



Listening Log Individual Residential Support Services (IRSS) Regulation Revisions

May 20, 2019 – October 20, 2019

Feedback received through Cassandra Keller and Kara Masteller's emails.

Comment Number	Date Received	Individual/Organization Name	Comment Synopsis
1.	5/20/2019	Parker Personal Care – Jodi Walters	<ul style="list-style-type: none"> • Update language to read “each quarterly on-site monitoring visit” • Revisit first aid kit requirements • Provide clarity on 3-person host homes • Have concrete date for Host Homes to request Division of Housing inspection by • Be more inclusive of more trainings in addition to CPR or explain why CPR alone was selected as a requirement • Provide clarity on what “primary entry” means • Request for contracts to not be submitted every quarter • Request for therapeutic diets to be prescribed by licensed physician or dietician • Request for assistance with ensuring choice in food while also providing a balanced diet • Add guidance to rule on how to address individuals who refuse to attend medical appointments
2.	5/23/2019	North Metro Community Services – Dave Gussenbauer	<ul style="list-style-type: none"> • Update stakeholders on expectations for Host Home inspections for those agencies who currently utilize internal inspectors • Update stakeholders on if there will be bi-annual fire inspections from fire marshals
3.	5/24/2019	Colorado Department of Public Health and Environment	<ul style="list-style-type: none"> • Examine first aid kit requirements • When a move occurs from one Host Home to another, it would be helpful to have both the sending service agency and receiving service agency to be present for the move to ensure all possessions, medications, money, and records are transferred to the client within 24 hours • Add language “which includes record of” to 8.609.5 A to ensure record of personal possessions is kept and maintained

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4.	5/30/2019	Mountain View Consulting – Leslie Rothman	<ul style="list-style-type: none"> • Move Colorado Adult Protection Services (CAPS) to 8.603.9 • Add unsafe housing/displacement to list of Critical Incident Reports (CIRs) • Clarify subtypes of CIR reports listed in rule • 8.609.5 A.13. Rephrase “disaster assessment” to “health and safety assessment” • Examine quarterly contract requirements; remove “and” rule requesting quarterly and upon request contract access • Address concerns for potential overlap in oversight between involved agencies • Provide guidance for provider agencies who need to correct safety concerns found during inspections • Discuss liability in case of termination for a Host Home Provider as a result of a failed inspection • Discuss what a three-person Host Home will look like moving forward • Consider relocating training requirements to a different section • Allow for therapeutic diets to be developed by registered dietitians • Consider removing “must” from language in 8.609.7. B.6. • Change language from “necessary areas” to “common areas” of home in 8.609.7. B.6.
5.	5/31/2019	The Arc Adams County – Kari Easterly	<ul style="list-style-type: none"> • Keep language consistent when referring to individuals receiving service • Include a standard for the CAPs and background check; for example, no finding in CAPs • Discuss keeping a record of terminated Host Home providers to include health and safety reasons or MANE allegations • Consider adding a requirement for a PASA to notify the Department for each complaint or grievance filed with the PASA and follow up • Consider adding a requirement for a contracted provider to only be a provider for a maximum of 3 individuals
6.	6/6/19	Community Options, Inc. – Tom Turner	<ul style="list-style-type: none"> • Allow for Host Homes to continue to have a maximum of three persons receiving services • Discuss CHRP regulations’ impact on IRSS • Clarify how all service types of IRSS will be impacted, beyond Host Homes • Discuss who will be subject to DOH inspections • Address discrepancy between agencies regarding how finances are to be managed. For example, the Social Security Administration requires PRSs have a representative and a payee, which conflicts with HCPF guidelines

