

Date Received	Individual/entity included in the development of the State Plan Amendment	Section of SPA, Subsection of SPA: Page number(s), line number(s)	Summarize Stakeholder Comments or Attach	Department Response	Location of Edits in the SPA
11.27.2023	Julie Reskin, CCDC	Personal Care: P. 15	"We need something here to address help with problem solving, executive function, etc.. Accompanying can be that in the community but some people may need this in their home."	Thank you for this feedback. Within our Personal Care and Homemaker benefits we have included Acquisition, Maintenance, and Enhancement of skills (AME) which will be able to be authorized to meet these types of needs.	N/a
11.27.2023	Julie Reskin, CCDC	Voluntary Training: p. 23	"does this mean we will no longer have the mandatory training to start CDASS?"	CFC federal regulation requires that the Department have voluntary training available to all CFC members. The Department will be working on an orientation to CDASS that will ensure members utilizing this service delivery option understand the program and their responsibilities prior to the start of services.	N/a
11.27.2023	Julie Reskin, CCDC	Transition Setup: p. 24	Does this exclude rental security deposits?	No. Transition Setup covers one-time rental security deposits. The service does not cover payment for ongoing rent.	N/a
11.27.2023	Julie Reskin, CCDC	Settings: p. 30, line 940	it would be ideal to allow people in facilities to begin hiring and training workers so they are ready when discharge happens instead of trying to make it all work after discharge.	Thank you for this suggestion. HCPF is currently working through options for this proposal.	N/a
11.27.2023	Julie Reskin, CCDC	Support System, Critical Incidents: p.33, lines 1042-1043	having oversight by three agencies is like having no oversight, right now there does not appear to be any oversight about critical incidents or any consequences then they continue to happen with the same providers.	Colorado's incident reporting process should be viewed as a hierarchy that HCPF uses to meet federal and state incident reporting criteria. Each entity (providers, CMAs, and HCPF) has separate responsibilities related to documenting, reviewing and follow-up related to an incident report. Incident reports (IRs) and/or Critical Incident Reports (CIRs) may be related to Mistreatment, Abuse, Neglect, and Exploitation (MANE) as that is one of the required incident report types. Each reporting entity (providers, CMAs, and HCPF) have specific responsibilities and processes for following up to IRs and CIRs. Other regulatory agencies are involved according to regulations and laws not within the purview of HCPF such as CDPHE, law enforcement, and APS/CPS. If there are concerns with providers and repeat incidents, CDPHE investigates and follows up accordingly.	N/a
11.27.2023	Julie Reskin, CCDC	Support System, Critical Incidents: p. 33	the law says re IDD they have to report to law enforcement in 24 hours, for others they are urged but not mandated to report to the county	HCPF regulations are written to coincide with current laws related to Mandatory Reporting.	N/a
11.27.2023	Julie Reskin, CCDC	Support System, Critical Incidents: p. 33, line 1059	"Is this still true?" Referring to: Disability Law Colorado administers the Office of the State Long Term Care Ombudsmen under contract with DHS.	This language is outdated. We have updated this language in the SPA.	Pg. 33
11.27.2023	Julie Reskin, CCDC	Support System, Rights Modifications: P. 34, lines 1095-1103	The current process is bureaucratic and a time suck for case managers	CMS requires that case managers be involved in the rights modification process. The current process is designed to support compliance with that requirement and to support required reporting to CMS. We would be grateful for any suggestions on ways to improve the process.	N/a
11.27.2023	Julie Reskin, CCDC	Support System, Rights Modifications: P. 35, lines 1131-1134	this was in development for years--is there a reason this "screen" is not developed yet (along with many other essential components like how to communicate with the client)?	The Rights Modification section is built into the new Person-Centered Support Plan (PCSP) which will be rolled out with Phase 2 in the CCM system. This process will be the same for members using either CFC or the 1915(c) waiver. Other essential components are also included in CCM screens (communication preferences are in the demographics tab).	N/a

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11.27.2023	Julie Reskin, CCDC	Support System, Backup Plans: P. 35, line 1150	There are more choices than this, the choice could be to live another place in the community if the current situation is unsafe or undesirable	Correct. The SPA has been updated to incorporate all member choices.	Pg. 36
11.27.2023	Julie Reskin, CCDC	Support System, Backup Plans: P. 35, lines 1153-1156	Do they discuss the risks associated with nursing facilities such as earlier death, lack of adequate care, infection, lack of exercise or healthy food, and if so what are the ways to mitigate the risks	Thank you for this insight. This guidance can be added to the CMA training.	N/a
11.27.2023	Julie Reskin, CCDC	p. 41, 1356 & 1357	this is an impossible task and a no win for case managers	We agree this is unrealistic and have updated the language in the SPA.	Pg. 42
11.27.2023	Julie Reskin, CCDC	Person-Centered Service Plan Development Process: p. 44, lines 1425-1426	this is great, assuming this means there will be options outside of business hours! YAY	Thank you for the feedback and yes, there will be options to have meetings outside of business hours, or other times that are most convenient for the member.	N/a
