



COLORADO
Department of Health Care
Policy & Financing

HCBS Settings Final Rule Provider Transition Plan (PTP) User Manual

Developed to Assist Providers in Completing
PTPs on the Google Cloud Platform

June 2020

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The HCBS Settings Final Rule and Colorado's Path toward Compliance

Background

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) to ensure that all settings where people live or receive home- and community-based services (HCBS) meet certain criteria. The criteria ensure that these settings are integrated in the community, homelike (for residential settings), and non-institutional. Colorado is currently transitioning toward compliance with the rule. The [Statewide Transition Plan](#), [milestone schedule](#), and other materials describing Colorado's path toward compliance are available on the Colorado Department of Health Care Policy & Financing's (HCPF's or "the Department's") [HCBS Settings Final Rule website](#).

All providers must ensure that their HCBS settings comply with the rule. HCPF and the Colorado Department of Public Health & Environment (CDPHE) have been working with and will continue to support providers in their efforts to come into compliance. Providers that do not timely demonstrate compliance will not be able to continue receiving reimbursement for HCBS.

Key upcoming deadlines for Nonresidential and Children's Residential HCBS providers are as follows:

- Providers complete and submit their initial Provider Transition Plans (PTPs) within **30 days** of their Welcome email—by **late July 2020**.
 - Providers begin implementing remedial action plans upon submitting their PTPs.
 - CDPHE reviews PTPs and attached materials and provides feedback to providers. CDPHE may also conduct site visits or remote (audio/video) visits.
- Providers update their PTPs within **90 days** of initial submission, during **Fall 2020**, attaching updated evidence showing that they have made all required changes. CDPHE reviews updates to verify that all required changes have been made. The process of CDPHE review and further provider updates may be iterative.
- The Department publishes compliance determinations (including identification of settings that will be submitted to CMS for heightened scrutiny) in **late October 2020**.
- In **late December 2020**, the Department identifies settings that have not resolved all compliance issues and attained verified compliance with the HCBS Settings Final Rule.
- In **early 2021**, the Department will provisionally notify individuals at noncompliant settings that they may need to begin the process of transitioning to another setting or funding source. The Department will also consider informal provider requests for reconsideration.
- From **March 2021** through **March 2022**, affected individuals will work their case managers to develop Individual Transition Plans (ITPs) and move to new settings/funding sources, resulting in full statewide compliance by **March 2022**.

Guidance, Trainings, and Technical Assistance

The Department has taken a number of steps to help Nonresidential and Children's Residential providers transition toward compliance, including:

- Issuing responses to Frequently Asked Questions (FAQs) [Part I](#), [Part II](#), and [Part IV](#), as well as various Informational and Operational Memos. These materials are available on the [HCBS Settings Final Rule website](#) under "Additional Departmental Guidance."
- Presenting trainings on the rule and the rights modification process, available on the [website](#) under "Training Materials Presented by the Department."
- Creating an Individual/Family/Advocate (IFA) Survey to gather input from waiver participants regarding their concerns. The survey is available in [English](#), [Spanish](#), and

[Russian](#), in both hard copy and online formats. Results from the first two years of the survey are available on the [website](#).

- Working with CDPHE to conduct site visits and desk reviews and to provide technical assistance.

Please review these materials if you have not already.

Verified Site-Specific Assessments and Remediation

In order to demonstrate to CMS that Colorado has attained statewide compliance with the HCBS Settings Final Rule, the Department needs providers to complete a PTP for each setting where individuals receive HCBS. This includes:

- Children's Residential Habilitation Program (CHRP) settings, including:
 - Child Placement Agency (CPA)—Certified Foster Care Homes;
 - Child Placement Agency (CPA)—Group Homes;
 - Kinship Homes;
 - Residential Child Care Facilities (RCCFs); and
 - Medicaid Enrolled Providers; as well as
- Nonresidential settings, including:
 - Adult day service programs (basic, specialized, and Brain Injury Waiver);
 - Day habilitation programs (Specialized Habilitation, Supported Community Connections (SCC), and prevocational services);
 - Day treatment facilities under the Brain Injury Waiver; and
 - Group supported employment programs.

The PTP is a form that helps providers self-assess their policies, procedures, and practices in light of the federal rule, identify any compliance issues, and determine any changes necessary to bring each setting into compliance. CDPHE conducts a desk review of each provider's PTPs and supporting documents, along with conducting site visits or remote (audio/video) visits in some cases, to ensure that the provider has accurately identified all compliance issues, to verify that it has appropriately identified and implemented remedial action plans, and to provide technical assistance as needed. Through this process, the Department will be able to verify all settings' compliance status and report on its findings to CMS.

A PTP must be completed for each setting listed in the bullet-points above. If a provider offers services at multiple settings, it will need to complete multiple PTPs.

If a provider offers multiple services at a single setting, it may need to complete separate PTPs for these services, as follows:

- All of the adult day service programs (basic, specialized, and Brain Injury Waiver) at a setting can be combined with each other, but not other services, in a single PTP.
- All of the day habilitation programs (Specialized Habilitation, SCC, and prevocational services) can be combined with each other, but not other services, in a single PTP.
- Day treatment facilities under the Brain Injury Waiver need their own PTP.
- Each group participating in supported employment needs its own PTP.