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7.	6/25/19	Colorado Department of Public Health and Environment – Barbara Rydell Cathy Stopfer	<ul style="list-style-type: none"> • When referencing Final Settings Rule, make it clear that it applies to all sections of the rule • When rule references the service plan, ensure that it is clear who is responsible for maintaining a current service plan, as it should not be expected that the PASA is cited for any service plan deficiencies • Can service plan requirements be added to a DD section of the service plan again? • Remove required first aid kit
8.	7/15/19	Arvada Fire Protection – Steven Parker	<ul style="list-style-type: none"> • 8.609.5: can be combined with 8.609.7.A.4. When testing functionality of smoke alarm, could also have evacuation drill and see how residents respond. • Include in list that evacuation procedures need to be reviewed • Clarify what you mean by fire alarm system • Define what you mean by smoke detector verse smoke alarm • Adjust A.13.b to state “all required exists” • How are abilities assessed in response to a fire? • Have safety plans reviewed at various times of the day • Include where properly installed fire alarms should be, number of alarms and distance from walls • Clarify what you mean by “monitored” in 8.609.7.B.11
9.	7/16/19	North Metro – Jessica Bailey	<ul style="list-style-type: none"> • As of right now on inventories we document any items worth \$50 or more. Would this mean we would need to go back to counting all pieces of clothing including socks, etc.? • Another area mentions Medication Mismanagement under a critical incident. What would be considered medication mismanagement or what is the state’s definition of this? • There is a piece that references that Host Home Providers must reside in the host home with the person in services. Is this the same expectation for Family Caregivers? • If we have a staff member who is able to do HUD inspections, will we need inspections done through DOH as well?
10.	7/23/19	Colorado Department of Health Care Policy and Financing – Michele Craig	<ul style="list-style-type: none"> • Revise definition of regional centers, to say they are operated by the Colorado Department of Human Services • Other revisions to remove “Regional Centers” from activities associated with Community Centered Boards.
11.	8/23/19	Mountain View Consulting – Leslie Rothman	<ul style="list-style-type: none"> • Keep “comprehensive” not Residential in 8.609.5 • Fix order of contents on page 2 A.12. • Review need for on-site visits before a move in when individual is going from PCA to a regularly monitored setting such as a group home • Examine notification of terminated contract language • Discuss emergency placement protocols • Consider HIPAA when stating names of persons in home • Day program should be involved in planning of a residential move • Make sure just residential providers are present for a move

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			<ul style="list-style-type: none"> • Make sure rule follows past guidance, page 4 B.3.d. • Review language on page 5 so that it's language is up to date and in compliance with past rules • Ensure language is current surrounding abuse and neglect • Review need for quarterly fire drills for all participants • Document kitchen equipment usage in service plan if rights modification is required • More clearly differentiate between HHP, FCG, and PCAs • Reconsider the use of "necessary areas" on page 8, B.6. • Request for smoke alarms and carbon monoxide detectors to be tested quarterly by the PASA and monthly by staff/provider instead of "each on-site monitoring visit"
12.	8/27/19	Parker Personal Care – Jodi Walters	<ul style="list-style-type: none"> • Use CDPHE's "survey list" as a way to create a list of HHPs.
13.	9/06/19	Parker Personal Care – Jodi Walters	<ul style="list-style-type: none"> • Specify expectations for apartments and the requirement for 2 exits for wheelchair accessibility.
14.	9/20/19	Mountain View Consulting – Leslie Rothman	<ul style="list-style-type: none"> • Concerns exist about rule including PCA settings
15.	9/24/19	Parker Personal Care – Jodi Walters	<p>Concern is threefold:</p> <ul style="list-style-type: none"> • Intention of initial process and communication throughout stakeholder process • Inconsistent interpretation across initiatives and agencies • The difference between a HH and a staffed setting and the message this gives expanding this beyond contractors.
16.	9/25/19	Arc of Aurora – Hanni Raley	<ul style="list-style-type: none"> • Requests for clarity on rule language throughout the documents • 8.609.5.A.1 Wondering if the HCPF has some type of standard expectation that is Medicaid supported ... doesn't seem like this policy requires much personalizing; so, not sure why it isn't standardized? • 8.609.5.A.2 What is the rationale for the 3 year evaluation timeline? Who are results reported to and what is the timeline for correction? • 8.609.5.A.4 Accessible should be defined to mean xx hours response time. Applicable should be defined. • 8.609.5.A.5 How is this verified and by who? ADD: A citation (or routing to rule) of applicable building, licensing, and health regulations would be helpful for providers and users of the service. • 8.609.5.A.8 The types of support providers should have defined citations to reduce confusion of what is meant. • 8.609.5.A.10.a. ADD: Critical Incident Reporting as well

