solutions, Colorado Access
Aileen McGinley	Advocacy Denver
Leah McMahon	Access Long Term Support Solutions, Colorado Access
Linda Medina	Envision
Carol Meredith	The Arc of Arapahoe & Douglas Counties
Gary Montrose	The Independence Center Colorado Springs
Lajos Mottel	Rocky Mountain Human Services
Sam Murillo	Family Voices
Janine Pearce-Vasquez	Otero County DHS
Liz Phar	Developmental Disabilities Resource Center (DDRC)
Amy Pulley	Denver Regional Council of Governments (DRCOG)
Julie Reiskin	Colorado Cross Disability Coalition (CCDC)
Anaya Robinson	Denver Regional Council of Governments (DRCOG)
Cordelia Rosenberg	JFK Partners, University of Colorado Denver School of Medicine
Kelly Roy	Mesa County Department of Human Services
Casey Ryan	InnovAge
Marijo Rymer	The Arc of Colorado
Sarah Sarrar	Access Long Term Support Solutions, Colorado Access
Carrie Schllinger	Pikes Peak Area Council of Governments (PPACG) AAA
Brenda Schrimschur	Mountain Valley Developmental Services
Gabrielle Steckman	Public Consulting Group
Jose Torres-Vega	Colorado Cross Disability Coalition (CCDC)
Abbey Walda	Rocky Mountain Health Care
Dyann Walt	Mesa County Department of Human Services
Jeanne Weis	The Arc of Jefferson County
Barb Wilkins-Crowder	Adult Care Management, Inc.
Charlene Willey	Family Advocate

Name	Organization
Lori Woods	Jefferson County Department of Human Services
Donna Zwierzynski	Vivage Quality Health Partners

Exhibit 3: Dates and purposes of stakeholder meetings

Meeting Date	Medium	General Meeting Purpose
March 27, 2014	In-person	Overview of the scope of work and national assessment trends.
April 17, 2014	In-person	Presented a summary of State and local business processes and proposed uses of the assessment.
May 7, 2014	In-person	Reviewed national assessment instruments and obtained feedback on recommended tools to use in Colorado.
May 27, 2014	Webex	Reviewed national assessment instruments and potential customizations to each.
June 26, 2014	In-person	Gathered input on preferred tools and customizations, review State requirements for process, and review process work plan.
July 16, 2014	In-person	Reviewed ADL, IADL, and Health modules in CMS' CARE and Minnesota's MnCHOICES tools, as well as supplemental modules from Wisconsin, Washington, and interRAI.
August 4, 2014	In-person	Discussed principles for support delivery, goals for reforming support delivery, and current systems change efforts in Colorado.
August 6, 2014	In-person	Continued discussion on State systems changes efforts related to the assessment process, discussed the CLAG recommendations, and discussed budgetary controls.
October 28, 2014	In-person	Reviewed all stakeholder feedback on tools, made decision on tools to base CO tool on, discussed specific components of tools that should inform CO tool.
October 29, 2014	In-person	Discussed HCBS Strategies person-centered approaches report and how to proceed in CO.
December 16, 2014	In-person	Obtained input on revised project work plan and reviewed crosswalk of assessment domains and BIP requirements.
December 17, 2014	In-person	Discussed purposes of the Intake and Eligibility Screen and approach for person-centered module.
January 27, 2014	In-person	Discussed the draft purposes, approaches, and next steps for the Employment and Self-direction modules and reviewed the draft Person-centered module.
January 28, 2015	In-person	Reviewed the draft workflow for the Intake and Eligibility Screening process and the plan for replicating the current LOC using new items.

DEVELOPMENT OF THE ASSESSMENT PROCESS

Meeting Date	Medium	General Meeting Purpose
March 4, 2015	In-person	Conducted a role play of the Person-centered module and reviewed the workflow for the non-I/DD Support Planning Assessment.
March 5, 2015	In-person	Conducted a role play of the Intake Screen and reviewed draft Employment and Self-direction modules.
April 14, 2015	In-person	Gathered input on the paper version of the non-I/DD Support Planning Assessment.
April 15, 2015	In-person	Conducted role play of the Employment and Self-direction modules and reviewed the workflow for the I/DD Support Planning Assessment.
May 20, 2015	In-person	Highlighted where changes were made in the draft modules, discussed items flagged as having similar items in the SIS, discussed mandatory vs. voluntary items.
August 12, 2015	In-person	Reviewed Intake Screen and Personal Story pilot feedback and updates to the tools and the draft training materials.
August 13, 2015	In-person	Reviewed the draft training materials for the modules and discussed the LOC pilot and tool.

- **Onsite meetings with two Single Entry Points (SEPs) and two Community Centered Boards (CCBs)**: We conducted high-level operations reviews and obtained input from a sample of SEPs and CCBs. These organizations were selected because they cover different areas (e.g., rural versus urban) and populations. These meetings allowed us to understand how the assessment process operates at the local level and obtain input about the strengths and weakness of the current process from front line workers.
- **Meetings with Case Manager Training Workgroup:** During the process development, we obtained input from an existing case manager workgroup focused on developing training for case managers. This group met monthly and included case managers from both CCBs and SEPs. This allowed us to get focused input from front line workers as we developed and refined the process.

REVIEWING COLORADO'S OPERATIONS AND SYSTEMS CHANGE INITIATIVES TO DEVELOP THE REQUIREMENTS FOR THE NEW ASSESSMENT PROCESS

A necessary first step in designing the new assessment process was to understand the role it would play in Colorado's current program operations, as well as the planned changes to those operations. We conducted an in-depth review of Colorado's current LTSS operations and initiatives aimed at reforming these delivery systems. We summarized these operations into two

crosswalks that are attached as appendices to this report. ***Appendix 1: Program Operations Summary*** provides an overview of Colorado's LTSS programs, such as the HCBS waivers. This crosswalk, which was last updated in May 2014, identified parameters, such as:

- Who operates and oversees the program
- Target populations and services
- Intake and triage protocols
- Eligibility criteria and processes
- Support planning processes
- Service authorization processes
- Participant-direction elements
- Quality indicators

To provide a more complete picture of the entities that currently serve as LTSS access points in Colorado, we created ***Appendix 2: Crosswalk of Entry Points for LTSS***. This crosswalk provides an overview of the SEPs, CCBs, Aging and Disability Resource Centers (ADRCs), and Area Agencies on Aging (AAAs). This document was also last updated in May 2014.

The review indicated that in addition to the ULTC 100.2, the following tools were being used for one or more of Colorado's HCBS programs:

1. ULTC Intake
2. Instrumental Activities of Daily Living (IADL) Assessment
3. Professional Medical Information Page (PMIP)
4. Preadmission Screening and Resident Review (PASRR) Level 1
5. PASRR Level 2
6. Intellectual and Developmental Disabilities Emergency Request Form
7. Developmental Disabilities Determination Form
8. Developmental Disabilities Section of the Service Plan
9. Support Level Calculation Sheet for HCBS for Persons with Developmental Disabilities (HCBS-DD) Waiver
10. Support Level Calculation Sheet for HCBS-Supported Living Services (HCBS-SLS) Waiver
11. Children's Addendum 0-59 Months
12. Children's Addendum 5 to 18 Years Children's
13. HCBS Cost Containment Form
14. Physician's Life Limiting Illness Form
15. "The Tool" for Children's Habilitation Residential Program (CHRP)

16. Money Follows the Person (MFP) Transition Assessment
17. Special Populations Home Care Allowance (SP-HCA) Agreement
18. HCA/SP-HCA Eligibility Assessment
19. Family Support Most in Need
20. PAT (Pediatric Assessment Tool)
21. 485 (Home Health)
22. Private Duty Nursing (PDN) Acuity
23. Prior Authorization Request (PAR) Form Home Health (HH)
24. Hospital Backup Pre-Eligibility Screen
25. Supported Living Program (SLP) Assessment
26. Brain Injury (BI)-Transitional Living Assessment

The operations review identified 13 major systems change efforts that impact or are impacted by the LTSS assessment processes (see ***Exhibit 4***). This exhibit also identifies the impact on the two business processes that immediately proceed (outreach and intake) and follow (support planning) the assessment process. In October 2014, we drafted a paper that summarizes the findings of this review entitled, "The Role of the Assessment Process in Supporting Reform of the Home and Community-Based Supports Service Delivery System in Colorado."

Exhibit 4: Colorado's LTSS Systems Change Initiatives that Impact Assessment and Related Processes

	Community Living Plan	Waiver Simplification	Community First Choice	CDASS/IHSS Changes	Entry Point Redesign	ADRC	Assessment Tool Redesign	CMS HCBS Rules - PC Planning	CMS HCBS Rules -Settings	TEFT	RCCO	CCT	Disability Cultural Competence
Intake & Outreach	●	●	●	●	●	●	●	●			●	●	●
Assessment Processes	●	●	●	●	●	●	●	●	●	●	●	●	●
Support Planning	●	●	●	●	●	●	●	●	●	●	●	●	●

DEVELOPMENT OF THE ASSESSMENT PROCESS

Based on this review, the vision for the new assessment process was broadened considerably so that the new assessment process would:

- Incorporate and standardize as many of the tools used for assessment, eligibility determination, and support planning as possible.
- Include workflows and data to support all of Colorado's systems changes objectives.

Thus, the vision for the project evolved from simply replacing the ULTC 100.2 to developing a comprehensive process that was tailored to Colorado's unique needs.

SELECTION OF TOOLS TO BE ADAPTED

A crucial first step was to identify existing assessment tools that could be incorporated into the new assessment process. This would allow Colorado to benefit from the work conducted by other states.

We created a crosswalk (see ***Exhibit 5***) that evaluated existing assessment tools against the requirements identified during the operational review. The requirements included:

- Driving systems change
- Determining eligibility for multiple populations with disabilities
- Assisting with allocating resources (e.g., dollars or hours)
- Supporting operations that directly interact with the assessment
- Supporting quality improvement
- Being:
    - Empirically validated
    - Used in other states
    - Endorsed by CMS

We created a website that summarizes information about these tools http://coassessment.blogspot.com/p/review-of-existing-ltss-assessment-tools.html (Contents now posted on Department website) and presented this information to Department staff and the stakeholders. Based on this input, the Department selected a combination of MnCHOICES and the CMS sponsored CARE tool (now known as FASI under TEFT) as the starting point for developing the new assessment process.

Stakeholders appreciated how MnCHOICES incorporated person-centered elements into its design and how the construction of the process would facilitate the development of a comprehensive Support Plan. Therefore, this tool provided the framework for the new process.

DEVELOPMENT OF THE ASSESSMENT PROCESS

One of the major limitations of MnCHOICES was that there had been no formal reliability and validity testing on the individual items within the process and many of these items were chosen to minimize changes from earlier Minnesota specific tools. This limitation was especially problematic for ADL and IADL measures because poorly constructed items can have no reliability.

To compensate for this, Colorado decided to incorporate items for which reliability and validity had been or was going to be established. Colorado had two options, interRAI or the FASI/CARE items being developed under the TEFT initiative. A description of the CARE/FASI item set can be found on the blog page http://coassessment.blogspot.com/p/review-of-existing-ltss-assessment-tools.html (Contents now posted on Department website). Colorado selected the FASI items because 1) the State would have more flexibility in choosing which items to include and 2) it was already committed to testing the TEFT items under the terms and conditions of a grant it had received.