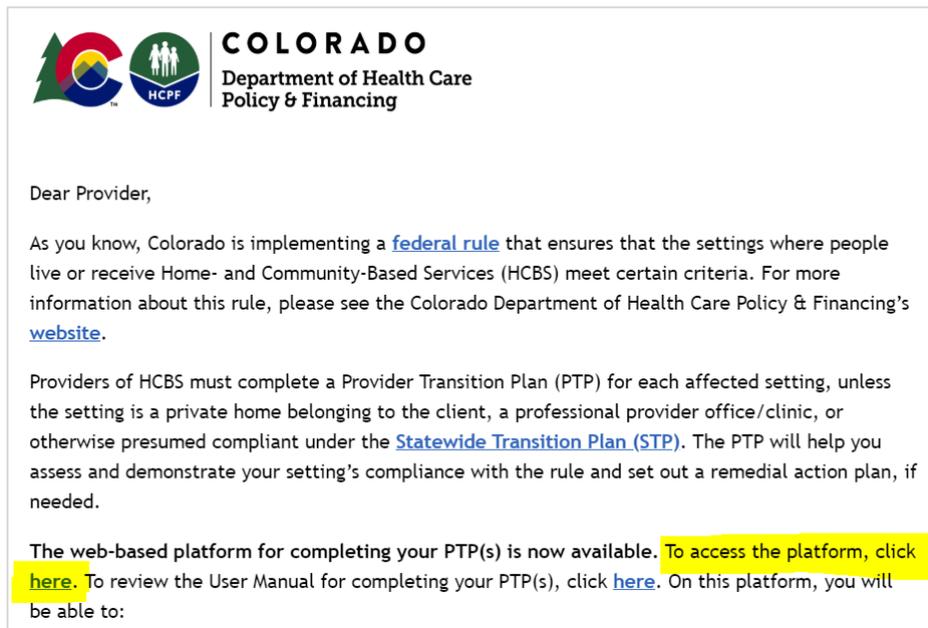
The reason for allowing/precluding certain combinations is to allow the provider to submit only those documents and address only those compliance issues that are relevant to its services.

If you need additional time to complete your initial PTPs or your updates, please contact your CDPHE staff lead (listed on your PTPs) or, in the absence of such contact information, [Barb Rydell](#) at CDPHE.

The initial rollout of the PTP platform covered Adult Residential PTPs (for alternative care facilities (ACFs), Supportive Living Program (SLP) and Transitional Living Program (TLP) facilities, group homes, host homes, and personal care agencies (PCAs)). To complete Adult Residential PTPs, you may use the [User Manual issued in November 2018](#), as that User Manual explains how to use the PTP copying feature, which is available only for certain Adult Residential PTPs; however, in completing the Institutional Characteristics screen for those PTPs, you should use the updated guidance below.

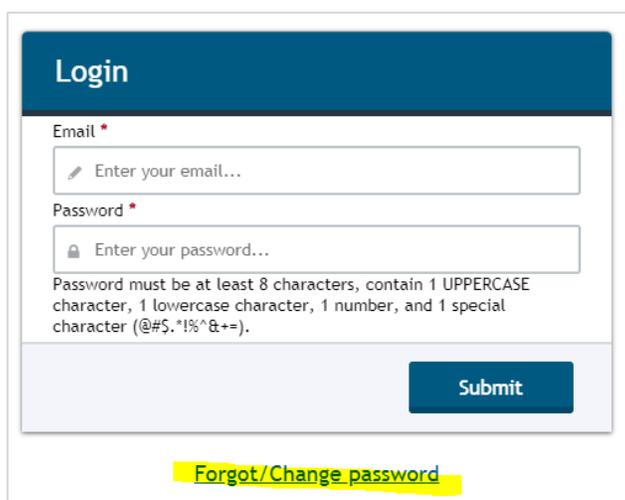
Accessing the Google Cloud Platform

The system will automatically send a **Welcome email** to every provider. The Welcome email will contain a link to [the web-based platform where you can review and complete your PTPs](#). The email will look like this:

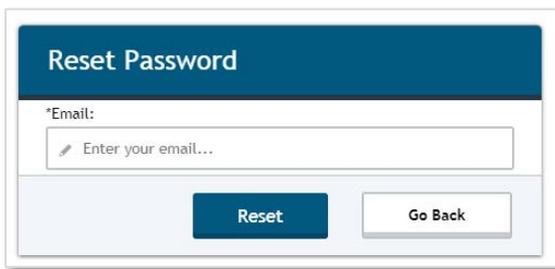


Using the “**click here**” link in the Welcome email, navigate to the PTP platform.

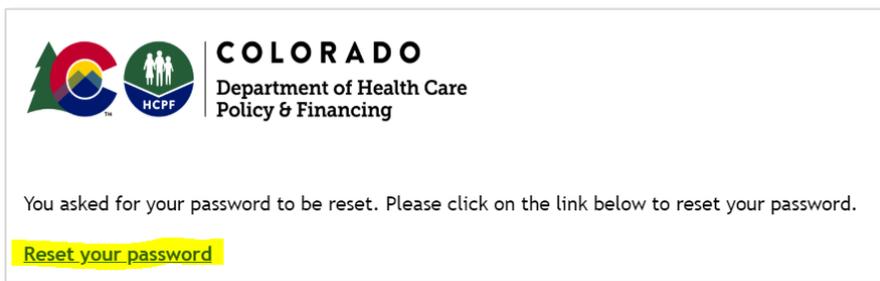
The first time you log in, you will need to click on the “**Forgot/Change password**” link:



After clicking that link, enter your email address on the following screen, being sure to use the same email address at which you received your Welcome email, and hit the **Reset** button:



The system will send you an email containing a link to reset your password:



After clicking that link, type in your preferred password twice, then click the **Validate** button:



Once the system validates your new password, it will give you access to the [Home screen](#).

If you are expecting a Welcome email and do not receive one, check your spam filters or quarantines to be sure it was not screened out. If the email was not sent, or if you want to add staff who can review and fill out your agency's PTPs, send a message to HCPF_PTP@state.co.us with the name(s) and email address(es) that you would like the system to invite.

You may use common web browsers like Google Chrome to access the system. The system does not work with Internet Explorer, which Microsoft discontinued. Please reach out to HCPF_PTP@state.co.us for help updating your browser.