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			<ul style="list-style-type: none"> • 8.609.5.A.10.b. Representatives should be defined and cited. • 8.609.5.A.10.d. Representatives should be defined and cited. By whom perhaps it was meant to say, "victim supports should be accessed"? Is this considered an internal investigation handled by the PASA? If so, where are the investigations submitted, collected, and reviewed? • 8.609.5.A.11. ADD: ...'monitoring and remedy'... • 8.609.5.A.11. Define 'regular'. How are the PASA staff responsible for monitoring trained to evaluate the environment based on written standards and applicable policy? • 8.609.5.A.12. How are PASAs trained to support this process, such as recognize things like this emergency plan is adequate? • 8.609.5.A.12.a. ADD: Extinguishers. • 8.609.5.A.14. ADD: Respite Provider • 8.609.5.A.14.c. If an issue of IRSS provider termination due to health, safety, and/or welfare concerns, the PASA should also be required to report to Adult Protective Services. While may be an 'understood' process step, should be prescriptive and ADDED under iii. The term caregiver was used previously, should it be changed to "approved caregiver"? • 8.609.5.A.15 ADD: or Respite Provider. How is this monitored and/or guaranteed? Is the PASA responsible or is the Contractor/Host Home Provider? • 8.609.5.A.16 THIS IS GREAT! How will this be verified? Is this the PASA's responsibility to enforce and collect residence information? • 8.609.5.B.2. Participants must be able to manipulate the locks independently, and they should never be able to lock someone in a space. • 8.609.5.B.3.d. Removing CCB review substantially changes the dispute process outlined in 10 CCR 2505-10 8.605.2 and puts the individual at a significant disadvantage if they contest an action of a PASA. What is the rationale and how can the individual be protected? • 8.609.5.B.9. ADD: Participants have a Right to annual notification of PASA appeal/grievance policies and procedures • 8.609.7 ADD: leased without the agency • 8.609.7.A.2. Current Rule (10 CCR 2505-103 8.609.7) indicates that 3 bed Host Homes are not permitted under IRSS rule. Historic policy has been that 3 beds were only permitted when approved by the CCB AND each of the persons' Case Manager... why was this deleted under this revision? How is this verified if a contractor/HHP is serving clients from multiple PASAs under their roof? • 8.609.7.A.2.a. Elect should be defined via verifiable process. • 8.609.7.A.2.b. Same comment on elect. • 8.609.7.A.2.c. Are back-up providers that same as respite providers? This term should be defined. Add by agency and participant. • 8.609.7.A.2.d. ADD: both routine and emergency • 8.609.7.A.2.e. ADD: regular ADD: of their choice

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			<ul style="list-style-type: none"> • 8.609.7.A.2.i. If a Contractor/HHP is contracted with multiple PASAs, are all PASAs required to do monthly monitoring of the environment and client? • 8.609.7.A.3. ADD: and appropriate. How is this accessed? • 8.609.7.A.4. This should be a HCPF standardized assessment ... no need to recreate the wheel on this one. Otherwise how will the assessment be evaluated? • 8.609.7.A.5. Where is this plan maintained? Consider at the PASA, in the home, and within each Service Plan • 8.609.7.A.5.a. approved caregivers? • 8.609.7.A.7.e.iv. ADD v. Prescribed Medications • 8.609.7.A.8 ADD: fresh. Who is qualified to assess this? Does the PASA need to assure access to a nutritionist? • 8.609.7.A.8.b. Unless otherwise addressed via the HRC? • 8.609.7.B.2. Where can this be found or referenced? It is not listed as a DOH protocol-need citation. Thank you for exempting Family Caregivers! What is the rationale behind the lengthy inspection period? • 8.609.7.B.3. Should language to be added that unannounced inspections could occur? ADD: regardless of owned or leased. • 8.609.7.B.6. ADD: and egress • 8.609.7.B.10 Does DOH Inspection Protocol specify # of extinguishers per square feet of a living environment? Should cite and direct providers.
17.	10/10/19	Mountain View Consulting - Leslie Rothman	<ul style="list-style-type: none"> • Page 1 <p>8.609.5 Changing Comprehensive to Residential takes away the applicability of the regulations for day services. This section in current rule applies to all services under the HCBS-DD waiver. Comprehensive Services is an older term that has been updated through waiver, but not in regulation.</p> <p>If this is changed to Residential Habilitation Services and Supports only, the general provisions, i.e. A. 2., A.3, A.5., A.6. etc., will need to be replicated in 8.609.9 for Day Habilitation Services and Supports. The original intent was to have requirements for all services under the HCBS-DD waiver in 8.609.5 and then break out specific requirements under IRSS, GRSS, DHSS, Therapies and Medication without having to replicate the language.</p> <ul style="list-style-type: none"> • Page 2 <p>A. 12. This section is out of context and out of order. In current regulation under the General Provisions, this would apply to all HCBS-DD service providers – including Residential and Day. This information is</p>