DEVELOPMENT OF THE ASSESSMENT PROCESS

Exhibit 5: Crosswalk of LTSS Assessment Tools by Purposes of Assessment Process Endorsed by Stakeholders

		interRAI	CARE	WI	MN	WA	MA	SIS	ICAP
Drive Systems Change	Person-Centered	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Self-Direction	Could Add	Could Add	Could Add	Included	Could Add	Could Add	Limited	Limited
	Coordination w/ medical services	Yes	Facilitates	Facilitates	Facilitates	Facilitates	Facilitates	Limited	Limited
	Employment	Could Add	Could Add	3 items	Included	Could Add	Included	No	No
Determine Eligibility for all Populations	EBD	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Mental Health	Yes	Developing	Yes	Yes	No	Yes	No	No
	I/DD	Yes	Developing	Yes	Yes	No	No	Yes	Yes
	Brain Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Spinal Cord Injury	Yes	Developing	Yes	Yes	Yes	Yes	No	No
	Children	Yes	No Plans	Yes	Yes	No	No	No	No
Resource Allocation	EBD	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Mental Health	Developing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	I/DD	Existing	Could Develop	State-specific	State-specific	No	No	State-specific	State-specific
	Brain Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Spinal Cord Injury	Existing	Could Develop	State-specific	State-specific	State-specific	State-specific	No	No
	Children	Developing	No	State-specific	State-specific	No	No	No	No
Opera-tions	Intake & Triage tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	No	No
	Support Planning Tools	Existing	Could Develop	Could Develop	State-specific	State-specific	State-specific	Yes	Yes
Quality	Clinical/Functional Issues	Existing	Yes	State-specific	Could Develop	Yes	Could Develop	No	No
	Quality of Live/ Participant Exp.	Could Add	Developing	Could Add	State-specific	Could Add	Could Add	Could Develop	Could Develop
	Empirically Validated	Yes	Yes	Yes	No	Yes	MDS portion	Yes	Yes
	Used in other States	Multiple	No	1 State	1 State	1 State	1 State	Multiple	Multiple
	CMS Endorsed	No	Yes	No	No	No	No	No	No

DEVELOPMENT OF THE ASSESSMENT PROCESS

DEVELOPMENT OF THE ASSESSMENT PROCESS FOR ADULTS

We developed the process in the following manner:

1. We replaced items in the MnCHOICES tool with comparable items from the TEFT effort. This included items that eventually became part of the Functional Assessment Standardized Items (FASI) that are currently undergoing reliability and validity testing and other items for which preliminary work was completed. The items outside of the FASI scope were structured to foster reliability and validity, but CMS does not currently plan to test them.
2. We identified customizations and enhancements necessary to the MnCHOICES/TEFT tool to achieve the goals and objectives agreed upon by the Department and the stakeholders.
3. We implemented these customizations. In many cases, this involved working with the Department and stakeholders to identify core decisions and/or outcomes to be achieved during the process. For example, it was agreed that the self-advocacy section, which did not exist in MnCHOICES, should identify the individual's ability to advocate for him or herself and whether assistance was needed to facilitate the individual's ability to be a stronger self-advocate.
4. We obtained extensive feedback from the Department and stakeholders throughout this process. In some cases, this included conducting mock assessments to ensure the workflows and items made sense.
5. We also conducted small scale pilots of the intake and the personal story modules. Summaries of these pilots can be found at http://coassessment.blogspot.com/p/pilot-summaries.html. (Contents now posted on Department website)

RESPONDING TO SENATE BILL 16-192

Further changes to the assessment process will likely be necessary for the Department to respond to recent legislation. SB 16-192 requires the Department to identify a new assessment tool for all LTSS populations, including individuals with I/DD, by July 1, 2018. While the new assessment process meets the bill's requirement, the Department must decide whether to continue using the Supports Intensity Scale (SIS) for assigning budgets.

The new assessment process collects most of the constructs included in the SIS, although the structure of the assessment and the items differ substantially. While the proposed workflow for the new assessment process tries to alleviate the need to ask about similar constructs twice, this is likely to remain an issue.

DEVELOPMENT OF THE ASSESSMENT PROCESS

The Department relies upon the SIS because SIS data populates algorithms that are used to develop budgets and assign rates for certain services under the adult I/DD waivers. Theoretically, the Department could phase out the use of the SIS if the new assessment process produces reliable and valid data that can be used to develop new algorithms.

Thus, the Department could choose any of the following options to respond to SB 16-192:

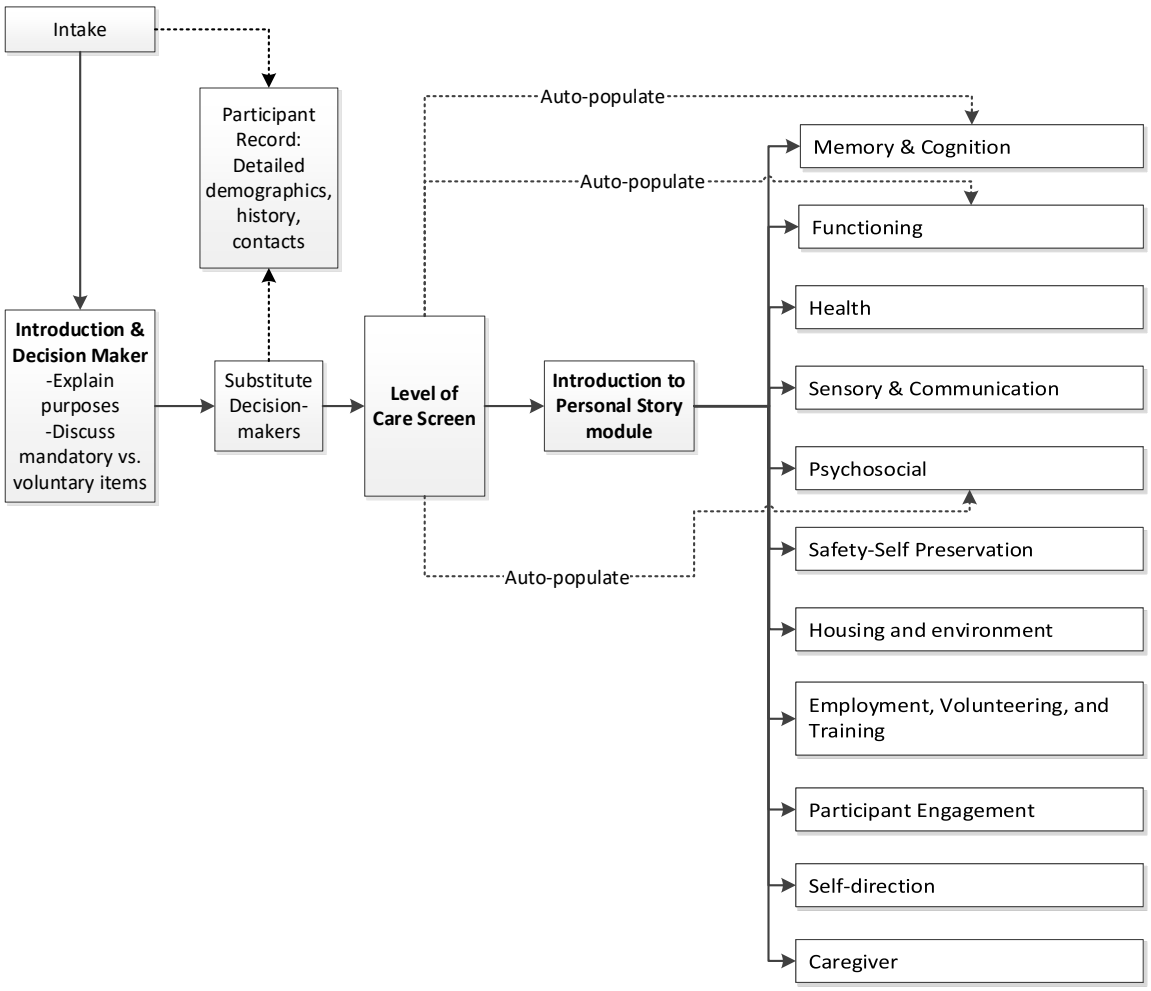
1. The Department could choose to implement the new assessment process that includes the SIS in the workflow as described in the next section of this report. The SIS could continue to be the primary mechanism for assigning budgets for adults with I/DD.
2. The Department could try to replicate the current SIS-based algorithms using data from the new assessment process. The level of care (LOC) validation effort described later in the report could be expanded to try to achieve this goal by expanding the number of people with I/DD participating in the effort and conducting new SIS assessments in conjunction with the new assessment process. If the Department and the stakeholders are satisfied with the efficacy of the replicated algorithm, the SIS could be phased out once the new process is implemented.
3. Finally, the second approach described above could be conducted after the new assessment process, with the SIS as an ancillary tool, is rolled out according to the current plans. While this would delay a decision about phasing out the SIS, it would eliminate the need to collect additional data during the pilot period.

OVERVIEW OF THE NEW ADULT ASSESSMENT PROCESS

Overview of the New Adult Assessment Process

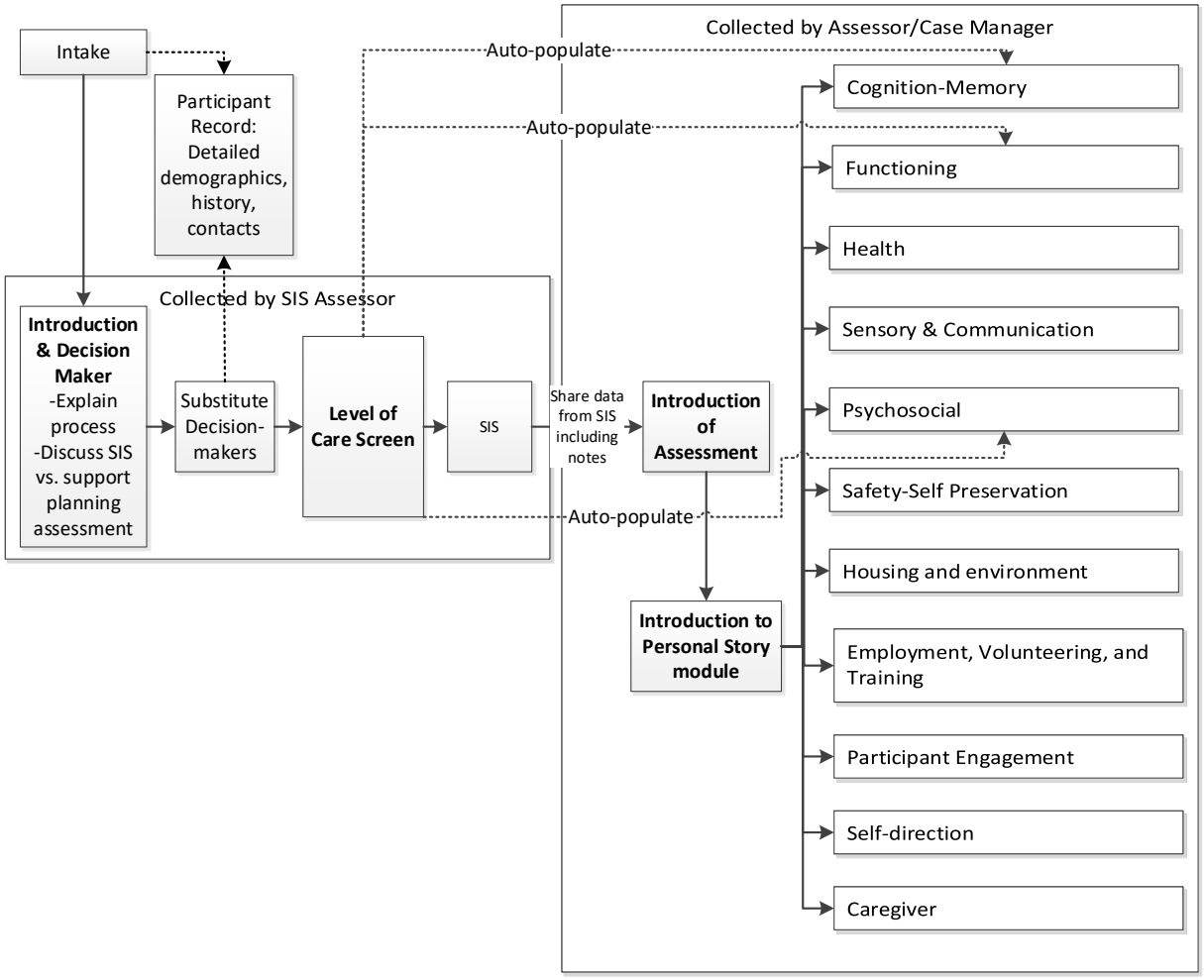
The new assessment process consists of a modular workflow shown in ***Exhibits 6*** and *7*. The current versions of the adult modules can be found at http://coassessment.blogspot.com/p/assessment-modules.html. (Contents now posted on Department website)

Exhibit 6: Overview of the Assessment Process for Individuals applying for a program that is not specific for adults with I/DD



OVERVIEW OF THE NEW ADULT ASSESSMENT PROCESS

Exhibit 7: Overview of the Assessment Process for Individuals applying for a program that is specific for adults with I/DD



There are two workflows for the process to accommodate whether an individual is applying for one of the adult I/DD waivers which currently requires a SIS assessment. If, because of SB 16-192, the Department chooses to phase out the use of the SIS, the workflow in ***Exhibit 6*** would apply for all populations.

The **Intake Screen** includes decision logic to help workers fielding calls decide which route is best suited for the participant. The workflow for both routes is similar; the major difference is that in the second workflow, the participant would participate in the SIS assessment right after

she or he was determined to meet LOC. The Intake Screen workflow ensures that participants will only receive SIS assessments if they are seeking services offered through an adult I/DD waiver. If the SIS is discontinued, the intake screen could be simplified.

The Intake Screen will assist intake staff in determining the following:

- If the caller had an LTSS need or if he/she required simple information and referral (I&R);
- Whether the individual meets the current Colorado intake trigger criteria (2+ ADL needs, behavioral health need, and/or cognitive/memory issue) and should receive an in-home assessment;
- If the financial eligibility process has been initiated; and
- Whether the individual is at risk and may qualify for an expedited eligibility determination.
- Whether an individual is seeking services offered in an adult I/DD waiver.

The **Participant Record** captures basic summary information, including demographic, contact, and decision makers, that may be pulled from various modules. This information is contained within a separate module to support automation. The information will likely be continually updated rather than keeping historical information about how this information was coded at a point of time (as the system will for each version of an assessment).

The actual assessment starts with the **Introduction and Decision Makers** module. This provides the participant with a description of what to expect during the assessment process and verifies that all relevant decision makers are present and if the participant has any assistance needed for completing the assessment and development of the Support Plan.