11.27.2023	Julie Reskin, CCDC	Person-Centered Service Plan Development Process: p. 45	It might make sense to add that members are not required to have others present	Thank you for the feedback. We have updated the SPA with that addition.	Pg. 46
11.27.2023	Julie Reskin, CCDC	Person-Centered Service Plan Development Process: p. 45, lines 1472-1475	this is too long for this kind of discharge. If this has to go through Telligen or any third party UM you are now looking at a month. Generally people need a lot of support right after a discharge. This is what gets people back in teh ER and back to institutions, exactly what DOJ was complaining about. There needs to be a 24 way to increase on a temporary basis to support these discharges. What happens now is that aftet the huge headache people go through to increase is that it stays permanent. It would be better to have a low barrier but very temporary increase that lasts for 30 days only, if the need is permanent then do the big assessment --start 2 weeks after discharge.	This LOC Screen timeframe is referring to people who are <b>NOT</b> being discharged from a Hospital or NF. The LOC Screen does not go through a third party UM. We agree that discharges from hospitals/NFs require faster response.	N/a
11.27.2023	Julie Reskin, CCDC	Person-Centered Service Plan Development Process: p. 45, lines 1482-1485	this does not say how they will meet this requirement and does not even explain how they will get translators or interpreters or honor other culturally based needs.	We have updated this section of the SPA with more detail around how HCPF will meet this requirement.	Pg. 46
11.27.2023	Julie Reskin, CCDC	p. 47, 1513	also should be prominently on the website of all CMAs	Thank you for your feedback. This recommendation has been passed along to the CM team.	N/a
11.27.2023	Julie Reskin, CCDC	p. 47, 1521-1522	add paid for by the CMA	Thank you for your feedback. However, with this comment we are uncertain of your suggestion in adding this language.	N/a

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11.27.2023	Julie Reskin, CCDC	p. 48, 1554-1556	if 12 months is an option why did we not choose that? CMAs are already overburdened and cannot get their work done on time, lets' reduce all needless tasks. Clients can always ask for a review if needed.	Thank you for your feedback. The 6 month box was checked incorrectly. We have updated the SPA with the 12 month box checked as that aligns with our current requirements for Waiver members.	N/a
11.27.2023	Julie Reskin, CCDC	Quality Assurance System: p. 50	what is below is all well and good and sadly includes everything EXCEPT working with and listening to the disability advocacy community who is likely to be closest to the problems.	This section identifies the quality assurance and reporting to the federal government on performance of Case Management Agencies based on performance metrics which are measured through stastically valid sampling.	N/a
11.27.2023	Julie Reskin, CCDC	Quality Assurance System: p. 52, lines 1698-1707	this is good	Thank you for your feedback.	N/a
11.27.2023	Julie Reskin, CCDC	p. 52, 1719	requires context, you do not need to send the cops to investigate EVERY injury or illness of an HCBS client	<p>Critical Incident Report criteria, as listed to be "reported" does not define Mandated Reporting requirements. The definition of Critical Incident Reporting criteria is the Department's clear definition of when an incident meets the criteria in which it must be reported to the Department. Mandated Reporting requirements are not within the purview of the Department's regulations. Mandated reporting is what is reported to Law Enforcement and has separate requirements that are outside of the scope of the CFC SPA.</p> <p>Colorado's incident reporting process should be viewed as a hierarchy that HCPF uses to meet federal and state incident reporting criteria. Each entity (providers, CMAs, and HCPF) has separate responsibilities related to documenting, reviewing, and follow-up related to an incident report. Incident Reports (IRs) and/or Critical Incident Reports (CIRs) may be related to Mistreatment, Abuse, Neglect, and Exploitation (MANE) as that is one of the required report types. Each reporting entity has specific responsibilities and processes for following up to IRs and CIRs. Other regulatory agencies are involved according to regulations and laws not within the purview of HCPF, such as CDPHE, law enforcement, and APS/CPS.</p>	N/a
11.27.2023	Julie Reskin, CCDC	p. 53	again for IDD the law says law enforcement must be notified not county departments	<p>Not all Critical Incident Reports require a report to Law Enforcement/APS/CPS. Mandated Reporting is obligated by statute, including but not limited to, Section 19-13-304, C.R.S., (Colorado Children's Code), Section 18-6.5- 108, C.R.S., (Colorado Criminal Code - Duty To Report A Crime), and Section 26-3.1-102, C.R.S., (Human Services Code - Protective Services), to report suspected abuse, neglect, exploitation, or mistreatment.</p> <p>Certified Long-Term Care Ombudsman can also be contacted to help resolve a complaint in situations where an incident or Critical Incident has occurred for a member enrolled in HCBS waivers. This would be considered applicable to being included in referrals or other interventions as part of Incident Report (completed by the PASA) or Critical Incident Reporting (completed by the CMA).</p>	N/a

