

Stakeholder Engagement on Day Habilitation - Follow Up Meeting

1:1, Tier 3 & RHSS/SCC

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Department of Health Care
Policy & Financing

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Purpose of Meeting

- To engage stakeholders on 1:1, Tier 3 Day Habilitation
- To propose language implementing 1:1 Supported Community Connections (SCC) services long-term
- To engage stakeholders on Residential Habilitation Services and Supports (RHSS) & SCC community integration requirements
- To propose service definition changes to the community integration requirements under both RHSS & SCC services
- To receive feedback on proposed changes

Agenda

1. Review Sept. 1 meeting discussing 1:1, Tier 3 services
 2. Propose regulation changes to implement 1:1, Tier 3 SCC services long-term
 3. Receive feedback from stakeholders
 4. Determine next steps
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1. Review Sept. 29 meeting discussing RHSS & SCC community integration requirements
2. Clear up confusion from last meeting
3. Propose 2nd iteration of proposed definition changes
4. Review feedback from stakeholders
5. Determine next steps



1:1, Tier 3 Day Habilitation Services



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September 1st Meeting

- Outlined 1:1, Tier 3 Day Hab. services & how these services only exist within [Operational Memo 21-025](#) & are set to expire at the end of the Public Health Emergency (PHE)
- Proposed long-term implementation of 1:1, Tier 3 SCC services only
- Discussed why 1:1 Specialized Habilitation services cannot be implemented long-term at this time
- Received feedback from stakeholders

Survey Results

22 respondents

- Only 1 person stated that 1:1 SCC should not be implemented without also implementing 1:1 Specialized Habilitation
- All other respondents stated that at least 1:1 SCC should be implemented now, so that those services do not terminate at the end of the PHE

1:1, Tier 3 SCC

Within SCC regulations ([8.500.5.B.2.d.](#) & [8.500.94.B.3.d.](#)) add the following proposed language (in red):

iv) May be provided in a group setting or may be provided to a single Client in a learning environment to provide instruction when identified in the service plan.

a) When SCC services are provided to a single Client, these services are considered 1:1, Tier 3 services and the provider may bill at the Tier 3 SCC rate

b) Clients who opt to receive 1:1, Tier 3 SCC services must stay within their individualized annual dollar limit for the combination of group and 1:1 Day Habilitation services

c) Clients who have an exceptional need to exceed one's individualized annual dollar limit can request additional funding through the Department's exception process

Similar language would be added to the DD & SLS waivers as well



Stakeholder Feedback

- What questions or concerns do stakeholders have about the proposed language implementing 1:1, Tier 3 SCC?
- What feedback do stakeholders have about the proposed language?
- Additional feedback can be submitted via email at HCPF_HCBS_Questions@state.co.us



Next Steps

Proceed with implementing 1:1, Tier 3 SCC into regulations and the DD & SLS waivers

- Regulation changes must go out for public comment & be approved by the Medical Services Board (MSB)
- DD & SLS waivers will need to be updated through the Centers for Medicare & Medicaid Services (CMS)
- To be completed prior to the end of the PHE

1:1 Spec Habilitation services will only continue through the end of the PHE

- The termination of these services will be announced via an operational memo
- Members will then need to resume traditional, group Spec Hab. services only

The Department will seek to update & increase individual dollar limits when possible

Final Comments on Topic

Before switching topics to RHSS & SCC community integration requirements are there any final questions or comments about 1:1, Tier 3 Day Habilitation services?

Additional feedback can be emailed to:

HCPF_HCBS_Questions@state.co.us



RHSS & SCC Community Integration Requirements



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September 29th Meeting

- Dept stated that it plans to continue to allow RHSS providers to also provide SCC services to the same member beyond the PHE
- In order to do so, definitions need to be updated to better differentiate the community integration requirements of the 2 services to ensure there is no duplication of services
- Outlined community integration expectations & proposed an initial round of language changes
- Received feedback from stakeholders on proposed changes

Clear Up Confusion

Why are RHSS/SCC service definition changes necessary?

- Under current rules, & with the addition of the Settings Final Rule, it is required for all HCBS settings (RHSS, SCC & Specialized Habilitation) to support members in meaningful & engaging community activities
- Without a clear understanding of what is required to meet the community integration requirements of each service, there is no way to ensure that a duplication of services is not occurring when the same person is providing both residential and day program services
- In order to allow an RHSS provider to also provide SCC services to the same member, long-term, beyond the PHE, service definition updates are necessary to ensure that there are clear expectations & no duplication of services are occurring
- Updating service definitions is in no way trying to limit the activities that a member can access; instead it is trying to better distinguish the types of community activities that may fall under each service while still remaining flexible to account for each member's preference & abilities



Clear Up Confusion

RHSS activities examples:

- **Examples provided at last meeting:** a hair appt, grocery shopping, going to Home Depot, walking around the neighborhood, getting together with friends and family, going out to eat, going to the movies, going to church, etc.
- Under the Settings Final Rule, *all HCBS providers* are required to provide **engaging & inclusive community integration activities**. Under RHSS, these can be purely recreational.
- **Updated examples:** festivals, local school sporting or music events, time at a local sports bar to watch their favorite team with others, participating in unified sports, joining a hiking or walking club, hosting or joining a bunco group, etc.