To ensure that only people who will receive services are required to have a full assessment, the **Level of Care Screen** occurs next. This module pulls the items necessary to determine and verify functional eligibility for programs from other modules (such as functioning and psychosocial). The module is constructed so that once a participant meets LOC, no other questions need to be answered and the participant can move on to the full assessment. However, if a participant and his or her representatives are unable or unwilling to complete a more detailed assessment, all the required items can be met if this module is completed in full.

The next step is the **Personal Story**, which allows the participant an opportunity to provide information that she or he feels is important for providers and others providing support to know. This module is voluntary and is planned to be available online. Participants could

complete this module at their convenience online or could enlist help from the assessor during the assessment process. This information is collected early in the processes so that the assessor can consider the participant's goals and objectives from the beginning of the assessment and support planning process.

The rest of the assessment is in modular form and is not intended to be conducted linearly. Assessors should establish a conversation with the participant and select the order of the modules based on that conversation. Modules include:

- **Functioning:** Contains items to assess the needs, strengths and preferences of the participant in performing and receiving support for 1) Activities of Daily Living (ADLs) such as dressing, eating, and bathing; and 2) Instrumental Activities of Daily Living (IADLs) such as housekeeping, meal preparation, and shopping. The module also collects information about the need for training or assistive devices to increase independence in performing ADLs and/or IADLs whenever possible.
- **Health:** Contains items to assess health status of the participant and needs for support or treatment to maintain health. This module appears as the longest, however, many areas can be skipped over if there are no health issues. For example, someone with no neurological conditions would not need to complete the section relating to neurological conditions. This module also offers brief screening for 1) health risks that could indicate a need for further follow-up with a physician or RCCO, and 2) undiagnosed brain injury (traumatic or acquired).
- **Memory and Cognition**: Contains items to assess the current functional status of the person to recall and understand information, make judgments, express ideas, and make decisions necessary for daily life.
- **Psychosocial:** Contains items to assess the presence and intensity of behavioral needs and provides an initial screening to determine the need for a referral to assess and treat depression, suicide and substance abuse, compulsive gambling, and tobacco usage.
- **Sensory and Communication**: Contains items related to hearing and vision, functional communication and sensory integration. In addition to looking at needs, this module considers training and assistive devices to increase independence and community inclusion.
- **Employment, Volunteering, and Training**: Contains items to explore interests in work, a volunteer position, or education and training opportunities and to find out what

barriers exist for the participant in those areas. The items will also help to identify the support needed to achieve the outcomes the participant would like to see.

- **Housing and Environment**: Contains items related to the participant's current living situation, environmental safety and quality, and interests/needs for housing and environment that support and maximize independence of the participant. This module also helps to identify transitional needs for individuals leaving institutions or hospitals or those who may be in temporary housing or be homeless.
- **Participant Engagement**: Contains items for determining the participant's desire and needs related to self-advocacy. This includes looking at the need/desire for training and assistance to enhance the participant's engagement and control of service planning and service delivery. This module also identifies individual preferences for how information about services is obtained.
- **Consumer Direction**: Evaluates the interest in consumer direction under Colorado's consumer directed options. This module does not evaluate a participant's ability to engage in consumer direction or the supports needed to effectively participate in a consumer directed program.
- **Safety and Self-preservation**: Contains items to help evaluate the participant's capacity and need for assistance in personal safety and self-preservation. This module addresses the need for supervision and oversight. It also includes items about the need for training to avoid abuse, neglect or exploitation and the supports necessary to ensure the health and welfare of the individual.
- **Caregiver:** Contains items to assess the level of support provided by informal caregiver(s) and is designed to be used to 1) identify situations in which relief or support is critical to the continuation of informal caregiving and 2) identify situations in which paid supports should be initiated.

Adapting the Process for Children

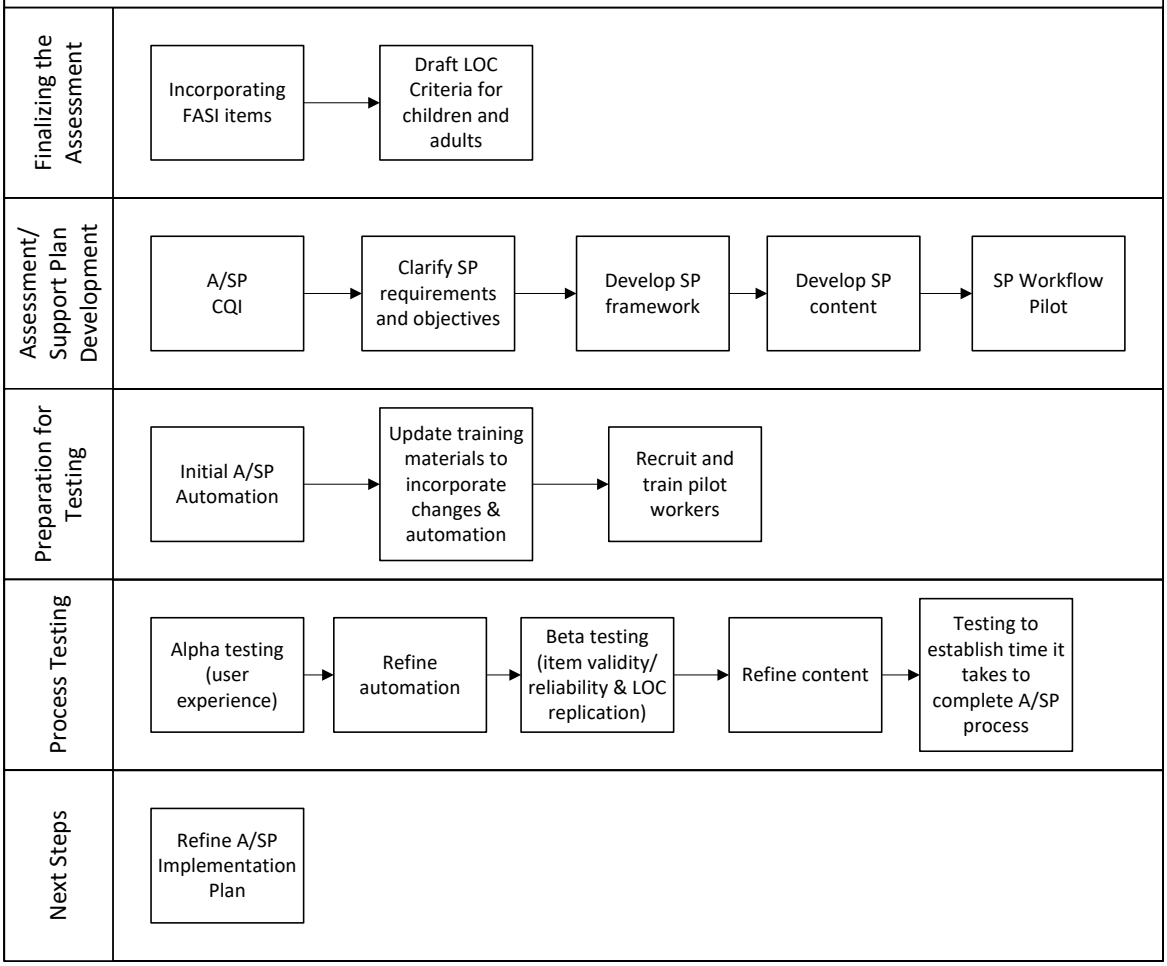
After the draft process for assessing adults for LTSS was finalized, we adapted the process for children using the following approach:

1. We created a crosswalk of the items in the new adult assessment process and 1) the MnCHOICES adult modules, 2) the MnCHOICES child modules, 3) the interRAI-Home Care (HC) (which is targeted at adults), 4) the interRAI-Pediatric Home Care (PEDS-HC), 5) the Wisconsin Functional Screen versions for children, and 6) existing Colorado tools (notably the ULTC 100.2, the Pediatric Assessment Tool (PAT), the Personal Care Assessment Tool (PCAT), and the HCBS-CES application).
2. For tools with child and adult versions, we identified items that were in only one version of the tool and used that information to guide whether an item should be removed or added to the new Colorado assessment process.
3. We compared the Colorado tools targeting children and identified items or constructs that were not addressed in the new adult process. We also examined whether there were any decisions or outcomes from these tools that the new process would need to replicate or inform.
4. On the crosswalk, we coded whether each of the items within the new adult process would be kept as is, adapted, or removed. We also identified new items and where we proposed to place them in the process. We reviewed this crosswalk with Department staff.
5. We used this crosswalk to develop the modules that were tailored for children. We reviewed these modules with Department staff. HCBS Strategies will be assisting the Department in obtaining stakeholder feedback about these modules in the Spring of 2017.

Next Steps

As noted earlier, testing and further refinement of the new assessment process was shifted to a new effort to be funded under the CMS TEFT grant. ***Exhibit 8*** provides an overview of the work plan for that effort.

Exhibit 8: Work Plan for Finalizing and Testing the Assessment/Support Planning (A/SP) Process



The first step in this scope of work will be to update the assessment modules to incorporate changes that resulted from CMS' FASI testing. This will likely result in changes to the ADLs and IADLs.

NEXT STEPS

Once these changes are made, the new draft LOC criteria for both adults and children will need to be created. A previously drafted crosswalk of the items used for determining LOC using the ULTC 100.2 and possible items from the new assessment process would be updated. A similar crosswalk should be created using the child version of the process. These crosswalks will identify any items that will need to be added during testing to minimize differences in eligibility determinations caused by the shift to the new process.

Colorado has decided to implement a new Support Plan format that can take advantage of the abilities of the new assessment process. Testing the Support Plan in conjunction with the assessment will help determine which items are useful for support planning.

A continuous quality improvement (CQI) process that governs both the assessment and support planning (A/SP) processes is proposed as a first step because it would clarify decisions and workflows that will need to be incorporated into the process (e.g., demonstrating that participants are leading the process).

The Support Plan will be developed using a process like the assessment development processes. Department staff and stakeholders will be heavily involved at all stages. First, the requirements and objectives of the Support Plan will be identified (e.g., complying with CMS HCBS rules, driving person-centeredness, ensuring correspondence between assessed needs and assigned supports, etc.). One of the objectives will be to ensure that the Support Plan fulfills all of the requirements in the eLTSS Framework developed through TEFT. Second, an overarching framework for the Support Plan will be developed. Third, this framework will be fleshed out into a draft version of the Support Plan. Finally, a small pilot of the Support Plan will help make modifications to address major concerns about the Support Plan workflow prior to more extensive testing.

The next step will be to automate both the assessment and the Support Plan, update training materials to reflect that automation, and recruit participants for the pilots. The plan includes recruiting approximately 50 assessors for three phases of testing:

- **Alpha-testing:** Assessors will conduct one to two assessments primarily to identify any problems with the automation and user interface.
- **Beta-testing:** Approximately 450 assessments and Support Plans will be conducted to collect information for the following analyses:
    - Establishing the reliability and validity of items that had not been tested under the FASI effort
    - Establishing the new LOC criteria
    - Identifying items for which the language or training materials should be altered

    - Identifying items that could potentially be removed from the assessment
- **Time-testing:** Approximately 100 full A/SP processes will be conducted to estimate the amount of time the full process takes once assessors have become familiar with the process. This information will help the Department decide if it needs to update reimbursement methodologies for eligibility determination and A/SP.

The final component of this effort will be to update the plan for rolling out the process statewide.