Before starting your PTPs, please invite your clients and their family members to complete the [IFA Survey](#). Individual feedback has proven invaluable in identifying issues where providers and case management agencies need more technical assistance.

Selecting a PTP to Fill Out or Update

On the [Home screen](#), there are **buttons** for **Adult Residential**, **Children’s Residential**, and **Nonresidential** PTPs. You may need to complete PTPs in one or more of these categories.

WELCOME TO THE STATE OF COLORADO'S ONLINE SYSTEM FOR PROVIDER TRANSITION PLANS (PTPs) FOR SETTINGS AFFECTED BY THE HOME- AND COMMUNITY-BASED SERVICES (HCBS) SETTINGS FINAL RULE.

NOTE: THIS SYSTEM DOES NOT WORK IN MICROSOFT INTERNET EXPLORER (ANY VERSION), HOWEVER IT DOES WORK IN MICROSOFT'S NEW BROWSER EDGE. IF YOU NEED ASSISTANCE GETTING ACCESS TO ANOTHER BROWSER PLEASE [CONTACT US](#).

Click on "Adult Residential PTPs", "Children's Residential PTPs" or "Nonresidential PTPs" to get started.

Adult Residential PTPs

Children's Residential PTPs

Nonresidential PTPs

Clicking any of these buttons will take you to a **list of settings** in that category for which you must complete PTPs (*e.g.*, all your Nonresidential PTPs), displayed in grid format.

Clicking on **any row in the grid** allows you to open, view, and edit that PTP.

To open or edit a PTP, click on the record in the list below.

Provider Name	Alternate Name/DBA	PTP ID	Setting	Provider Contact	Setting Type	PTP Status	CDPHE Lead
Demonstration Provider	Setting 1 IDD day program	NR-000528	111 Main Street Denver, CO 80203 (555) 555-5555	Demonstration Person	Day Habilitation for Individuals with IDD Specialized Habilitation	Draft	Barbara Rydell
Demonstration Provider	Setting 1 non-IDD day program	NR-000529	111 Main Street Denver, CO 80203 (555) 555-5555	Demonstration Person	Adult Day Services (Not IDD Specific) Basic, Adult Day Services (Not IDD Specific) Specialized	Draft	Barbara Rydell
Demonstration Provider	Cafe crew	NR-000530	222 Main Street Denver, CO 80203 (555) 555-5555	Demonstration Person	Supported Employment Group Supported Employment	Draft	Barbara Rydell
Demonstration Provider	Park crew	NR-000531	222 Main Street Denver, CO 80203 (555) 555-5555	Demonstration Person	Supported Employment Group Supported Employment	Draft	Barbara Rydell

HCBS setting addresses were compiled from various sources, including the Medicaid billing system, CDPHE’s licensing records, and for some providers, your submission of information via a Google form or email.

Reach out to your CDPHE staff lead if:

- You work with settings that need to be added to the list;
- You see settings that need to be deleted or Retired (*e.g.*, because they are no longer in operation); and/or
- You inadvertently deleted a PTP and need it to be recovered from the Recycle Bin.

Completing the PTP

If you previously worked with Telligen or CDPHE on a PTP (e.g., in the older Excel or Word formats or via CDPHE's access to SharePoint), the data and attachments for that PTP have been migrated to the Google Cloud platform. If your previously completed PTP(s) and attachments are not appearing as expected, reach out to your CDPHE staff lead. **Because new fields have been added over time, you will need to complete some fields even for PTPs on which you already worked with Telligen or CDPHE.**

Here are some pointers for completing your PTPs in the Google Cloud platform:

- **Hovering** over certain fields in the PTP will provide instructions on how to complete those fields.
- Be sure to click the **Save** button frequently to ensure your work is saved.
- To protect your data, the system automatically logs out after **60 minutes** without activity. If this log-out happens while your computer is asleep, the screen on which you were working will still be displayed; be sure to **refresh** your browser window and **log in again** before proceeding.

Orientation to the PTP

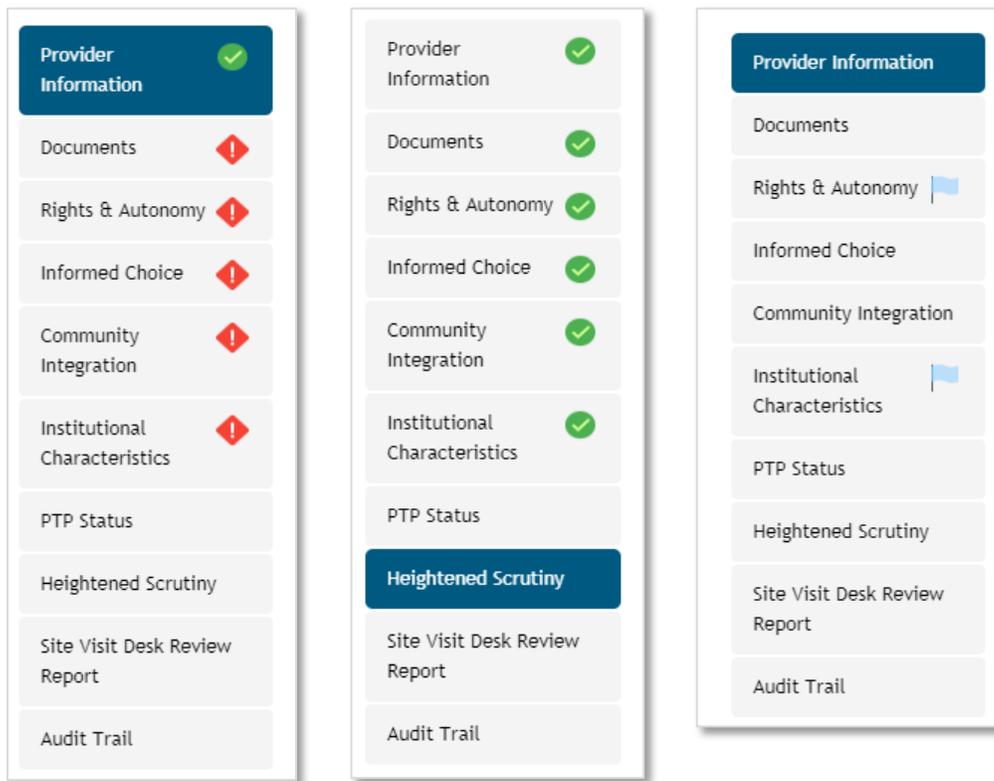
The sections of the PTP that providers need to complete are:

- **Provider Information:** includes the provider's name and contact information, setting address, setting type, and waivers served;
- **Documents:** allows the provider to upload materials relevant to the setting at issue;
- **Rights & Autonomy:** helps the provider identify compliance issues and remedial action plans relating to this aspect of the HCBS Settings Final Rule;
- **Informed Choice:** similar;
- **Community Integration:** similar; and
- **Institutional Characteristics:** similar.

Additional screens contain information that providers are free to review, but may not edit:

- **PTP Status:** includes the initial submission due date, update due date, status of PTP (Draft, Needs CDPHE Review, etc.), and compliance status of setting (default is "(7) Not Yet Known");
- **Heightened Scrutiny:** contains analysis to be completed by state staff if needed;
- **Site Visit/Desk Review Report:** identifies your CDPHE staff lead and includes notes from their desk review(s) and/or site visit(s) for this setting; and
- **Audit Trail:** contains system-recorded information about updates made to this PTP.

On every screen within a PTP, a navigation menu on the left helps you select screens to review and edit. As illustrated in the screenshots below, the menu includes icons to show whether the PTP is incomplete and must be filled out (left), has been filled out and is ready to be submitted (center), or has been submitted, in which case flags indicate outstanding compliance issues/remedial action plans (right).



Provider Information

This section includes the legacy and new provider ID numbers associated with the setting; the legacy number is what you formerly used to bill for this setting in the Xerox MMIS, and the new number is what you currently use to bill for this setting in the interChange MMIS. This section also includes your provider name, the setting type, the waivers served at this setting, the total number of individuals served, the number of HCBS waiver participants served, the address of setting, and the provider contact information for this setting.

This screen also contains a field for the provider/setting alternate name or DBA. If you need to complete multiple PTPs at a single setting (see page 4 above), you can use this field to differentiate the PTPs. In some cases, the Department has already used this field to differentiate IDD and non-IDD day programs at a single setting and to differentiate multiple groups participating in Group Supported Employment (using numbers like “Unit 1” and “Unit 2” in the absence of more concrete information). You can work with your CDPHE staff lead to provide a more salient description here.

In addition, if your PTP covers Group Supported Employment, there is a text box to describe how many people are in the group, whether any of them are non-disabled, what the group does, where it works, and at what times.

Carefully review and verify the information on this page, some of which may be pre-populated based on information in the Department’s files. Please provide any missing information. If any information is incorrect, please correct it by overwriting it. (Except that to add or delete entire settings, you should contact your CDPHE staff lead, rather than overwriting any outdated addresses with new addresses.)

Legacy Provider ID *	123 0	New Provider ID *	123 0
Provider Name *	Demonstration Provider	Provider or Setting Alternate Name/DBA (if any)	Setting 1 IDD day program
Setting Type *	<input type="checkbox"/> Adult Day Services (Not IDD Specific) Basic <input type="checkbox"/> Adult Day Services (Not IDD Specific) Brain Injury Waiver <input type="checkbox"/> Adult Day Services (Not IDD Specific) Specialized <input type="checkbox"/> Day Habilitation for Individuals with IDD Prevocational Services <input checked="" type="checkbox"/> Day Habilitation for Individuals with IDD Specialized <input type="checkbox"/> Day Habilitation for Individuals with IDD Supported Community Connections (SCC) <input type="checkbox"/> Day Treatment under Brain Injury Waiver <input type="checkbox"/> Supported Employment Group Supported Employment	Waivers Served *	<input type="checkbox"/> Children's Extensive Support (CES) <input type="checkbox"/> Community Mental Health Supports (CMHS) for Persons with Major Mental Illness <input type="checkbox"/> Elderly, Blind, and Disabled (EBD) <input type="checkbox"/> Persons with Brain Injury (BI) <input checked="" type="checkbox"/> Persons with Developmental Disabilities (DD) <input type="checkbox"/> Persons with Spinal Cord Injury (SCI) <input checked="" type="checkbox"/> Supported Living Services (SLS)
Number of Individuals Served	123 10	Number of Waiver Participants Served	123 10
Address of Setting *	111 Main Street		
	Apartment/Suite		
	Denver		
	CO		

When you are done, click the **Save** button at the bottom of the screen.

Phone Number of Person Completing This Form *	(555) 555-5555	Email address of organization *	demonstration@gmail.com
Email address of person completing this form *	demonstration@gmail.com	Contact Person *	Demonstration Person
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid yellow; border-radius: 15px; padding: 5px 15px; background-color: #0056b3; color: white; text-align: center;">Save</div> <div style="background-color: #6a3d9a; color: white; padding: 5px 15px; text-align: center;">Submit</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; text-align: center;">Delete</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; text-align: center;">Exit</div> <div style="background-color: #008000; color: white; padding: 5px 15px; text-align: center;">Print</div> </div>			

Documents

Supporting materials must be submitted so that they can be reviewed for compliance with the HCBS Settings Final Rule. Materials may be submitted in Word, PDF, JPEG, or other common file formats.