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			<p>somewhat repeated on page 5 – A.1.i (also please note there does not appear to be an A.2.). The language in this section also states “at the property”, which does not have context.</p> <p>A. 13. If a person is to be moving into a PCA or Group Home that is regularly monitored, is it important for an on-site visit when a new participant is to move in? This does make sense for a new Host Home, or even a new PCA, but seems a little less important for an established home.</p> <p>A. 14. As this is the first time Host Home provider appears in this section of rules, it might make sense to refer to the definition of Host Home in 8.600.4.</p> <ul style="list-style-type: none"> • Page 3 <p>A. 14. b. Notification for a terminated contract should be to a guardian first. Also, should this include notification through the DOH database? What if there are other participants in the home through other PASAs?</p> <p>A. 15. States that the PASA must require the HHP to report the name of all persons residing in the home. This could imply other participants, and if served by a different PASA, could constitute a HIPAA breach. This section also uses the word ‘respite’, which many years ago was replaced by back-up or alternative provider due to the 24/7 nature of Residential Habilitation.</p> <p>A. 17. Discusses a protocol for emergency placement if a home is deemed unsafe by DOH. It would be helpful to clarify the need to move a participant if there is imminent risk, similar to wording in A. 14. Also, due to the contractual agreements between the PASA and the Host Home Provider, it is concerning that a third party can intercede on that agreement (as the language implies). Maybe include the word ‘following’ or ‘in conjunction’ with a DOH inspection.</p> <ul style="list-style-type: none"> • Page 3- 4 <p>B. 3. and B. 3. b. The participant’s day program should be involved the planning of a residential move to ensure continuity of day services and transportation.</p> <p>B. 3. c. The way this is written presumes a change in PASA, not just in the setting, which can be within the same PASA. Not all PASAs need to be present for the move (requested in meeting), just residential.</p> <p>B. 3. d. The review by the CCB is not consistent with regulations for grievance procedures at 8.605.5, which state that the agency director or designee can be involved. If this stipulation is to remain in this set of rules, CCB should be Case Management Agency, in preparation for CFCM.</p> <ul style="list-style-type: none"> • Page 5

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			<p>A. 1. h. Current rule states (8.609.5 - Comp Services General Provisions): Staffing arrangements must be adequate to ensure the health, safety and welfare of persons receiving services and the needs of the individual as determined by the Individualized Plan. This requirement would no longer be in rule with the changes being made and seems awkward to change the requirements for all HCBS-DD services (not just residential) to the new language. The new language also does not seem logical for PCAs (particularly ii.). It made more sense when it was specific to Host Homes.</p> <p>A. 4. This continues to state that knowledge, skills, and training are required prior to providing care and services. However, in PCAs, new staff can shadow existing staff while gathering required training. As in the past, it would be helpful if this language could include 'before providing unsupervised care and services'. This is currently included in 8.603.9 Personnel and Contractor Administration.</p> <p>Additionally, the current language in 8.603.9 states that the PASA shall have an organized program of orientation and training. In this drafted language, it states policies and procedures.</p> <ul style="list-style-type: none"> • Page 6 <p>A. 4. b. In this section, and elsewhere, it states 'abuse, neglect, mistreatment, and exploitation'. The new statutory terminology is Mistreatment (or mistreated). It would helpful for all language to be consistent.</p> <p>A. 7. Just a note - many years ago, extensive work was done to remove institutional requirements from rules. One such area was acknowledging that not everyone could benefit from quarterly safety drills. Some individuals are proficient in evacuations (as well as other types of safety practice) and become desensitized to the practice. Others may not have skills or reactions, but it is important for staff and providers to practice how to support the participant to safely evacuate from the home. In those instances, it may be important to practice evacuations more frequently.</p> <p>This section continues to state that safety plans must be reviewed by the PASA during each on-site visit.</p> <ul style="list-style-type: none"> • Page 7 <p>A. 9. b. It would make more sense to document the safe use of kitchen equipment in the participant's health and safety assessment and plan, and if a rights modification is needed, then document in the Service Plan.</p> <p>B. 1. It might make sense to include the wording from page 5, A. 1. g. here, as it relates to the guidelines for Section 1616(e) and the Key's Amendment (though that is specific to facilities, not IRSS settings).</p> <p>B. 2. Should specify Host Home in the first sentence, unless it is intended that PCAs, FCG homes, and individual settings are required to meet the HH standards.</p>