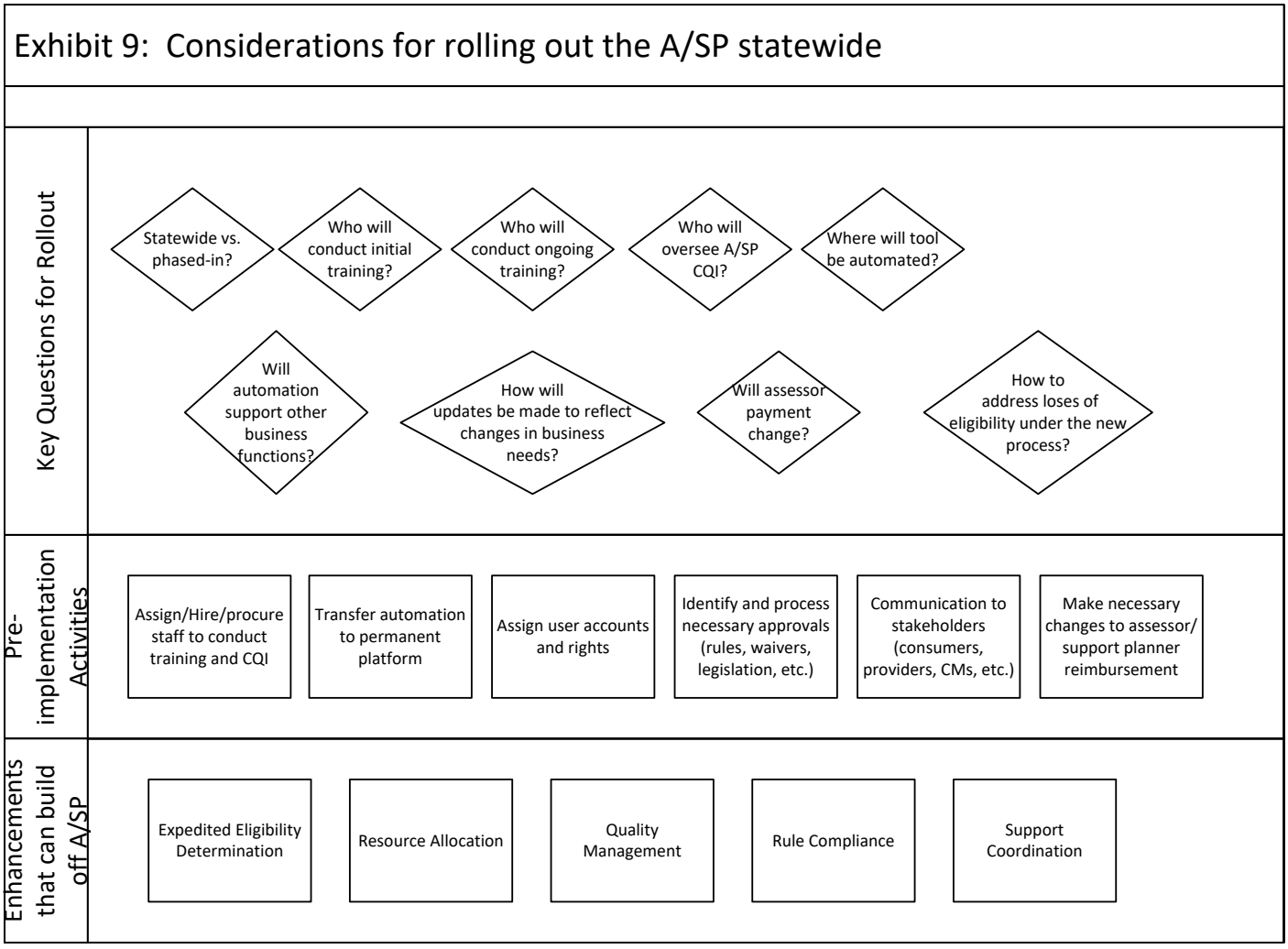
CONSIDERATIONS FOR THE STATEWIDE ROLLOUT OF THE PROCESS

Considerations for the Statewide Rollout of the Process

Exhibit 9 provides an overview of the key decisions and plans Colorado will need to make to rollout the new assessment process statewide. We have grouped these considerations into three categories:

1. Key policy and operations questions related to rollout
2. Pre-implementation activities necessary to support the new assessment process
3. Enhancements to the LTSS delivery system that will be possible once the new assessment process is implemented.

Exhibit 9: Considerations for rolling out the A/SP statewide



CONSIDERATIONS FOR THE STATEWIDE ROLLOUT OF THE PROCESS

KEY QUESTIONS TO BE ADDRESSED PRIOR TO ROLLOUT

The Department will need to address several questions to successfully implement the new assessment process.

Statewide versus phased in rollout: The Department may wish to consider rolling out the new assessment process in phases rather than statewide for the following reasons:

- The initial rollout may identify additional challenges or bugs that were not identified during the pilot.
- Phasing in the rollout will allow the burden on training staff to be distributed over time.
- Staff participating in the initial rounds of training could be used to support staff trained later.

The major disadvantage to phasing in the rollout is that the State will be using two different LOC criteria for a period. CMS has allowed this for limited of periods of time and for reasons similar to what Colorado is proposing.

If the Department phases in the rollout, it will need to determine how to divide the phases. Options include:

- Geographic area: Phase-in could occur by region. This has the advantage of minimizing the trainer's travel and minimizing confusion that may be caused if local area staff talk amongst themselves and find that only some of them are on the new process.
- Assessor type: Certain categories of assessors, such as employees of SEPs, could be included in earlier phases. This could allow the trainers to tailor training efforts to the needs and circumstances of each group.
- Selection of power users: Individuals who are comfortable with computers and volunteer as power users could be trained first. These individuals could then assist in training other workers in their agencies.

The Department could also combine these options. For example, the phase-in could start with power users at SEPs in the Denver metro area.

The Department's training resources will likely be a major determinant of how the phase-in should be structured. For example, if training will be conducted by only a few Department staff, it will be more important to delineate the training agenda.

Training: Training will be a key to determining the success of the process. Assessors will need to receive training about:

- The workflow of the process and how it can and should be used in different settings and organizations. It will be important for assessors to understand the core decisions that the process guides them through (e.g., establishing eligibility before conducting a full assessment) and the how the process should be used to make the process more person-centered (notably, continually capturing information about person-centered goals and tailoring probes to obtain more information to help achieve those goals).
- The content of individual items.
- The automation of the process.

The Department will need resources to 1) support the initial rollout of the tool; and 2) support ongoing training to supplement the training language written during the assessment content development process. If the Department chooses to quickly phase in the use of the process (or implement all at once), it will need substantially more training resources during the initial implementation than on an ongoing basis. Alternatively, if the Department phases in the use of the process gradually (especially if a train the trainer approach is used, in which power users from previous phases are used as trainers and resources for subsequent phases), the amount of training capacity needed for the initial implementation and maintenance may be relatively stable, with the training team gradually shifting from initial training to maintenance.

The Department will need to decide whether training should be a Department function, contracted out, or a combination. If the Department decides to contract out training, it should still anticipate having staff who will oversee that contract. In making this decision, the Department will need to consider a number of factors, including:

- Will the implementation timing require substantially more resources than ongoing maintenance?
- What is the Department's capacity to obtain new positions or reassign existing positions to the training team?
- Should training be integrated with training on other initiatives, such as the Accountable Care Collaborative (ACC), a broader training on person-centered thinking, and/or training on the MMIS?
- Can an enhanced Medicaid administrative match rate be obtained for training by linking it to the MMIS or running it through a QIO and if so, how does training need to be structured to obtain that match?

Oversight of CQI processes: The Department will need to establish a continuous quality improvement (CQI) process for overseeing the assessment and support planning processes prior

to implementation and, ideally, prior to automation. Establishing this process before automation will allow the Department to include performance measures in the automation.

The Department will likely want to include a variety of performance measures, such as:

- Timeliness
- Completeness of information
- Degree to which the Support Plan reflects assessed needs
- Participant perception that the Support Plan reflects his or her person-centered goals
- Compliance with the assurances and sub assurances specified in each CMS-approved HCBS waiver application

The CQI process should also set expectations for how the Department and staff administering and overseeing the assessments will ensure quality, including how these data will be used. This could include inserting the performance measures and other expectations into contracts and employee performance evaluations.

Automation: The Department will need to determine where the permanent automation of the process will reside and how it will be integrated with other systems, notably the MMIS. This will include establishing links between: 1) the Support Plan and the MMIS to facilitate the prior authorization of services; and 2) the assessment, Support Plan, and the Personal Health Record.

The Department may wish to review whether the automated system will serve ancillary functions for non-Department users. This may include functions such as tracking time, billing, and ongoing case management. Incorporating these functions could minimize the burden and costs for these users and help ensure stronger support for the system.

Process for updating: The Department should establish a process for updating the assessment and support planning automation. In some cases, these updates will be required by external changes, such as new federal rules. The Department could also include the capacity for users of the system to make recommendations for improvements and review the recommendations on a periodic basis (e.g., quarterly). When updating the tool, the process should consider the following:

- If considering modifying existing items in the tool, the Department should consider how this will impact the ability to compare data over time and with other data sources. This is especially important if the item is taken from the FASI tool, because one of the principal advantages of this approach was to facilitate cross-state comparisons.
- The Department should also consider the impact of modifications on the reliability and validity of individual items. The Department should be extremely cautious about

altering items for which reliability and validity have already been established. If adding new items, the Department should first look for items from tools with established reliability and validity. If none are available, the Department should construct items in a manner that will increase the likelihood that the items will be reliable and valid. If feasible, the Department should test the items prior to their inclusion in the tool.

- The Department should analyze the impact of any changes on workflows within the tool and the intended use of items to be added or removed. For example, the Department will not want to remove items if this will result in a substantial number of workers needing to collect this information outside of the process. Likewise, the Department will want to carefully examine the utility of any new items to prevent the process from becoming overly burdensome.

Changes to assessor payment: The new assessment process will likely take a different amount of time from the current process and reimbursement methodologies should be adjusted to reflect this.

Losses of eligibility under the new process: While every attempt will be made to recreate Colorado's current nursing facility LOC criteria, there will be changes in eligibility for some individuals. As noted earlier, assessors appear to interpret the response items in the ULTC100.2 differently. This is complicated by the lack of training materials and consistent training and tools to ensure assessor competency. As a result, some individuals who have been classified as meeting LOC with the ULTC100.2 items may not meet LOC using the new tool.

The Department can take the following approaches to addressing this issue:

- The Department could transition people out of the waivers and nursing facilities and try to meet their needs using Medicaid State Plan and State-only funded services. The Department could also try to provide services to these individuals using a new option. However, a new option would expand the entitlement for services and likely increase costs.
- The Department could temporarily adopt a LOC criteria that is lower for people who are being reassessed then for the initial enrollment. This option could be removed at a later time once the initial transition has been made. The downside to this option is that it would apply to all individuals and would, therefore, allow some individuals whose conditions improve to remain on the waiver.

The Department could not "grandfather" these individuals to allow them to remain on the waiver without receiving an 1115 Demonstration Waiver from CMS. It would be challenging for the Department to make a convincing case to CMS that this change would be both budget neutral

(the comparison would be removing these people from the waivers and institutions) and demonstrate an innovation for the Medicaid program.

PRE-IMPLEMENTATION ACTIVITIES

The Department will need to complete the following activities prior to rollout of the new assessment and support planning process:

- **Obtain resources for training and CQI**: The Department will have to obtain and/or reallocate staff and/or obtain contractual support for the training and CQI effort.
- **Transferring automation to permanent platform (if necessary):** It is unclear if the Department will automate the assessment and support planning process during the pilot on the same platform that will be used on an ongoing basis. If it is a different platform, the Department will need to develop a plan for transforming the automation onto the permanent platform.
- **Assign user accounts and rights**: The Department, likely through the contractor overseeing the automation, will need to create user accounts and appropriate associated rights for Department staff, workers that will be using the system (e.g., assessors, case managers, etc.), and participants and their representatives.
- **Identify and process necessary approvals**: The Department will need to review its Medicaid 1915(c) waivers, State Plan Amendments, and regulations to identify any necessary changes that must be submitted for approval prior to implementation.
- **Communications to stakeholders**: The Department will need a strategy for communicating the changes associated with the new assessment and support planning process to participants and their representatives; workers conducting assessments and developing support plans; and others impacted by the new system, such as providers.
- **Change assessment reimbursement (if necessary)**: If the pilot reveals inconsistencies between current reimbursement methodologies and the amount of time associated with the new process, the Department should consider revising these methodologies.

LTSS DELIVERY ENHANCEMENTS THAT THE NEW ASSESSMENT PROCESS WILL SUPPORT

The new assessment process is an essential first step in broader systems reform, including:

- **Expedited eligibility determination**: The Department could use information contained in the Intake Screen to identify individuals at greatest risk of having their health and safety compromised and/or going into an institution and use this information to fast track their eligibility determination. This may be especially important for older adults and

others who have had a sudden deterioration in their health or functioning or a breakdown in their informal support network. Several SEPs reported currently expediting eligibility determinations through an informal process; they recognized the value of a structured process that would facilitate consistency among staff and across agencies.

- **Refined resource allocation**: The Department could use the comprehensive, reliable, and valid data to restructure how it assigns budgets for individuals and manages the overall budget. The new process contains data that could be used to establish algorithms that could be used as targets, caps, benchmarks, or ranges for budgets.
- **Enhanced quality management**: The Department could use the new process to enhance quality management in two primary ways. One, the Department could track the distribution of and/or changes in certain items, such as impairments in functioning, as performance indicators for the system as a whole. Two, the Support Plan could be constructed to ensure that authorized services are related to an assessed need or goal and that all assessed needs or goals have been addressed in the Support Plan.
- **More systematic rule compliance**: The assessment includes several workflows that could lead to greater consistency and documentation that program rules are being followed by staff conducting assessments and support planning. For example, the Intake Screen includes a workflow that is designed to prevent default denials being made when workers choose not to inform an individual about the right to receive an assessment. The assessment process has been designed to facilitate compliance with CMS' HCBS rule and produce documentation of this compliance. The design of the Support Plan could further enhance this effort.
- **More sophisticated case management**: The new process could facilitate efforts to enhance case management in two ways. One, algorithms could be constructed to tailor the amount of case management to the needs and preferences of the participant. For example, the algorithm could recommend more extensive case management for medically fragile individuals who might need more intensive coordination of LTSS with medical services. Two, workflows in the assessment process could be expanded upon in the Support Plan development to guide case managers' decision making. For example, algorithms similar to the Clinical Assessment Protocols/ Collaborative Action Plans (CAPS) used in the interRAI suite of tools could be developed. These algorithms could guide actions that case managers take, such as checking for loose rugs in a house if the individual is determined to be at risk for a fall.