Be sure to redact any personal health information (PHI) before you upload any files.

Provider Documents

The system requires providers to submit different kinds of documents depending on what kind of services they provide. For example, it requires Day Habilitation providers to submit the following documents:

Provider Documents			
Document Type	File Name	Date Uploaded	Upload File
Rights of Persons	<i>required</i>	<i>required</i>	Upload File
Grievance/Complaint Policy	<i>required</i>	<i>required</i>	Upload File
Medication Policy	<i>required</i>	<i>required</i>	Upload File
Mistreatment Policy	<i>required</i>	<i>required</i>	Upload File
Physical Intervention Policy	<i>required</i>	<i>required</i>	Upload File
Incident Reporting Policy	<i>required</i>	<i>required</i>	Upload File
Dispute Resolution Policy	<i>required</i>	<i>required</i>	Upload File

As another example, CHRP providers must submit the following documents:

Provider Documents			
Document Type	File Name	Date Uploaded	Upload File
Admission/Discharge Policy CHRP	<i>required</i>	<i>required</i>	Upload File
Grievance/Complaint Policy CHRP	<i>required</i>	<i>required</i>	Upload File
Incident Reporting Policy CHRP	<i>required</i>	<i>required</i>	Upload File
Medication Policy CHRP	<i>required</i>	<i>required</i>	Upload File
Mistreatment Policy CHRP	<i>required</i>	<i>required</i>	Upload File
Rights of Persons CHRP	<i>required</i>	<i>required</i>	Upload File
Physical Intervention Policy CHRP	<i>required</i>	<i>required</i>	Upload File
House Rules CHRP	<i>required</i>	<i>required</i>	Upload File

The variations in the categories of required documents are driven by existing variations in the regulations and requirements for each kinds of provider.

Most documents may be submitted **once** under the header Provider Documents, and will then automatically be linked to **other PTPs for this provider**.

If you already uploaded Provider Documents in completing your Adult Residential PTPs, those documents will be displayed with your Nonresidential PTPs, and you do not need to re-upload them. This linking works both ways, so if you upload an updated document within a Nonresidential PTP, that updated document will appear in your Adult Residential PTPs. Documents for CHRP PTPs must be uploaded separately.

If you provide services to people with and without IDD, use the Provider Documents section to store the documents relevant to the majority of your clients. For example, if your day program mainly serves people with IDD, use the Provider Documents section to store your documents relevant to the IDD day program. Use the Additional Documents section (discussed below) to store documents relevant to the non-IDD day program. This approach will prevent your non-IDD documents from displacing your IDD documents across all your PTPs. If this issue affects multiple settings, reach out to your CDPHE staff lead to designate a single setting in which the Additional Documents section will be used (so that you do not have to upload the same Additional Documents to multiple PTPs).

To upload a Provider Document, click the **Upload File** button, and then in the popup box (shown below), (1) click **Browse** to select the file you want to upload from your computer, and (2) **check the box(es)** to identify what kind of document this is. In the example shown below, the provider's policies and procedures for all required subjects are addressed in a single document, so all the boxes are checked. If your policies and procedures for each subject are addressed in separate documents, upload the documents separately, identifying via the checkboxes which subjects are covered by each document.

Upload Provider Documents

Select the file

c:\fakepath\hcpf org chart.pdf **Browse**

Please select the document type(s) contained in this file. You may select more than one document type per file.

- Rights of Persons
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Dispute Resolution Policy

Do not upload documents containing personal health information (PHI). If your documents contain such information, redact it before uploading.

Attach File **Cancel**

When you have selected the file you want to upload and checked the box(es) identifying what kind of file it is, click **Attach File** to finish uploading the file. Each file that you uploaded will then display with a blue link (see below). If you are working within a Children’s Residential PTP, these links will appear in all your Children’s Residential PTPs (not just the one you happen to be using when you upload the file(s)), allowing you to upload each document once rather than multiple times. If you are working within a Nonresidential PTP, these links will appear in all your Nonresidential PTPs and all your Adult Residential PTPs.

Provider Documents			
Document Type	File Name	Date Uploaded	Upload File
Rights of Persons	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Grievance/Complaint Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Medication Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Mistreatment Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Physical Intervention Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Incident Reporting Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>
Dispute Resolution Policy	HCPF Org Chart.pdf	05/26/2020 04:22 PM	<input type="button" value="Replace File"/>

Activity Calendars and Other Setting/PTP-Specific Documents

The system requires the submission of a recent month’s calendar of community activities for the specific setting covered by the PTP. The system does not accept activity calendars at the broader provider level. This means that if you complete multiple PTPs, you will submit multiple activity calendars. Upload each activity calendar by clicking on the **Upload File** button shown below:

PTP Specific Documents			
Document Type	File Name	Date Uploaded	Upload File
Recent Month Calendar of Community Activities	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>

The calendar will display with a blue link after it has been uploaded:

PTP Specific Documents			
Document Type	File Name	Date Uploaded	Upload File
Recent Month Calendar of Community Activities	HCPF calendar.pdf	05/26/2020 04:35 PM	<input type="button" value="Replace File"/>

For Group Supported Employment, in place of an activity calendar, please upload a work schedule showing the times when participants in the group have the opportunity to interact with customers, vendors, the general public, and/or colleagues without disabilities.

Activities and work in the community have been limited lately because of the COVID-19 pandemic. You may upload an activity calendar/work schedule from shortly before the pandemic.

Additional Documents and Evidence of Remedies

If you have additional documents or pictures that you want CDPHE to review for this particular setting or PTP, upload them by clicking on the **Upload File** button near the Additional Documents header. As indicated above, you may use this section to store policies and procedures relevant to only a small subset of your clients. In the Document Type text box that pops up, briefly describe what the document is.

