



POLICY MEMO

TITLE:	HCBS SETTINGS FINAL RULE—ANNOUNCEMENT OF FAQ PART V
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JULY 15, 2022
DIVISION AND OFFICE:	STRATEGIC OUTCOMES DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	HCBS WAIVERS
KEY WORDS:	HOME AND COMMUNITY-BASED SERVICES SETTINGS FINAL RULE, HCBS, FREQUENTLY ASKED QUESTIONS, FAQs, MYTHS, MYTHBUSTERS
POLICY MEMO NUMBER: HCPF PM 22-008	
ISSUE DATE: JULY 15, 2022	
APPROVED BY: COLIN LAUGHLIN	

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Purpose and Audience:

The purpose of this Policy Memo is to inform waiver participants, advocates, providers, case management agencies (CMAs), and other stakeholders of the issuance of guidance regarding the [Home and Community-Based Services \(HCBS\) Settings Final Rule](#).

Background:

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published a [rule](#) requiring HCBS to be provided in settings that meet certain standards. Under these standards, settings must ensure that people are able to exercise a variety of rights. They also must ensure that any modifications to these rights meet several criteria, such as being based on individualized need and having the individual's informed consent.

The Colorado Department of Health Care Policy & Financing (HCPF) has issued four sets of responses to frequently asked questions (FAQs) regarding the rule:

- [Part I: General Questions](#) (January 2018)
- [Part II: Follow-Up on General Questions](#) (June 2018)

- [Part III: Leases and Residential Agreements](#) (November 2018)
- [Part IV: Employment-Related Services](#) (April 2019)

The Department has also issued other guidance materials and trainings that are available on its [HCBS Settings Final Rule website](#). The Department's codification of the federal rule incorporates many of the expectations originally set forth in the FAQ responses, other guidance, and trainings. This codification, new [10 CCR 2505-10 section 8.484](#), went into effect on effect on January 10, 2022.

As implementation of the HCBS Settings Final Rule proceeds statewide, the Department continues to receive questions from advocates, providers, and case management agencies (CMAs) about certain topics. In many cases, the questions reflect misunderstandings of or myths about the federal rule or the state codification of the rule.

Information:

FAQ Part V, issued today as an attachment to this memo, takes a "MythBusters" approach to addressing questions received by the Department. Provider agencies and CMAs should ensure that all staff who work directly with individuals (as well as supervisors of such staff) review this issuance.

Attachment: FAQ Part V

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