If the Department intends to pursue any of these enhancements, it will need to ensure that these requirements are included in the specifications for the automation of the process.

CONSIDERATIONS FOR THE STATEWIDE ROLLOUT OF THE PROCESS

CONCLUSION

Conclusion

Colorado has developed a new assessment process that reflects its current program operations while being flexible and comprehensive enough to support the major systems change efforts the Department has planned. This new process also reflects extensive input from Colorado's stakeholders. This input resulted in several enhancements and innovations that may be models for other states.

The next step is to develop an enhanced support planning process that takes full advantage of the opportunities created by having reliable and comprehensive data that includes not only deficits, but strengths and preferences. The combination of the new assessment and support planning processes are an essential first step in fulfilling the Department's vision of a person-centered system that fairly and efficiently assigns resources.

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Appendix 1: Program Operations Summary

This chart was last updated on May 2, 2014 and does not reflect changes to operations that have occurred since then.

Characteristics	NF	Hospital Back-up Program	ICF-IID	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)
Operating agency	HCPF NF team includes auditors, operations specialists, State Utilization Contractor (MassPro).	HCPF NF team includes auditors, operations specialists, hospital back-up, and MassPro.	DHS, Division for Regional Center Operations, HCPF, Department of Public Health and Environment	HCPF
Oversight	HCPF, DPHE (Licensure and Survey)	HCPF, DPHE (Licensure and Survey)	HCPF, DPHE (Licensure and Survey)	HCPF, CMS
Status/impending changes	None	None	None	Making changes to SLP, changing eligibility LOC for hospital - previously had to have assessment done in inpatient setting.
Entity(ies) responsible for intake	NFs	NFs	ICF-IID	SEP
Entity(ies) responsible for assessment	SEP	SEP or CCB for ULTC 100.2, - MassPro does physician/nurse review using clinical tools.	CCB	SEP
Entity(ies) responsible for functional eligibility determinations	SEP	SEP or CCB for ULTC 100.2, - MassPro does physician/nurse review using clinical tools.	CCB	SEP
Entity(ies) responsible for case management	NFs	NFs	N/A	SEP
Ages Served	Any age	Any age	Age 18 and older	Age 16 and older
Target Population	Individuals meeting NF LOC.	Individuals meeting NF LOC and special criteria as specified in rule	IDD	Persons with brain injury as defined in the Colorado Code of Regulations with specific diagnostic codes.
Funding Source(s)	Medicaid	Medicaid	Medicaid	Medicaid

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	NF	Hospital Back-up Program	ICF-IID	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)
Federal Funding Authority (e.g.., 1915(c), Title III)	State Plan	State Plan	State Plan ICF-IID	1915(c)
Services Provided	NF services	NF services	ICF-IID services	· Adult day services · Specialized Medical Equipment & Supplies · Behavioral management · Day treatment · Home modifications · Mental health counseling · Non-medical transportation · Personal care/homemaker · Respite care · Substance Abuse Counseling · Supportive Living Program (SLP) · Transitional Living · Personalized Emergency Response System • Consumer Directed Attendant Supportive Services (CDASS)
Distribution of funds (e.g., FFS, capitated, grants)	FFS - Daily payment	FFS - Daily payment - provides exceptional care payment	FFS - Daily payment	FFS
Relevant laws and regulations				C.R.S. 25.5-6.701-706, as amended; 42 C.F.R. 441.300 - 310 HCPF, 10.C.C.R. 2505-10, Section 8.515
State Contact Person	Kathy Snow HCPF 303-866-2861	Kathy Snow HCPF 303-866-2861	Kathy Snow HCPF 303-866-2861	Colin Laughlin HCPF 303-866-2549
Initial Intake & Triage				

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	NF	Hospital Back-up Program	ICF-IID	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)
Outreach	None	None	Community Support Team works with individual to see if they can go into the community	No state funded outreach effort, but SEPs often do outreach
Centralized number/800 number	None	None	None	Planning on setting up an 800# and website
Intake tool/protocol	Varies by NF	Hospital fills out HBU application form and MassPro reviews	Varies by ICF-IID	Referral Form (standardized for all waivers)
Screening/Triage/Targeting to determine who will get assessed	None	Hospital fills out HBU Assessment Pre-Screening Form and sends out to MassPro	Yes for persons referred to the Division for Regional Center Operations	Screen for NF or hospital (given priority over others)
Cap on Enrollment	N/A	N/A	N/A	500 persons
Waiting List (describe)	None at State-level, but individual NFs may have waits.	N/A	None at State-level, but individual ICFs-IID may have waits.	None, but there may be provider capacity issues specific to some locations
Number on Waiting/Interest List	N/A	N/A	N/A	N/A
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A	N/A	N/A
Eligibility				
Who does eligibility determinations	SEP	MassPro	County Human/Social Services completes the Medicaid eligibility, CCB completes the functional eligibility assessment	SEP
Eligibility Determination Instrument(s)	ULTC 100.2	ULTC 100.2 and variety of tools used by MassPro	Diagnoses codes indicating relevant diagnosis and ICAP	UTLC 100.2
Automation	BUS	BUS for ULTC 100.2	BUS for ULTC 100.2	BUS
Relevant Level(s) of Care	NF	NF	ICF-MR	Hospital or NF

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	NF	Hospital Back-up Program	ICF-IID	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)
Specific functional Eligibility Criteria	Meet 2 or more criteria for nursing home risk including: 1) needs assistance with dressing, personal hygiene, eating, toileting, bathing, 2) functional decline within the past 90 days, 3) fell two or more times within the past 180 days, 4) neurological diagnosis of Alzheimer's, head trauma, MS, Parkinson's, or dementia, 5) history of NF placement within the past 5 years, 6) multiple episodes of urine incontinence daily, 7) goes out of residence one or fewer days per week.	NF LOC and other criteria that are detailed in rule.	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition.	NF-LOC = Score based off ULTC 100.2 - Score of 2+ in 2+ ADLs or score of 2+ in one of the supervision categories (memory, cognition, behavioral) Hospital - no set definition.
Financial Eligibility Criteria	Regular Medicaid eligibility criteria	Regular Medicaid eligibility criteria	Regular Medicaid eligibility criteria	300% SSI
Support Planning				
Name of Plan	Care Plan	Care Plan	Individualized Service Plan	Service Plan
Who leads the development of plans	NF Staff	NF Staff	ICF-IID Staff (QIDP)	SEP
Who is involved	· Client · NF staff · Family or legal guardian	· Client · NF staff · Family or legal guardian	· Client · QIDP · Family or legal guardian · Inpatient interdisciplinary team	· Client · Case manager · Family or legal guardian · Inpatient interdisciplinary team
Forms/checklists/automated tools	NFs have own tools	NFs have own tools	ICFs-IID have own tool	Standardized format for Service Plan, IADL Instrument used by case manager, PMIP, Task Worksheet (for PD),

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	NF	Hospital Back-up Program	ICF-IID	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)
				Transitional Living Assessment
Person-centered components	Left to each facility	Left to each facility	Left to each facility	Have a personal goals section
Service Authorizations				
Cost control mechanisms	Case mix on MDS - RUGIII, plus other factors are heavily weighted.	Negotiated rate based on individual needs - base NF rate as floor plus cost of additional services	Cost-based reimbursement	Costs above $167 require case manager supervisor review, costs over $250 per day require state level review. For CDASS - use CDASS Task sheet to calculate budget.
Who makes determinations	NFs	NFs	ICF-IID	SEP Case Manager
Who reviews them	HCPF	HCPF	HCPF	SEP supervisor if over $167 per day State if over $250 per day
Participant-Direction				
Included?	No	No	No	Yes
If yes, structure	N/A			CDAS - budget and employer authority
Quality Indicators				
Intake and Triage				2 days for NF/Hospital and 10-day timeframe for intake; verify assessment within 10 days
Support Planning		MassPro reviews and approves plans		Program review tool used to check if the service plan matches assessment and other indicators

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	Home Care Allowance
Operating agency	HCPF	HCPF	HCPF	DHS
Oversight	HCPF, CMS	HCPF, CMS	HCPF, CMS	DHS
Status/impending changes	None	Combined with HCBS-PLWA as of 4/1/14	None. Will expire or be renewed on July 1, 2015.	Oversight has switched to Office of Economic Security from Office on Community Access and Independence.
Entity(ies) responsible for intake	SEP	SEP	SEP	SEP; Shared intake SEP do LOC and County DSS do determinations
Entity(ies) responsible for assessment	SEP	SEP	SEP	SEP
Entity(ies) responsible for functional eligibility determinations	SEP	SEP	SEP	SEP, counties determine financial
Entity(ies) responsible for case management	SEP	SEP	SEP	SEP
Ages Served	Age 18 and older	Age 18 and older	Age 18 or older	All ages
Target Population	Persons with a diagnosis of major mental illness as defined in the Colorado Code of Regulations with specific DSM-IV diagnostic codes.	Elderly persons (65+) with a functional impairment or blind or physically disabled persons (aged 18-64) or Persons with diagnosis of HIV/AIDS.	Persons with a spinal cord injury as defined in the Colorado Code of Regulation with specific diagnostic codes.	Individuals in need of home care assistance
Funding Source(s)	Medicaid	Medicaid	Medicaid	state funded/non-entitlement
Federal Funding Authority (e.g.., 1915(c), Title III)	1915(c)	1915(c)	1915(c)	N/A

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	Home Care Allowance
Services Provided	• Adult day services • Alternative care facilities • Consumer Directed Attendant Supportive Services (CDASS) • Personal Emergency Response System • Home modifications • Homemaker services • Non-medical transportation • Personal care • Respite care	• Adult day services • Alternative care facilities • Community transition services • Consumer Directed Attendant Supportive Services (CDASS) • Personal Emergency Response System • Home modifications • Homemaker services • In home support services (IHSS) • Non-medical transportation • Personal care • Respite care	• Adult day services • Alternative therapies (acupuncture, chiropractic, massage) • Consumer Directed Attendant Supportive Services (CDASS) • Personal Emergency Response System • Home modifications • Homemaker services • In home support services (IHSS) • Non-medical transportation • Personal care • Respite care	Provides special allowance for securing non-skilled services in the home. Services can include: assistance with Activities of Daily Living (bathing, dressing, transfers, etc.), meal preparation, housekeeping, laundry, shopping, appointment management, money management, accessing resources, etc. Also, a one-time deep cleaning of home or pest control fumigation and payment for electronic monitoring
Distribution of funds (e.g., FFS, capitated, grants)	FFS	FFS	FFS	Grant to client directly, who pays the providers
Relevant laws and regulations	C.R.S. 25.5-6-601-607, as amended; 42 C.F.R. 441.300-310 HCPF, 10.C.C.R. 10. C.C.R. 2505-10, Section 8.509	C.R.S. 25.5-6-301-313, as amended; 42 C.F.R. 441.300 –310 HCPF, 10.C.C.R. 10. C.C.R. 2505-10, Section 8.485	C.R.S. 25.5-6-13.01-13.04 as amended; 42 C.F.R. 441.300 –310 HCPF, 10.C.C.R. 10. C.C.R. 2505-10, Section 8.517	C.R.S 26-2-122.3
State Contact Person	Sarah Hoerle HCPF 303-866-2669	Phil Stoltzfus HCPF 303-866-5720	Sarah Hoerle HCPF 303-866-2669	Danielle Dunaway 303-866-2788
Initial Intake & Triage				
Outreach	No state funded outreach effort, but SEPs often do outreach	No state funded outreach effort, but SEPs often do outreach	No state funded outreach effort, but SEPs often do outreach	No state funded outreach effort, but SEPs do informal outreach. Nothing mandated
Centralized number/800 number	Planning on setting up an 800# and website	Planning on setting up an 800# and website	Planning on setting up an 800# and website	Planning on setting up an 800# and website
Intake tool/protocol	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	Home Care Allowance
Screening/Triage/Targeting to determine who will get assessed	Screen for NF or hospital (given priority over others)	Screen for NF or hospital (given priority over others)	Screen for NF or hospital (given priority over others)	None; May be some informal screening done by SEPs
Cap on Enrollment	2954 persons	22384	67	None
Waiting List (describe)	None	None	None	None
Number on Waiting/Interest List	N/A	N/A	N/A	N/A
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A	N/A	N/A
Eligibility				
Who does eligibility determinations	SEP	SEP	SEP	SEP functional and County does financial
Eligibility Determination Instrument(s)	UTLC 100.2	UTLC 100.2	UTLC 100.2	County uses Single Purpose Application and based off the app and interview they data enter into CBMS (Colorado Benefits Management System). Will then request any additional information
Automation	BUS	BUS	BUS/CBMS	BUS/CBMS
Relevant Level(s) of Care	NF LOC	NF LOC or hospital	NF LOC	Does not need to meet institutional LOC. Must meet financial criteria. Also will be assessed for need. Younger adults (<60) must have a long term disability. higher.
Specific functional Eligibility Criteria	NF-LOC = Score based off ULTC 100.2 - Score of 2+ in 2+ ADLs or score of 2+ in one of the supervision categories (memory, cognition, behavioral)	NF-LOC = Score based off ULTC 100.2 - Score of 2+ in 2+ ADLs or score of 2+ in one of the supervision categories (memory,	NF-LOC = Score based off ULTC 100.2 - Score of 2+ in 2+ ADLs or score of 2+ in one of the supervision categories (memory, cognition, behavioral)	Have scoring criteria that is built off the form. Must have capacity score of 21 or higher. Budget is based on Need for Paid Care score.