Document Type	File Name	Date Uploaded
<i>optional</i>	<i>optional</i>	<i>optional</i>

When you are done uploading documents, click the **Save** button at the bottom of the screen.

Compliance Issues and Remedial Action Plans

The next several screens of the PTP help you walk through four main areas of the HCBS Settings Final Rule: **Rights & Autonomy, Informed Choice, Community Integration, and Institutional Characteristics**. Each screen helps you assess whether you have compliance issues within a given area, and if you do, identify remedies to address them.

At the top of each screen is an **excerpt** of the relevant language from the rule. Please read each excerpt carefully to be sure you are familiar with the federal requirements.

Next, scroll down to review each **compliance issue** statement. If the statement is true at the setting covered by this PTP, select **True**, meaning there **is a compliance issue** to be remedied. If the statement is not true at this setting, select **False**, meaning there is **no compliance issue** to be remedied.

RA-1. Setting's/facility's rules, policies, procedures, or practices restrict individuals' rights under federal settings rule on a broad (not individualized) basis. *	TRUE FALSE
RA-2. Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities. *	TRUE FALSE
RA-3. The setting employs chemical, mechanical, or physical restraints. * <i>Mark this item False (no compliance issue) if the setting uses restraints, but does so only in a manner consistent with the applicable waiver(s), and on an individualized basis that is supported by a specific assessed need, informed consent, and properly documented in the person-centered service plan. See above for documentation requirements.</i>	TRUE FALSE

Please be as thoughtful and candid as possible as you assess whether you have compliance issues. Doing so will give the Department and CDPHE an opportunity to support you in coming into compliance. Our goal is to help you understand the rule and succeed in complying with it. Compliance issues identified in your PTP are not currently “deficiencies” within the meaning of routine surveys and enforcement standards. However, failure to submit evidence that you have completed your remedial action plans will eventually lead the Department to determine that it cannot continue to reimburse you for HCBS at that setting, and that your clients will have to transition to other providers or funding sources. See the timeline set out on page 3, above.

Some compliance issues are available only for certain setting types. Specifically, on the Community Integration screen, compliance issues **CI-1 through CI-5** are available only for Group Supported Employment, and compliance issues **CI-6 through CI-8** are available only for Prevocational Services. Green boxes around these sets of issues help separate them from the others. If these issues are not relevant for your setting type, the True/False boxes will appear faded, and you will not be required or able to select a response.

Compliance issues already identified as True—for example, from a CDPHE or Telligen site visit that may have happened long ago—will be locked in as True when you first submit your PTP. If you believe that you resolved a compliance issue after it was first identified, please:

- Add a description of how you resolved it in the Other Remedial Action Plan text box for that compliance issue or in the Comment Box at the bottom of the relevant PTP screen;
- And on the Documents screen, upload your evidence showing that the issue was resolved (*e.g.*, updated policies and procedures, receipts from items you purchased, pictures, signed informed consent with personal health information redacted).

Once your CDPHE staff lead has reviewed your evidence of compliance, they will change the compliance issue from True to Resolved if appropriate. This approach will help ensure that compliance issues are successfully addressed and do not fall through the cracks.

* * *

If you identify a compliance issue as False, you do not need to identify a remedy for it.

If you identify a compliance issue as True, you do need to identify a **remedy** for it. The system will automatically suggest remedies for each compliance issue that you identify as True.

Check the boxes for the remedies that you will implement. If you plan to implement a remedy that is not listed, check the **Other** box and type in a description of your remedy; note that this text field locks once you submit your PTP, after which you may add to, update, or amend your comments by using the comment box at the bottom of each screen. You may select multiple remedies at once.

RA-4. TRUE FALSE

The setting regiments daily activities. *

Select at least one remedial action plan:

- RA-4A: Modifications to rules, policies, procedures, or practices to align with federal and state requirements on rights and autonomy.
- RA-4B: Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals' opportunity to make independent choices regarding their daily activities. (If this change will entail hiring additional staff, please describe details using the Add Comments button below.)
- RA-4C: Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options independently, including through the use of assistive technology and other measures; reimbursing staff for mileage on their own cars). (If this change will entail purchasing additional vehicles, please describe details using the Add Comments button below.)
- RA-4D: Review and modification of current staff trainings to ensure rights and autonomy.
- RA-4E: Training for individuals on ways to leave the setting and interact with others (e.g., how to access transportation options independently, including through the use of assistive technology and other measures).
- RA-4F: Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Other remedial action plan.

Other *

 Type your additional remedial action plan(s) here.

At the bottom of each screen, state whether you will incur any costs to implement the remedial action plans discussed on the screen. According to CMS and the federal Administration for Community Living (ACL), most providers will be able to bring most settings into compliance with **no (or minimal) costs**. However, in some cases, expenditures may be necessary, and the Department wants to better understand these situations. **If** you will incur expenditures for a given setting, list those costs once per setting within the PTP for that setting. Separately identify one-time costs and recurring annual costs.

Do not list the same costs on multiple pages of the PTP, as doing so will lead to double-counting of these costs; just list the costs once. If you will incur similar costs for multiple settings (*e.g.*, hiring one additional staff member per setting), list those costs on the PTPs for each setting, so that your total costs across all settings can be aggregated.

The Department will analyze this information in deciding whether to pursue additional funding for certain categories of providers. The Department has not yet made final decisions on this front and cannot guarantee that any additional funding will be requested or approved.

Does your remedial action plan entail cost? *

Yes
 No

Rights & Autonomy Incurred Cost Description: *

 Explain what your increased expenditures are for and how you determined the amount(s).