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11.27.2023	Julie Reskin, CCDC	p. 53 1741	This has not been true since July: "Disability Law Colorado Administers the Office of the State Long-Term Care Ombudsmen under contract with DHS"	Correct. The SPA has been updated with the correct language.	Pg. 54
11.27.2023	Julie Reskin, CCDC	p. 56 1870	In some areas there are no choices as there may only be one available provider. Hopefully we will allow CMAs to use a bit of discretion and not overwhelm people with huge lists (unless client wants all options) but will select a few at a time based on clients expressed needs and goals and CM knowledge of different agencies.	Thank you for your feedback. We cannot limit member choice by directing the Case Manager to only select a few providers. However, the Case Manager can assist in navigating members through the provider selection process.	N/a
11.27.2023	Julie Reskin, CCDC	p. 63, 2102-2107	this is important and the PCBA must be tested to make sure this happens and people are not experiencing decreases. There are vast differences in average cost based on counties and the goal needs to be to bring the lower levels up, not the other way around	Thank you for your feedback. HCPF agrees with the criticality of testing the PCBA. The Department will pilot the PCBA and ensure due diligence in the CMS maintenance of effort requirement.	N/a
11.1.2023	Megan Bowser	General	Candace Bailey mention services changing for kids	Thank you for your question. The Department is still exploring services for kids.	N/a
11.1.2023	Molly Wiley	General	Mentioned last month DD determination is not needed for CFC member. Do they need to meet the same LOC screening?	Yes, all CFC members will need to meet the institutional level of care requirement.	N/a
11.1.2023	Megan Bowser	P. 5	Do they need to have SS level determination to access CFC?	Members only have to meet the institutional level of care requirement to be functionally eligible for CFC. However, if members want HCBS Waiver services, an SS level determination is required.	N/a
11.1.2023	Michelle Morris	Lines 48-55	Members accessing CFC will still require a single assessment and person-centered support plan, will there be something in the SPA that talks about those timelines. Case managers will be short-staffed and overworked.	Thank you for your question. The SPA does not require that level of detail, however, the case management process will parallel what exists in waivers. The LOC and PCSP regulations will apply to all members enrolled in CFC. Timeline requirements will be outlined in CMA contracts.	N/a
11.1.2023	Michelle Morris	General	If a member is accessing CFC services, but not waiver, will the case managers count against the 1 to 65 ratio?	Thank you for your feedback. At this time, yes, our 1 to 65 ratio applies to all programs.	N/a
11.1.2023	K Waldrop	General	Specific to CFC who (which agency or case manager) will be completing or processing the Colorado Single Assessment tool?	Case Managers will continue to complete the Colorado Single Assessment for members who access both CFC and waiver services.	N/a
11.1.2023	Molly Wiley	General	Does this mean all CFC services available for children?	Thank you for your question. The Department is still finalizing the services that children can access.	N/a
11.1.2023	Michelle Morris	General	Pediatrics- if a pediatric client has access to pediatric personal care benefit however no providers available. Seek other resources?	Thank you for your question. The Department is still finalizing the services that children can access.	N/a

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11.1.2023	Megan Bowser	General	How will CFC fit with those on the DD waiver as far as duplication of services goes?	Members on the DD waiver all have a residential provider agency that provides 24/7 supports or access to 24/7 supports. There cannot be any duplication of services between waivers and CFC. Residential services include the provision of ADL/IADL care and therefore CFC Personal Care, Homemaker, IHSS, and CDASS would be duplicative of residential services and may not be accessed.	N/a
11.1.2023	Megan Bowser	p. 16	Right now have we a differentiation between homemaker and homemaker enhanced, and that's further broken out into educating someone on those tasks, is that still going to be broken out?	Only the extraordinary cleaning will remain in Homemaker Enhanced. Homemaker Enhanced will remain a waiver service for CES and SLS members. The habilitative portion of that service will move to Homemaker on CFC, so it does not create a duplication of service with Acquisition, Maintenance, and Enhancement of Skills (AME) in Homemaker on CFC.	N/a
11.1.2023	Megan Bowser	General	Rate difference for habilitative tasks versus basic homemaker?	HCPF understands there is a difference in these tasks and the need for a rate differential. We are in the process of developing rates and will share that information as it becomes available.	N/a
11.1.2023	Molly Wiley	P. 18	Under CDASS the AR is required to go through training, is this voluntary now?	CFC federal regulation requires that the Department have voluntary training available to all CFC members. The Department will be working on an orientation to CDASS that will ensure members and ARs utilizing this service delivery option, understand the program and their responsibilities prior to service start.	N/a