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	Home Care Allowance
		cognition, behavioral) Hospital - no set definition.		
Financial Eligibility Criteria	300% SSI	300% SSI	300% SSI	Income eligibility threshold equal to the grant standard (SSI, Old Age pension amount, AND payment) + Home Care allowance amount. Must meet grant standard first and if they are under grant standard then they can receive the HCA amount. For old age pension amount, must be receiving at least $1 from SSI.
Support Planning				
Name of Plan	Service Plan	Service Plan	Service Plan	Service Plan
Who leads the development of plans	SEP	SEP	SEP	SEP
Who is involved	· Client · Case manager · Family or legal guardian	· Client · Case manager · Family or legal guardian	· Client · Case manager · Family or legal guardian	· Client · Case manager · Family or legal guardian
Forms/checklists/automated tools	Standardized format for Service Plan, IADL Instrument used by case manager, PMIP, Task Worksheet (for PD)	Standardized format for Service Plan, IADL Instrument used by case manager, PMIP, Task Worksheet (for PD)	Standardized format for Service Plan, IADL Instrument used by case manager, PMIP, Task Worksheet (for PD)	Standardized format for Service Plan
Person-centered components	Have a personal goals section	Have a personal goals section	Have a personal goals section	Have a personal goals section
Service Authorizations				

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	Home Care Allowance
Cost control mechanisms	Costs under $250 - prior authorized by CM and sent to fiscal manager; costs above $250 must be approved by state (sent to waiver manager). For CDASS - use CDASS Task sheet	Costs under $250 - prior authorized by CM and sent to fiscal manager; costs above $250 must be approved by state (sent to waiver manager). For CDASS - use CDASS Task sheet	Costs under $250 - prior authorized by CM and sent to fiscal manager; costs above $250 must be approved by state (sent to waiver manager). For CDASS - use CDASS Task sheet	Program must stay within appropriations. Reduce the amount of money paid. Establish tiers based on needs - 3 tiers - (2014) - $200, $342, $475 per month
Who makes determinations	SEP Case Manager	SEP Case Manager	SEP Case Manager	SEP Case Manager & County
Who reviews them	SEP supervisor if over $167 per day State if over $250 per day	SEP supervisor if over $167 per day State if over $250 per day	SEP supervisor if over $167 per day State if over $250 per day	None
Participant-Direction				
Included?	Yes	Yes	No	Yes
If yes, structure	CDAS - budget and employer authority IHSS - just employer authority	CDAS - budget and employer authority IHSS - just employer authority		Given grant that allows client to choose providers and set rates.
Quality Indicators				
Intake and Triage	2 days and 10 day timeframe for intake, verify assessment within 10 days	2 days and 10 day timeframe for intake, verify assessment within 10 days	2 days and 10 day timeframe for intake, verify assessment within 10 days	Recently put into rule that QA can be conducted by State department but have not standardized what this will look like
Support Planning	Program review tool used to check if the service plan matches assessment and other indicators	Program review tool used to check if the service plan matches assessment and other indicators	Program review tool used to check if the service plan matches assessment and other indicators	

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
Operating agency	DHS	DHS	DHS, DIDD, HCPF	DHS, DIDD, HCPF
Oversight	DHS	DHS	HCPF, DIDD	HCPF, DIDD
Status/impending changes	Sunset in 2017	None	Integrating with DD waiver circa FY 16. Planning on adding participant direction by July 2015.	Integrating with SLS waiver circa FY 16
Entity(ies) responsible for intake	No intake at this point; if at a point in time you were eligible then re-eligibility determinations are conducted	SEP; Shared intake SEP do LOC and County DSS do determinations	CCB	CCB
Entity(ies) responsible for assessment	Reassessment done by DHS	SEP	CCB	CCB
Entity(ies) responsible for functional eligibility determinations	SEP and CCBs	SEP, counties determine financial	CCB	CCB
Entity(ies) responsible for case management	SEP and CCBs	SEP	CCB	CCB
Ages Served	All ages	Age 18 and Older	Age 18 and Older	Age 18 and older
Target Population	Specific to individuals receiving SLS or CES	Persons who do not require 24-hour medical care but cannot return to home and need 24-hour non-medical supervision	Persons, who can either live independently with limited supports or who, if they need extensive supports, are already receiving that high level of support from other sources, such as family.	Persons who are in need of services and supports 24 hours a day that will allow them to live safely and participate in the community.
Funding Source(s)	state funded/non-entitlement	state funded/non-entitlement	Medicaid	Medicaid
Federal Funding Authority (e.g.., 1915(c), Title III)	N/A	N/A	1915(c)	1915(c)

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
Services Provided	Provides special allowance for securing non-skilled services in the home. Services can include: assistance with Activities of Daily Living (bathing, dressing, transfers, etc.), meal preparation, housekeeping, laundry, shopping, appointment management, money management, accessing resources, and so on. Also, a one-time deep cleaning of home or pest control fumigation and payment for electronic monitoring	24-hour residential care, basic supervision and oversight, sanitary environment, adequate sleeping areas. Supervised home setting.	• Assistive Technology • Behavioral Services • Day habilitation services (Specialized Habilitation, Supported Community Connections) • Dental services • Supported Employment • Prevocational Services • Home Modifications • Homemaker Services • Mentorship • Personal Care Services • Personalized Emergency Response System (PERS) • Professional Services (Includes Hippotherapy, Massage, & Movement Therapy) • Respite Services • Specialized Medical Equipment & Supplies • Transportation • Vehicle Modifications • Vision services	• Behavioral Services • Day habilitation services (Specialized Habilitation, Supported Community Connections) • Dental services • Residential habilitation (24-hour individual or group) • Supported Employment • Transportation • Prevocational Services • Specialized Medical Equipment & Supplies • Vision services
Distribution of funds (e.g., FFS, capitated, grants)	Grant to client directly, who pays the providers	Paid to the client and client keeps $50 for personal needs and the rest goes to fees for AFC provider and other fees	FFS	FFS
Relevant laws and regulations			C.R.S. 27-10.5-101 – 103, as amended; C.R.S. 25.5-6-401- 411, as amended; 42 C.F.R. 441.300 – 310 DHS, DIDD, 2 CCR 503-1; HCPF, 10.C.C.R. 2505-10, Section 8.500.90	C.R.S., 27-10.5-101 – 103, as amended; C.R.S. 25.5-6-401- 411, as amended; 42 C.F.R. 441.300 – 310 DHS, DIDD, 2 CCR-503-1; HCPF, 10.C.C.R. 2505- 10, Section 8.500

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
State Contact Person	Danielle Dunaway 303-866-2788	Danielle Dunaway 303-866-2788	Tyler Deines DHS-DDD 303-866-5148	Michele Craig DHS-DDD 303-866-5147
Initial Intake & Triage				
Outreach	None	No formal outreach	No state funded outreach effort, but SEPs often do outreach	CCBs charged with provider outreach. Some do additional outreach.
Centralized number/800 number	Planning on setting up an 800# and website	Planning on setting up an 800# and website	Planning on setting up an 800# and website	Planning on setting up an 800# and website
Intake tool/protocol	No intake conducted	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers), emergency request form if requesting quicker access.
Screening/Triage/Targeting to determine who will get assessed	None	None; May be some informal screening done by SEPs	Screen for NF or hospital (given priority over others)	None
Cap on Enrollment	No additional clients taken on; 186 individuals currently enrolled	None	3012	4007
Waiting List (describe)	No	No	Yes	Yes
Number on Waiting/Interest List	N/A	N/A	1800	2082
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A	Only those meeting emergency criteria (homeless, danger to self/others, abuse/neglect). CCB reviews and approves.	Only those meeting emergency criteria (homeless, danger to self/others, abuse/neglect). CCB reviews and approves.
Eligibility				
Who does eligibility determinations	DHS	SEP functional and County does financial	CCB	CCB
Eligibility Determination Instrument(s)	DHS uses application and based off of app and interview data enter to a spreadsheet	County uses Single Purpose Application and based off the app and interview they data enter into CBMS (Colorado Benefits Management System). Will	DD Determination Form, ULTC 100.2	DD Determination Form, ULTC 100.2

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
		then request any additional information		
Automation	None	CBMS	BUS, CCB specific systems (Dynamo, Case Tracker, Therap), State Community Contract Management System (CCMS)	BUS, CCB specific systems (e.g., Dynamo, Case Tracker, Therap), State Community Contract Management System (CCMS)
Relevant Level(s) of Care	Does not need to meet institutional LOC. Must meet financial criteria. Also will be assessed for need. Younger adults (<60) must have a long term disability. higher. Also need to meet criteria for SLS or CES.	Functional capacity score minimum requirements and appropriateness of placement criteria	ICF-IID	ICF-IID
Specific functional Eligibility Criteria	Have scoring criteria that is built off the form. Must have capacity score of 21 or higher. Budget is based on Need for Paid Care score.	Minimum of 10 points when assessed for ADLs (from).	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition.	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition.
Financial Eligibility Criteria	Need to receive at least $1 of SSI.	Eligible to receive OAP, SSI and AND Colorado Sup, which is for individuals who are revving SSI but are not receiving full payments	300% SSI	300% SSI
Support Planning				
Name of Plan	Service Plan and Person's individualized plan through CCB	Service Plan	Individualized Service Plan	Individualized Service Plan
Who leads the development of plans	CCB for IP and SEP for general service plan	SEP	CCB CM	CCB CM

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
Who is involved	· Client · Case manager (Possibly 2, one from CCB and SEP) · Family or legal guardian	· Client · Case manager · Family or legal guardian	· Client · Case manager · Family or legal guardian · Providers	· Client · Case manager · Family or legal guardian · Providers
Forms/checklists/automated tools	Standardized format for Service Plan	Standardized format for Service Plan	IADL Instrument used by CM -Standardized format for ISP in BUS. -SIS done on paper and data is entered online. -Support Level Calculation Sheet (word document with formulas). -CCBs have confidential profile that is used for facilitating choice of providers.	IADL Instrument used by CM -Standardized format for ISP in BUS. -SIS done on paper and data is entered online. -Support Level Calculation Sheet (word document with formulas). -CCBs have confidential profile that is used for facilitating choice of providers.
Person-centered components	Have a personal goals section	Have a personal goals section	Requirement for input from individual in the annual meeting	Requirement for input from individual in the annual meeting
Service Authorizations				
Cost control mechanisms	Program must stay within appropriations. Reduce the amount of money paid. Establish tiers based on needs - 3 tiers - (2014) - $200, $342, $475 per month	Stay within appropriation; no tiered system	Support Plan Authorization (SPA) based upon the SIS and other factors. There are also service specific limits.	Reimbursement rate is tied to support level which is based upon SIS and other factors. There are also service specific limits.
Who makes determinations	SEP, DDD, and DHS	SEP Case Manager & County	CCB	CCB
Who reviews them	DHS	None	If services fall above certain limits State approval if required.	If services fall above certain limits State approval if required.
Participant-Direction				
Included?	Yes	Yes	No	No

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Home Care Allowance-Special Populations	Adult Foster Care	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
If yes, structure	Given grant that allows client to choose providers and set rates.	Given grant that allows client to choose providers, and the provider set rates.		
Quality Indicators				
Intake and Triage		Recently put into rule that QA can be conducted by State department but have not standardized what this will look like	Recently put into rule that QA can be conducted by State department but have not standardized what this will look like	
Support Planning				

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Family Support Services Program	State Supported Living Services (SLS)	Children's Extensive Support Waiver (CES)	OBRA Specialized Services
Operating agency	DHS, DIDD	DHS, DIDD	DHS, DIDD	DHS, DIDD
Oversight	HCPF, DIDD	HCPF, DIDD	HCPF, DIDD	HCPF, DIDD
Status/impending changes	Increased funding in FY 15	None	Waiver amendment submitted March 2014 to increase unduplicated count for FY 2014. Waiver renewal July 1, 2014	None
Entity(ies) responsible for intake	CCB	CCB	CCB	CCB
Entity(ies) responsible for assessment	CCB	CCB	CCB Case Management	SEP for ULTC 100.2; MassPRO for Level II
Entity(ies) responsible for functional eligibility determinations	CCB	CCB	CCB Case Management	SEP
Entity(ies) responsible for case management	CCB	CCB	CCB Case Management	CCB Case Management
Ages Served	Entire life span	Age 18 and older	Birth through age 17	Age 18 and older
Target Population	Families who have an individual with a developmental delay or disability living in the family home.	Persons with DD, living independently or with limited support.	A child, age 0-18, at risk of institutionalization (ICF/ID) who has been diagnosed with a developmental delay (ages birth through 4) or a developmental disability (ages 5 through 17) and who has behaviors or a medical condition that requires near constant line of sight supervision.	People in NFs with IDD who want and are able to use day habilitation services and other specialized IDD services in the community
Funding Source(s)	State General Fund	state funded/non-entitlement	Medicaid	Medicaid
Federal Funding Authority (e.g.., 1915(c), Title III)	N/A	N/A	1915(c)	CFR 483