1164 Characters Left

Total expected one-time cost for the remedial action plan(s) described on this screen: *
Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

Total expected recurring, annual cost for the remedial action plan(s) described on this screen: *
Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

When you complete each page (Rights & Autonomy, Informed Choice, Community Integration, and Institutional Characteristics), click the **Save** button at the bottom of each screen.

Additional Notes for the Institutional Characteristics Screen

HCBS settings cannot be nursing facilities (NFs), institutions for mental diseases (IMDs), intermediate care facilities for individuals with intellectual or developmental disabilities (ICF/IIDs), or hospitals. *See* 42 C.F.R. § 441.301(c)(5). Do not complete PTPs for these settings. If one of these settings is included in the PTP platform, please reach out to your CDPHE staff lead.

In addition, HCBS settings cannot include “[a]ny other locations that have qualities of an institutional setting.” *Id.* The analysis is as follows:

[Step 1] Any setting that is **[I]** located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or **[II]** in a building on the grounds of, or immediately adjacent to, a public institution, or **[III]** any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless **[Step 2]** the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

Details for Step 1

In determining whether your setting fits in **category (i)**, meaning that it is “**located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,**” consider the following guidance:

- “Inpatient institutional treatment means that services are provided 24 hours/7 days a week.” [HCBS Settings Final Rule](#).

- Facilities that provide inpatient institutional treatment include NFs, IMDs, ICF/IIDs, and hospitals. [HCBS Settings Final Rule](#).

In determining whether your setting fits in **category (ii)**, meaning that it is located **“in a building on the grounds of, or immediately adjacent to, a public institution,”** consider the following guidance:

- “The term public institution is already defined in Medicaid regulations for purposes of determining the availability of Federal Financial Participation (FFP). [42 C.F.R. § 435.1010] specifies that the term public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Medical institutions, intermediate care facilities, child care institutions and publicly operated community residences are not included in the definition, nor does the term apply to universities, public libraries or other similar settings. We will apply this existing definition in implementing the provisions of this final rule.” [HCBS Settings Final Rule](#).
- CMS chose to “specifically make reference to ... a public institution” and not to “incorporate [a] suggestion” to include private institutions. [HCBS Settings Final Rule](#).
- “For purposes of this regulation, a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately-owned nursing facility is not a public institution.” CMS, [Questions and Answers \(Q&A\) Regarding Home and Community-Based Settings](#), p.5 (2015).

In determining whether your setting fits in **category (iii)**, meaning that it **“has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS,”** consider the following guidance:

CMS intends to take the following factors into account in determining whether a setting may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS:

- Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities* for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
 - The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or
 - The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary’s person-centered service plan.
- * “Opportunities[,]” . . . as well as identified supports to provide access to and participation in the broader community, should be reflected in both individuals’ person-centered service plans and the policies and practices of the setting

CMS, [State Medicaid Director Letter \(SMDL\) #19-001, Re: Home and Community-Based Settings Regulation – Heightened Scrutiny](#), attach. 1, Frequently Asked Questions (FAQ), Item #2 (2019). **This CMS guidance replaces that cited in the November 2018 version of the User Manual.**

If you have questions about whether your setting fits into categories (i), (ii), and/or (iii), reach out to your CDPHE staff lead.

Details for Step 2

If a setting fits into categories (i), (ii), and/or (iii), then CMS **presumes** that it is institutional and therefore not able to provide HCBS. This presumption is not necessarily final; it just means that **the public and/or CMS will take a close look (so-called “heightened scrutiny”)**. A setting can **overcome the presumption** by providing evidence showing that it is actually integrated in the community, homelike (if residential), and not institutional. Stated differently, a setting that fits in categories (i), (ii), and/or (iii) above is not necessarily precluded from providing HCBS, but it will need to provide evidence for public and/or CMS review that it meets all of the HCBS Settings Final Rule criteria. Guidance on the kinds of evidence that CMS wishes to see is available in CMS, [SMDL #19-001](#), attach. 1, FAQ Item #10. This evidence includes input from individuals receiving services at the setting as well as the public.

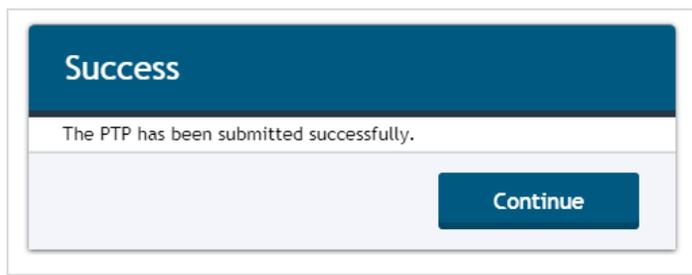
For information about new settings, see CMS, [FAQ Regarding HCBS Settings: Planned Construction of Presumed Institutional Settings](#) (2016), and CMS, [Informational Bulletin, Heightened Scrutiny Review of Newly Constructed Presumptively Institutional Settings](#) (2019).

The **Heightened Scrutiny** page contains the State’s analysis of whether a setting that fits into categories (i), (ii), and/or (iii) nevertheless complies with the criteria of the HCBS Settings Rule and will be put forward for further review. Providers may review but not edit this page.

Submitting the PTP

While completing your PTP, you may click the **Save** button at any time and close the platform. When you return to the system, your saved information will be shown.

When you are done working on the PTP, click **Save**, then click the **Submit** button that appears on every screen. Some fields lock on submission, so be sure you are satisfied with the PTP before you submit it. If you have successfully submitted the PTP, you will see this message:



In addition, the **PTP Status page** will display the date on which you submitted the PTP, the status of the PTP (which automatically changes at this point from **Draft** to **Needs CDPHE Review**), and the **due date of your next update**. The update due date is automatically calculated as the submission date + 90 days (3 months); reach out to your CDPHE staff lead if you need to adjust that date. When the PTP is submitted, the system automatically emails your CDPHE staff lead to review your PTP, and it will automatically email you reminders as your update due date approaches.