Documentation Requirements

Documentation requirements:

- For surveying, billing, & auditing purposes, both RHSS & SCC providers are required to document community activities that are offered & provided to members
 - RHSS is a 24-hour, per diem service
 - Without proper documentation, the provider does not have evidence of separate SCC services being provided to a member who is also receiving RHSS services
- Documentation expectations are different for community integration provided under RHSS & SCC services
 - Will go over in more detail on upcoming slides

Proposed RHSS & SCC Service Definitions



NEW Proposed RHSS Changes

vii) Community access services that explore ~~organic, spontaneous, and necessary~~ community services ~~and social exposure~~ available to all people, natural supports available to the Client and develop methods to access additional services, supports, or activities needed by the Client, support full access of the Client to the greater community and engagement in community life, beyond necessary functions of life, including with individuals who are not paid staff/contractors and do not have disabilities, to the same degree of access as individuals not receiving HCBS.

Add language:

a) All RHSS providers are required to document community integrated activities offered and participated in by the Client.

b) RHSS provider can be the direct care provider of both RHSS and SCC services, however the provider needs to demonstrate the ability to meet all the needs of the member, including having a backup provider, etc. Community integration documentation must include how the provider indicated whether the activity falls under RHSS or SCC.

red font = language proposed on 9/29

blue font = language proposed today (10/27)



NEW Proposed SCC Changes

d. SCC Services are provided to support the **individual's** abilities & skills **acquisition** necessary to enable the Client to access typical activities & functions of community life **of interest to the Client** and enable the Client to acquire, maintain, and improve **opportunities for independence, community membership, and integration**, such as those chosen by the general population, including community education or training, retirement & volunteer activities. SCC services:

- i. Provide a ~~wide~~ variety of **intentional** opportunities **outside of an individual's home, to foster independence, autonomy, or career exploration** & to facilitate & build relationships & natural supports in the community while utilizing the community as a learning environment to provide services & supports as identified in a Client's service plan,
- ii. Are conducted in a variety of **community** settings in which the Client interacts with persons without disabilities other than those individuals who are providing services to the Client. These types of services **are goal-oriented and** may include socialization, adaptive skills & personnel to accompany & support **each Client's full engagement in community life, based on his or her individualized needs & preferences as reflected in the person-centered service plan** ~~the Client in community settings,~~

Add language: **Provider must maintain documentation that includes the date & start/end times of activities completed, what activities were completed, & what Service Plan goals of the Client are being achieved through the activity/ies.**

red font = language proposed on 9/29

blue font = language proposed today (10/27)



Feedback on Proposed Changes

- What questions or concerns do stakeholders have about these proposed changes?
- Do the proposed changes more clearly outline and better differentiate the expectations for community integration provided under both services?
- Do further changes need to be made to make the expectations more clear?
- What concerns do you see for direct care providers providing both services?
- Do you foresee any unintended consequences to these proposed changes?



Feedback on Proposed Changes

Please provide feedback using the following link:

www.surveymonkey.com/r/9PV6NYN



Next Steps

- Submit additional questions & feedback to HCPF_HCBS_Questions@state.co.us

This process is far from over, however with the end of the PHE, time is of the essence:

- Regulation changes must go out for public comment & be approved by the Medical Services Board (MSB)
- DD & SLS waivers will need to be updated through the Centers for Medicare & Medicaid Services (CMS)

Renaming “Day Habilitation”

40 respondents

- Only 6 respondents said the title should stay as is - Day Habilitation Services & Supports

Top proposed new service titles:

- Community Services & Supports
- Community Inclusion Services & Supports
- Community Access Services & Supports
- Community Engagement Services & Supports

Renaming “Day Habilitation”

Currently structure:

Day Habilitation Services & Supports

1. Specialized Habilitation
2. Supported Community Connections
3. Prevocational Services

Proposed name change:

Community Access/Inclusion Services & Supports

1. Specialized Habilitation - can explore renaming
2. Supported Community Connections
3. Prevocational Services



Closing Thoughts

- Any final questions or comments regarding what was presented today?
- At this time, there is not another Day Habilitation stakeholder meeting scheduled however in the meantime, feedback can still be provided via email at HCPF_HCBS_Questions@state.co.us
- Finally, all waiver & regulations changes will go out for public comment, which allows stakeholder with other opportunities to review changes & provide additional feedback



Questions?



Contact Info

HCPF_HCBS_Questions@state.co.us



Thank you!



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