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Family Support Services Program	State Supported Living Services (SLS)	Children's Extensive Support Waiver (CES)	OBRA Specialized Services
Services Provided	•Respite Care •Professional Services •Medical and Dental •Transportation •Other Individual Expenses •Assistive Technology •Home Modification •Parent and Sibling Support	State Supported Living Services (SLS) provide a variety of services, such as personal care (like eating, bathing and dressing) or homemaking needs, employment or other day type services, accessing his or her community, help with decision-making, assistive technology, home modification, professional therapies, transportation, and twenty-four emergency assistance.	• Adapted Therapeutic Recreation and Fees • Assistive Technology • Behavioral Services • Community Connector •Home Accessibility Adaptations •Homemaker •Parent Education •Personal Care •Professional Services (includes Hippotherapy, Massage & Movement Therapy) •Respite •Specialized Medical Equipment & Supplies •Vehicle Modification •Vision Services	•Day habilitation •Transportation •Case Management
Distribution of funds (e.g., FFS, capitated, grants)	Set amount of money to individual families to be used within specified requirements	FFS	FFS	FFS
Relevant laws and regulations	C.R.S. 27-10.5-401, as amended; DIDD Services, 2 CCR 503-1;	C.R.S., 27-10.5-101 – 103, as amended; DHS, DIDD, 2 CCR 503-1	C.R.S. 27-10.5-401, as amended; C.R.S. 25.5-6-401-411, as amended; 42 C.F.R. 441.300-310 DHS, DIDD Services, 2 CCR 503-1; HCPF, 10.C.C.R. 2505-10, Section 8.503	
State Contact Person	Sheila Peil DDD 303-866-5156	Michele Craig DHS-DDD 303-866-5147	Sheila Peil DDD 303-866-5156	Barb Rydell 303-866-5157
Initial Intake & Triage				
Outreach	CCBs charged with provider outreach. Some do additional outreach.	CCBs charged with provider outreach. Some do additional outreach.	CCBs charged with provider outreach. Some do additional outreach.	Level I
Centralized number/800 number	Planning on setting up an 800# and website	Planning on setting up an 800# and website	Planning on setting up an 800# and website	None

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Family Support Services Program	State Supported Living Services (SLS)	Children's Extensive Support Waiver (CES)	OBRA Specialized Services
Intake tool/protocol	Referral Form (standardized for all waivers) for age 5+	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers), emergency request form if requesting quicker access.	Level I
Screening/Triage/Targeting to determine who will get assessed	Each Family's level of need is assessed in five domains. Families that are determined most in need are prioritized for enrollment		None	State does review to ensure meet criteria
Cap on Enrollment	None	534	FY 14-928; FY 1- 1367; FY 16-1499; FY 17-1631; FY-1763; FY 18-1895;	None
Waiting List (describe)	Yes	Yes	No	NA
Number on Waiting/Interest List	6151	137	NA	NA
Prioritization Ranking of Waiting List (yes/no)	Families assessed most in need	Only those meeting emergency criteria (homeless, danger to self/others, abuse/neglect). CCB reviews and approves.	NA	NA
Eligibility				
Who does eligibility determinations	CCB	CCB	1. Developmental Delay/Disability; CCB-CM 2. ULTC 100.2-CCB-CM 3. Meet medical or behavioral criteria-QIO (Masspro) 4. Financial eligibility-local county DHS	State
Eligibility Determination Instrument(s)	DD Determination Form	DD Determination Form	DD Determination Form, ULTC 100.2, CES Checklist Application Documentation of developmental delay if claiming delay	Level II

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Family Support Services Program	State Supported Living Services (SLS)	Children's Extensive Support Waiver (CES)	OBRA Specialized Services
Automation	CCB specific systems (e.g., Dynamo, Case Tracker, Therap), State Community Contract Management System (CCMS)	CCB specific systems (Dynamo, Case Tracker, Therap), State Community Contract Management System (CCMS)	BUS, CCB specific systems (Dynamo, Case Tracker, Therap), State Community Contract Management System (CCMS)	Level I is manually inputted into a web-based PASRR website operated by MassPRO and owned by the State. Level II is paper - goal to have it as web-based. State Community Contract Management System (CCMS)
Relevant Level(s) of Care	N/A	N/A	ICF-IID	PASRR
Specific functional Eligibility Criteria	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition or developmental delay for under age 5.	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition.	IQ of 70 or below, or Adaptive Behavior of 70 or below with a neurological condition or developmental delay if under age 5. Must also have intensive medical or behavior needs that require intervention during both day and night.	PASRR
Financial Eligibility Criteria	N/A	N/A	Based on child's income (TEFRA option w/in waiver authority)	NA
Support Planning				
Name of Plan	Family Support Plan	Individualized Service Plan	Service Plan	Service Plan
Who leads the development of plans	CCB CM	CCB CM	CCB CM	CCB-CM
Who is involved	Family and Case Manager	· Client · Case manager · Family or legal guardian · Providers	Client Parent/Guardian/Family Case Manager School Other appropriate parties	· Client · Case manager · Family or legal guardian · NF staff
Forms/checklists/automated tools	Each CCB has developed an assessment tool to determine families most in need	Each CCB has their own format, but some standardization across CCBs.	No other forms	Each CCB has their own format, but some standardization across CCBs.

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Family Support Services Program	State Supported Living Services (SLS)	Children's Extensive Support Waiver (CES)	OBRA Specialized Services
Person-centered components	Requirement for input from individual in the annual meeting	Requirement for input from individual in the annual meeting	Requirement for input from individual in the annual meeting	Have to offer choice of providers
Service Authorizations				
Cost control mechanisms	Each CCB is given a global amount for services based on the number of clients served. Amounts are monthly, but have some carry over authority across months, but not across fiscal years.	Each CCB is given a global amount for services based on the number of clients served. Amounts are monthly, but have some carry over authority across months, but not across fiscal years.	PARs are submitted through CCMS. Projected costs that exceed service limits are flagged for manual review. CCMS will not auto accept service plans that exceed the overall service plan limits.	Each CCB is given just under $9k per individual which can be pooled across clients. CM paid separately.
Who makes determinations	CCB	CCB	Family and Case manager	State authorizes
Who reviews them	CCB	CCB	HCPF/DIDD staff and CCB	State
Participant-Direction				
Included?	Yes	No	No	None
If yes, structure	Have flexibility because works as grant to family. No FMS requirement. CCB manages.			
Quality Indicators				
Intake and Triage				HCPF/DIDD staff and CCB
Support Planning				

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Children's HCBS Waiver (CHCBS)	Children with Autism (CWA)	Children's Habilitation Residential Waiver (CHRP)	Children with Life Limiting Illness Waiver (CLLI)
Operating agency	HCPF	HCPF	DHS, Division of Child Welfare Services, and HCPF	HCPF
Oversight	HCPF, CMS	HCPF, CMS	DHS, Division of Child Welfare Services HCPF, CMS	HCPF, CMS
Status/impending changes	Exploring combining all waivers and/or; considering folding this waiver into State Plan TEFRA.	Exploring rolling this into State Plan.	None	Exploring rolling this into State Plan.
Entity(ies) responsible for intake	No paid entity, however, SEP, CCB, or Private Case Management Agencies do intake, assessment and ongoing CM - send to State for review.	CCBs and 1 private CM agency	County Department of Human/Social Services	SEPs
Entity(ies) responsible for assessment	No paid entity, however, SEP, CCB, or Private Case Management perform	CCBs and 1 private CM agency	County Department of Human/Social Services	SEPs
Entity(ies) responsible for functional eligibility determinations	SEP, CCB, or Private Case Management determines eligibility and sends to HCPF for review.	CCBs and 1 private CM agency	CCB does DD eligibility	SEPs
Entity(ies) responsible for case management	Approved case management agencies, SEP, CCB.	CCBs and 1 private CM agency	County Department of Human/Social Services	SEPs
Ages Served	Birth through age 17	Birth through age 5	Birth through age 20	Birth through age 18
Target Population	Children at risk of NF or hospital with family incomes/resources above normal Medicaid eligibility.	Children with medical diagnosis of autism with intensive behavioral needs and at risk of ICF-IID	Children ages 0-20 years, who are in the custody of the County Department of Human/Social Services, residing in an out-of-home CHRP approved placement and have a developmental disability (developmental delay age 0-4).	Children with a life limiting illness who can be safely cared for in the home and who are at risk of institutionalization in a hospital
Funding Source(s)	Medicaid	Medicaid	Medicaid	Medicaid

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Children's HCBS Waiver (CHCBS)	Children with Autism (CWA)	Children's Habilitation Residential Waiver (CHRP)	Children with Life Limiting Illness Waiver (CLLI)
Federal Funding Authority (e.g.., 1915(c), Title III)	1915(c) with the TEFRA option	1915(c)	1915(c)	1915(c)
Services Provided	• Case Management • In-home Support (only skilled care)	Behavioral Therapies Assessment	Cognitive Services Communication Services Community Connections Emergency Services Personal Assistance Self-Advocacy Supervision Services Travel Services Behavioral Services Professional Services (includes Hippotherapy, Massage & Movement Therapy) Respite	Counseling /Bereavement Services Expressive Therapy Palliative/Supportive Care Respite Care On 7/1/14 adding: Massage therapy Bereavement becoming separate service Therapeutic life limiting illness support services Removing Counseling/bereavement
Distribution of funds (e.g., FFS, capitated, grants)	FFS	FFS	FFS	FFS
Relevant laws and regulations	• C.R.S. 25.5-6-901, as amended; • 42 C.F.R. 441.300 – 310 • HCPF, 10.C.C.R. 2505-10, Section 8.506	C.R.S. 25.5-6-801– 805, as amended HCPF, 10.C.C.R. 2505-10, Section 8.519	C.R.S. 25.5-5-306(1) (1995 Supp); C.R.S. 27-10.5-102(11) (1995 Supp) DHS, Child Welfare Services, 10.C.C.R. 2505-10, Section 8.508	C.R.S. 25.5-5-305 as amended; HCPF, 10.C.C.R. 2505, Section 8.504
State Contact Person	Candace Bailey HCPF 303-866-3877	Candace Bailey HCPF 303-866-3877	Nancy Harris DHS 303-866-3278	Candace Bailey HCPF 303-866-3877
Initial Intake & Triage				
Outreach	No paid entity	No paid entity	No paid entity	No paid entity
Centralized number/800 number	None	No	No	No
Intake tool/protocol	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)	Referral Form (standardized for all waivers)
Screening/Triage/Targeting to determine who will get assessed	Phone screen to determine if an assessment is appropriate	Phone screen to determine if an assessment is appropriate	None	Phone screen to determine if an assessment is appropriate
Cap on Enrollment	1308	75	160-200	200

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Children's HCBS Waiver (CHCBS)	Children with Autism (CWA)	Children's Habilitation Residential Waiver (CHRP)	Children with Life Limiting Illness Waiver (CLLI)
Waiting List (describe)	Yes	Yes	None	None
Number on Waiting/Interest List	60	318	NA	NA
Prioritization Ranking of Waiting List (yes/no)	Criteria includes terminally ill, waiting for transplant, vent dependent, hospitalized for over 30 days and need Medicaid to go home.	First come first serve for before 11/1/13. After 11/1/13, prioritizing on composite score on Assessment of Adaptive Behavior.	NA	When there is wait list, don't do prioritization.
Eligibility				
Who does eligibility determinations	SEP, CCB, or Private Case Management determines eligibility and sends to HCPF for review.	CCBs and 1 private CM agency	CCBs	SEPs
Eligibility Determination Instrument(s)	ULTC 100.2 Developed Children's Addendum, in the process of implementing	ULTC 100.2, adding addendum for children.	DD Determination Form, ULTC 100.2	ULTC 100.2, adding addendum for children, physician's life limiting illness form
Automation	BUS	BUS	BUS	BUS
Relevant Level(s) of Care	NF or Hospital	ICF/IID	ICF/IID	Hospital
Specific functional Eligibility Criteria	NF plus medically fragile (no specific definition on medically fragile)	ICF/IID plus diagnosis of autism.	ICF/IID plus reside in foster care	Based on functional assessment and physician's life limiting illness determination.
Financial Eligibility Criteria	Can't be eligible for Medicaid in any other way, parent's income is waived.	300% SSI, waiver of parent's income	SSI	300% SSI, waiver of parent's income
Support Planning				
Name of Plan	Service Plan	Service Plan	Service Plan	Service Plan
Who leads the development of plans	Case Manager	Case Manager	CHRP Case Worker	SEP Case Manager