FOR STATE USE ONLY	
Status of this PTP: <input type="text" value="Needs CDPHE Review"/>	Date this PTP was last submitted by Provider: <input type="text" value="05/27/2020"/>
Date this PTP Status was changed: 05/27/2020	PTP Status was changed by: <input type="text" value="REDACTED"/>
PTP Submission Date: <input type="text" value="05/27/2020"/>	PTP Update Due Date: <input type="text" value="08/25/2020"/>
PTP First Submission Due Date: <input type="text" value="06/08/2020"/>	
Compliance Status: <input type="text" value="(7) Not yet known"/>	

If the system identifies mandatory fields that have been left blank or required documents that have not been uploaded, it will display a red banner at the top of the PTP, red icons next to the screens that need attention, and on those screens, red highlighting on the fields that need attention.

The banner at the top of the PTP looks like this:



The red highlighting of fields that need attention, on a page flagged with a red icon, looks like this:

** Mandatory (required) fields below are marked with an asterisk.*

ICH-1. TRUE FALSE
Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment *

ICH-2. TRUE FALSE
Setting is located in a building on the grounds of, or immediately adjacent to, a public institution *

ICH-3. TRUE FALSE
Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS *

Does your remedial action plan entail cost? * Yes
 No

Once you finish the PTP, you will be able to **save** your changes and **submit** it.

After Submission of the PTP

As soon as you submit your PTP, you should start implementing your remedies.

CDPHE will review your submitted PTP and the attached documents to help you identify any additional compliance issues and remedial action plans. CDPHE staff may reach out to you by telephone, by email, and/or by saving comments for you in the **comment box** at the bottom of each PTP screen. Here is a sample comment from CDPHE in the comment box at the bottom of the Rights & Autonomy page:

Compliance Issue/Remedial Action Plan Comments

This section is optional. Use the "Add Comments" button to add any additional details relating to your compliance issues and/or remedial action plans. If you did not detail it above, please include your plan to train staff/contractors on any changes that involve them.

Add Comments

Date	Author	Comment
05/27/2020 11:24 AM	[REDACTED]	Please note that I changed compliance issue RA-17 from False to True based on my review of your day program's policies and procedures, which require all participants to turn in their cell phones to staff during the day. People have a right to keep and use their own communication devices. If a restriction is necessary in an individual case based on a specific assessed need, you should work with that person and their case manager on a rights modification. Please upload an updated policy reflecting this change.

You should follow CDPHE's instructions to submit updated/amended supporting documents, provide photographs, or make other changes to demonstrate compliance.

If you are not sure where to start looking for CDPHE comments, try going to the **PTP Status** page. CDPHE may have saved a message for you in the comment box on that page, specifying which other pages need attention (Rights & Autonomy, Informed Choice, etc.).

If you have comments for CDPHE, you may submit them by clicking the yellow **Add Comments** button at the bottom of each page. When you click this button, a box will pop up, allowing you to type your comments; when you are done, save your comments by hitting the blue **Add Comment** button.

The screenshot shows a user interface for submitting comments. A modal dialog box titled "Add Remedy Comments" is open, featuring a text area for entering comments and "Add Comment" and "Cancel" buttons. In the background, a form is visible with a "RESOLVED" button and a "No" radio button selected. A yellow circle highlights the "Add Comments" button on the background form.

As noted above, when you identify a compliance issue as True, select the checkbox for an Other remedy, and type in that remedy, this text box will be frozen once you submit your PTP to CDPHE. After that point, if you need to add or amend any remedial action plan descriptions, use the comment box at the bottom of each screen.

Completing your PTP will be an iterative process. A typical process might go something like this:

- Provider completes PTP and hits **Submit**. The PTP Status automatically changes from **Draft** to **Needs CDPHE Review**. The system automatically emails the CDPHE staff lead to review the PTP.
- CDPHE reviews the PTP and attached documents. CDPHE may also conduct a site visit or remote (audio/video) visit. CDPHE identifies additional compliance issues and remedies for the provider to consider. After editing the PTP and saving comments for the provider, CDPHE hits the **Submit** button, at which point the PTP Status automatically changes from **Needs CDPHE Review** to **Needs Provider Review**. The system automatically emails the provider to review the PTP.
- Provider uploads revised documents on the **Documents** page. Provider also saves additional comments for CDPHE in the **comment boxes** at the bottom of each screen, explaining the changes that it has implemented. Provider hits **Submit** again. The PTP Status automatically changes from **Needs Provider Review** to **Needs CDPHE Review**. The system automatically emails the CDPHE staff lead to review the PTP.
- CDPHE reviews the updated PTP and attached documents. CDPHE changes compliance issues from **True** to **Resolved**. **(Provider cannot make this change on its own.)** CDPHE changes the setting's Compliance Status to one that reflects the current status (for example, one specifying that no further action is needed) and reaches out to the provider.

Providers should submit updates to their PTPs every three months until they receive a notice from the Department or CDPHE that further updates are not required. Providers should submit updates demonstrating progress even if CDPHE has not yet had a chance to review their PTPs.

Contact Information and Links

To open the PTP platform: visit <https://hcpf-ntp-production.appspot.com/>.

To ensure that the system has your current contact information and to solve technical problems with the platform: email HCPF_PTP@state.co.us.

To request CDPHE assistance in adding or deleting settings from the platform; discuss your compliance issues, remedial action plans, and documents; and to request an adjustment to PTP due date/update due dates: email the CDPHE staff lead indicated on your PTPs, or if not specified, Barbara.Rydell@state.co.us.

To review the Department's guidance: visit the [HCBS Settings Final Rule website](#).