11.1.2023	Michelle Morris	P. 32	Going through these pieces (assessments, incidents, rights modification), taking on from a CM standpoint when they are engaging a member with CFC, it will mirror engagement with waiver requirements. Billing a reimbursement, will targeted case management rate still apply?	Yes, you are correct that whenever possible, processes for CFC members will mirror existing processes for waiver members. Department is still in the process of developing rates and will share that information as it becomes available. TCM rates will continue to be subject to HCPF's existing rate review process.	N/a
11.1.2023	Megan Bowser	P. 9	Additional Comment- CDASS with kids will be a big change and need a lot of training and education	Thank you for your feedback. HCPF agrees about the need for training and education for this population. We are currently working on developing training materials for CFC.	N/a
11.1.2023	Megan Browser	General	Additional Comment- Protective oversight for pediatrics, CFC perfect place to expand for kiddos.	Thank you for your feedback. We will look into this.	N/a
12.6.2023	Jose Torres	P. 37	Could we add something about case management choice that they were able to add during CMRD. That clients are not tied to their zip code for CMA's. If they can work remotely, they can choose one that's far away from them	The CFC SPA does not require that level of detail for CMA choice. CFC will adhere to the rules set by CMRD and CMA contracts.	N/a
12.6.2023	Michelle Morris	P. 37	Concerned that new people trying to access CFC, language for a timeline. Members across the state trying to access services taking too long for responses. Process is being drug out.	Thank you for the feedback. We have passed this information on to the Case Management Team and will work diligently to ensure that members have access to services in a timely manner.	N/a

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12.6.2023	Jose Torres	P. 37	Is the state plan CFC level exempt from the CMS order that in order to do the annual recertification, you need at least 2 visits per year from the CMA? We need to make sure that we are quoting and citing the correct rules in the SPA.	Thank you for the feedback. CMS does not allow rule citations in the SPA. The requirement for a Continued Stay Review annually is necessary as it is how continued functional eligibility is determined. During the streamline implementation of Single Entry Point agencies and Community Centered Boards to one Case Management Agency (CMA) that is responsible for all HCBS case management, there will be a slight discrepancy in the SPA/Regulations to the contractual obligations for CMAs. For example, there is a current requirement for members in the CMHS waiver to have their services reviewed at six months. As we complete CMA transitions, CMAs will be responsible for Monitoring which will be completed four times a year throughout the certification period. The four monitoring contacts are in addition to the annual LOC assessment and service planning meeting. The monitoring contacts are a requirement for waiver programs from CMS and three of these contacts can be virtual. Monitoring is a targeted case management activity that includes the requirement of reviewing the satisfaction and efficacy of the services that were determined a need through the person centered service planning process. Once CMRD has been completed all monitoring requirements will be aligned.	N/a
12.6.2023	Michelle Morris	P. 37	There needs to be a timeline for case management agencies to respond. What options do the members have? People frustrated with trying to get an assessment and not sure what to do	Thank you for your feedback. The SPA does not require that level of detail, however, the case management process will parallel what exists in waivers. The LOC and PCSP regulations will apply to all members enrolled in CFC. Timeline requirements will be outlined in CMA contracts.	N/a
12.6.2023	Jose Torres	P. 47	Are we including grievance and resolution when the problem is with the CMA? I believe CMS changed the person centered planning process to quarterly rather than every 6 months. I could be wrong on this, but can the Department double check?	The requirement for a Continued Stay Review annually is necessary as it is how continued functional eligibility is determined. During the streamline implementation of Single Entry Point agencies and Community Centered Boards to one Case Management Agency (CMA) that is responsible for all HCBS case management, there will be a slight discrepancy in the SPA/Regulations to the contractual obligations for CMAs. For example, there is a current requirement for members in the CMHS waiver to have their services reviewed at six months. As we complete CMA transitions, CMAs will be responsible for Monitoring which will be completed four times a year throughout the certification period. The four monitoring contacts are in addition to the annual LOC assessment and service planning meeting. The monitoring contacts are a requirement for waiver programs from CMS and three of these contacts can be virtual. Monitoring is a targeted case management activity that includes the requirement of reviewing the satisfaction and efficacy of the services that were determined a need through the person centered service planning process. During subsequent Level of Care functional assessments, Needs Assessment, and Person-Centered Support Planning at CSR, the case manager evaluates any changes to the member's needs to identify if changes are necessary for the upcoming certification period in the Person-Centered Support Plan. Once CMRD has been completed all monitoring requirements will be aligned.	N/a
12.6.2023	Michelle Morris		Does CFC fall under OCL or does it stand alone?	The implementation and management of the CFC program is under OCL.	