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Children's HCBS Waiver (CHCBS)	Children with Autism (CWA)	Children's Habilitation Residential Waiver (CHRP)	Children with Life Limiting Illness Waiver (CLLI)
Who is involved	•Case Manager •Family •Provider (if have IHSS)	•Case Manager •Family •Provider	•Client •Parent/Guardian/Family (if involved) •Caseworker •CHRP Caseworker •GAL •School •Other appropriate parties	•Case Manager •Family •Provider
Forms/checklists/automated tools	Service Plan, Cost Containment form. Each home health agency has its own care plan forms.	Adaptive Behavior Assessment (allowed to use any standardized norm referenced tool), is done by provider.	ICAP, "The Tool" IADL assessment in BUS	Service Plan
Person-centered components	Have a personal goals section	Have a personal goals section	Have a personal goals section	Have a personal goals section
Service Authorizations				
Cost control mechanisms	Home health agency does assessment and case manager reviews and approves. Includes a cost containment form.	Have a $25,000 limit per year. Limit of 12 units of assessments.	Limit of 700 units for behavioral assessment per year. 5 units on community connection per week.	Have limits on individual services.
Who makes determinations	Case Manager	Case Manager	Case Worker	Case Manager
Who reviews them	State approves initial enrollment and when the service plan changes by more than $50 per day.	State reviews initial enrollment	State CHRP Administrator	State reviews the initial application
Participant-Direction				
Included?	Yes for IHSS	No	No	No
If yes, structure	Have employer authority with one fixed rate. Typically hiring family members including parents or grandparents.			
Quality Indicators				

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Children's HCBS Waiver (CHCBS)	Children with Autism (CWA)	Children's Habilitation Residential Waiver (CHRP)	Children with Life Limiting Illness Waiver (CLLI)
Intake and Triage	Level II must be done within 8 business days of a Level I			
Support Planning	Complete plan within 30 days			

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Medicaid State Plan Long Term Home Health	PACE
Operating agency	HCPF	HCPF
Oversight	HCPF, CMS	HCPF, CMS
Status/impending changes	Implemented another iteration of pediatric assessment tool in January	Have 3 organizations and 8 sites. Have one additional Alternative Care site (rural PACE), adding a 4th PACE organization.
Entity(ies) responsible for intake	Home Health Agency For individuals receiving service under a Waiver, the SEP or CCB does the intake and refers to the home health agency for further assessment. If an adult not on a waiver, the SEP does the intake.	SEP
Entity(ies) responsible for assessment	Home Health Agency	SEP
Entity(ies) responsible for functional eligibility determinations	Pediatric and private duty nursing go to APS (EQRO) for medical review For others who are enrolled in a waiver, SEPs and the CCBs have made arrangements to conduct the medical review.	State Medicaid agency
Entity(ies) responsible for case management	No separate case management (may occur through a waiver)	PACE managed care organizations
Ages Served	All ages	55 and older
Target Population	Home Health Services provided in clients place of residence to prevent institutionalization, hospitalization. The services must be medically necessary, provided for treatment of illness, for disability, services must be reasonable in amount, duration and frequency.	Individuals 55 and older, meeting NF LOC, living in the area of a PACE organization, and able to live in community setting without jeopardizing health or safety.
Funding Source(s)	Medicaid	Medicare and Medicaid
Federal Funding Authority (e.g.., 1915(c), Title III)	State Plan	PACE authority

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Medicaid State Plan Long Term Home Health	PACE
Services Provided	Skilled Nursing Certified Nurse Aide Telehealth EPSDT Home Health Physical Therapy Occupational Therapy Speech/Language Pathology	Primary and specialty care Dentistry Podiatry Medication Rehab therapies Adult day care Transportation Home health Respite and caregiver education Inpatient/outpatient hospitalization Emergency services Mental health DME and supplies Nursing care Assisted living NF
Distribution of funds (e.g., FFS, capitated, grants)	FFS	Capitated
Relevant laws and regulations	10 CCR 2505.8.520	
State Contact Person	Mathew Colussi 303-866-5118	Matt Ullrich 303-866-6232 mathew.ullrich@state.co.us
Initial Intake & Triage		
Outreach	No paid entity	PACE providers do outreach - have to follow federal marketing guidelines
Centralized number/800 number	No	Each PACE site has its own number. Matt Ullrich also serves as statewide contact.
Intake tool/protocol	None	Referral Form (standardized for all waivers), PACE sites may have their own intake tool
Screening/Triage/Targeting to determine who will get assessed	None	Different timeframes - 2 days for hospital or NF, 10 days for everyone else
Cap on Enrollment	N/A	None
Waiting List (describe)	None	None
Number on Waiting/Interest List	N/A	N/A

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Medicaid State Plan Long Term Home Health	PACE
Prioritization Ranking of Waiting List (yes/no)	N/A	N/A
Eligibility		
Who does eligibility determinations	APS with HCPF having ability to override decisions. For adults w/out private duty nursing, the determination is made by case management entities (CCBs/SEPs) who determine eligibility with the assistance of another organization who does medical review. Requirement for nurse to do review if skilled needs, if no skilled need, can be done physical, occupational, or speech therapist.	SEP
Eligibility Determination Instrument(s)	For adults - Form - Home Health Agency 485 and have to have - Long Term Home Health Prior Authorization Request (PAR) with supporting medical documentation For pediatric - pediatric assessment tool (PAT) and PAR. If hours are reduced, they can supply additional documentation.	ULTC 100.2, each PACE site has tool for implementing the additional PACE qualifying criteria.
Automation	Careweb QI - APS system If on waiver, some information may go into BUS	BUS
Relevant Level(s) of Care	Must be medically necessary as determined by the pediatric assessment tool or 485 and supporting medical documentation	NF, and can continue eligibility if determined that without PACE would go into a NF within 6 months (determined by PACE doctor). Have contractual language for additional criteria.

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Medicaid State Plan Long Term Home Health	PACE
Specific functional Eligibility Criteria	Appears to be based on clinical judgment of the reviewer with some ability to have a back and forth with the home health agency and/or individual's physician. Criteria from Benefit Coverage Standard: Medicaid clients qualify for Home Health Services when they meet all of the following requirements: 1. The client requires Home Health Services for the treatment or amelioration of an illness, injury, or disability, which may include mental illness; 2. The client is unable to perform the health care tasks for him or herself, and he or she has no Family Member/Caregiver who is willing and able to perform the skilled tasks; 3. The client lives in an eligible place of service as defined in this benefit coverage standard; 4. For Long-Term Home Health Services, the client meets the Long-Term Care Certification requirements as defined in this benefit coverage standard, and/or the client requires continued Home Health Services for an acute care need after the first 60 calendar days of Home Health Services; 5. The client requires services provided at his or her Residence, because the client's care cannot appropriately or effectively be received in an outpatient treatment office or clinic: 5.1. It is not possible to go to an outpatient setting, as a result of the client's illness, injury or disability; 5.2. It would create a medical hardship for the client; 5.3. It is contra-indicated by the client's documented medical condition; 5.4. It would interfere with the effectiveness of the service; or 5.5. It is not an effective setting in which to accomplish the care related to the client's medical condition; 6. The services are outside of the usual tasks that would customarily be provided by a client's legally responsible Family Member/Caregiver. 7. Group Residential Services & Supports (GRSS) group home residents may receive Medicaid Acute Home Health Services. LTHH services may be provided in GRSS settings when the GRSS provider agency reimburses the Long-Term Home Health Agency directly for the LTHH services. 8. Acute Home Health may be provided to clients who receive Health Maintenance tasks through In-Home Supports and Services (IHSS) and Consumer Directed Attendant Supports and Services (CDASS).	Specific PACE criteria
Financial Eligibility Criteria	Regular Medicaid	300% of SSI

APPENDIX 1: PROGRAM OPERATIONS SUMMARY

Characteristics	Medicaid State Plan Long Term Home Health	PACE
Support Planning		
Name of Plan	Plan of Care	Service Plan or Plan of Care
Who leads the development of plans	Home Health Agency with Physician Certification	Primary care physician with support from interdisciplinary team
Who is involved	•Client/Family •Provider •Physician	social worker, PCP, physical therapist, recreational therapist, transportation, dietician, occupational therapist, day center manager, RN, home care coordinator. Client, family, informal caregivers
Forms/checklists/automated tools	Plan of Care form that is loaded into CareWeb QI (APS tool)	Each PACE organization has its own tools. Interdisciplinary team administers.
Person-centered components	None	Client Bill of Rights, Care Plans coordinate their wishes
Service Authorizations		
Cost control mechanisms	Private duty nursing for adults limited to 16 hours per day. Pediatric is not limited. Cost containment process - if reach $250 per day, must go to State for review. PAT tool gives a score that translates to a specific number of hours. The reviewer may alter this based upon information from the supplemental documentation.	capitation - each PACE site manages costs.
Who makes determinations	Same process used to determine eligibility	PACE organizations
Who reviews them	State is reviewing plans that over $250 per day or cost containment trigger for waiver.	PACE organizations
Participant-Direction		
Included?	No	No
If yes, structure		
Quality Indicators		
Intake and Triage		N/A
Support Planning		Prior to 3 years ago, PACE sites were submitting different measures. Now have standard measures on 20 different indicators.

APPENDIX 2: CROSSWALK OF ENTRY POINTS FOR LTSS

Appendix 2: Crosswalk of Entry Points for LTSS

This chart was last updated on May 2, 2014 and does not reflect changes that have occurred since then.

	Single Entry Point (SEP) Agencies	Community Centered Boards	ADRC	AAA
Summary of Services	Intake screening, local ltc information broker, utilization review (operationalized currently as eligibility determination), QA (limited to customer satisfaction surveying), assessments and eligibility determinations, service planning and brokering, monitoring of critical incidents and ongoing case managements	Intake screening, assessments and eligibility determinations, service planning and brokering, monitoring of critical incidents and ongoing case managements, quality assurance, human rights committee, utilization review	Facilitate streamlined access to LTSS and Options Counseling	OAA services (older adults and caregivers). Receive state dollars for similar services (State funding for Senior Services)
Target population	Adults w/ disabilities, older adults, BI, spinal cord, mental health issues, children (CHCBS)	IDD	All populations needing LTSS	60+ and caregivers
Type of entity	3 non-profits, 20 county organizations (social services, human services, council of government, public health, some are also AAA)	Non-profits, can also be a provider agency (most of them do this)	Non-profits, counties, Council of Governments. 15 are AAAs. For 3 ADRC and SEP are same staff, another 8 ADRC s are located in the same organization as the SEP.	Non-profit, Council of Governments and County government, typically serve more than 1 county (some social services, some with council of governments)
State/Local	Local - all have exclusive areas	Local - all have exclusive areas - will serve people outside of service area.	Local - all have exclusive areas that align closely with AAA boundaries	Local - all have exclusive areas
Status	Fully implemented	Fully implemented	2 counties are not covered - need to determine which region(s) will cover.	Fully implemented
Number	23	20	16	16
MIS Systems	BUS, some have independent data systems.	CCB specific systems (Dynamo, BUS, Case Tracker, Therap)	Don't have a single system, some using Harmony, some using Network of Care,	Harmony for Aging/SAMS

APPENDIX 2: CROSSWALK OF ENTRY POINTS FOR LTSS

	Single Entry Point (SEP) Agencies	Community Centered Boards	ADRC	AAA
			some using Excel spreadsheets	
Programs for which is the Single Entry Point	HCBS waivers including BI, CMH, PLWA, EBD, SCI, CLLI, Children w/ HCBS and home care allowance, long term home health and PACE.	Anyone who is interested in IDD or delay services. Included SLS, DD, CES, CWA, Children w/ HCBS waivers and state funded SLS and family support & ICF-IID. Manage long term home health if on DD waiver.	None outside of role as SEP or AAA.	OAA services (older adults and caregivers). Receive state dollars for similar services (State funding for Senior Services)
Individuals assigned an "eligibility coordinator" or other coordination process	Varies. Some have specialty units (intake and screening, assessment, case management general, case management by waiver, utilization review - clinical), some do not.	Have assigned staff that conduct intake and assessment. Some CCBs have separate staff that perform assessments.	Each has a resource coordinator who provides options counseling and information.	Not assigned as a rule. Callers are directed to whichever service is deemed appropriate.
Medicaid Administrative FFP	All SEP payments through contract, excluding HCA, are considered sub recipient/administrative and subject to scrutiny. Exception - Children's HCBS payments for case management are claims-based (targeted).	None, some of it considered administrative costs under TCM. May be additional Medicaid claiming. QA and UR activities are considered sub recipient/administrative).	No	No
Centralized number/800 number	Varies. Some agencies utilize 800 numbers through their affiliations with larger County or Government Council organizations. There is no centralized 800 number that represents all 23 SEPs.	Each CCB has their own numbers	Not statewide. Each has their own.	State has number for Division, which can connect. ElderCare locator.
I & R Database	Varies. CO Access for example, utilizes a secondary system provided through Cognify.	Left to each CCB	Each has their own database.	Each has their own database.
Intake tool/protocol	BUS, some have independent data systems.	Intake referral form on the BUS	Have intake tool that is in the policy and procedure manual	Consumer Information Assessment