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			<ul style="list-style-type: none"> Page 8 <p>B. 6. Necessary areas – as discussed during the meeting, common areas has been the vernacular used for this over the years, with the intention that common is for those areas where providers and participants alike access. If changed to common, it would be consistent with language provided in B. 2. on page 3. This would also help to ensure that homes for those who utilize mobility devices are chosen by the PASA to meet the participant's needs rather than trying to fit the participant into a home.</p> <p>B. 11. Testing for smoke alarms and carbon monoxide detectors to be tested quarterly by the PASA and monthly by staff/provider, rather than the current 'each on-site monitoring visit'.</p>
18.	10/20/19	Mountain View Consulting - Leslie Rothman	<p>Page 1:</p> <ul style="list-style-type: none"> Under rule at 8.600.4, Comprehensive Services is defined as: "Comprehensive Services" means habilitation services and supports that provide a full day (24 hours) of services and supports to ensure the health, safety and welfare of the individual, and to provide training and habilitation services or a combination of training and supports in the areas of personal, physical, mental and social development and to promote interdependence, self-sufficiency and community inclusion. Services include residential habilitation services and supports, day habilitation services and supports and transportation. As such, by changing the language from Comprehensive Services to Residential services in 8.609.5, the concept of overarching services is changed. In addition, the General Provisions for other services currently under Comprehensive Services would no longer apply. This would include the development of ISSPs, as an example (current 8.609.5 B.3.). This language has been stricken in the draft. It is not clear where the section for General Provisions will be retained within the set of rules and how it would be applied to all services under the HCBS-DD <ul style="list-style-type: none"> waiver as it is currently. <p>Page 2</p> <ul style="list-style-type: none"> 10. b. Guardians do not always want to be informed about every incident. It might be helpful to add 'as requested' to the end of the sentence. Additionally, due to confidentiality within incident reports (other participants, employees, or others), rather than inform of Incident Reports, it could state 'incidents'. Also, not all

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			<p>representatives are authorized by the participant to have access to all information, such as incidents.</p> <p>10.c. The latest iteration of the HCBS-DD waiver states that the CCB is responsible for conducting all investigations related to allegations of suspected mistreatment. PASA policies and procedures traditionally allow for the PASA to conduct investigations when trained in investigative techniques by Labor Relations. It would be helpful to have consistency between waiver and rule and allow for both CCBs and PASAs to have a clear understanding of their respective roles in conducting investigations.</p> <p>10.d. The latest iteration of the waiver (Response to Critical Events or Incidents - January 2020) states: Upon completion of the investigation <i>the CMAs</i> will provide verbal and written information to the participant, and where appropriate, guardian or authorized representatives, on the outcomes of the investigation. Service provider agencies are also notified of the outcome of the investigation and, where appropriate, recommendations or directives to prevent future incidents and to provide support to the participant. Service provider agencies are also expected to provide documentation of follow-up action to the investigation to the CMA for review and approval by the local HRC.</p> <p>This is inconsistent with the draft language of the rule.</p> <p>12. As above, if Comprehensive is changed to Residential, this would remove the requirement for on-site monitoring by day service providers.</p> <p>Page 3</p> <ul style="list-style-type: none"> 13. There is still not a provision for corrections to be made to a home if deemed unsafe by DOH. There is also still concern about contractual agreements between PASAs and contract providers, and a third-party intervening regarding the placement of a participant with a host home provider. While the intent was discussed in the stakeholder process, the language has not clearly translated to the draft language. <p>14. The change in language for the requirement for contracts is not consistent with practices for all PASAs. While the HHP is considered an independent contractor, not all other care providers do so under contract (i.e. backup caregivers). As with the family caregivers, it might be beneficial to state 'written contracts for those providing IRSS not directly employed by the PASA, such as HHPs, FCG, backup caregivers, or other persons providing care'.</p> <p>14.c. A terminated contracted (i.e. with an HHP) could require a move for a participant. While the language in this section says to notify a guardian/representative and CM 'within' 10 days, if a move is required, the notification should be more immediate to address the need for a new residential setting. In addition, due to the other types of providers added above, it does not follow that the Department, Case Manager, or guardian should be informed when a contract is terminated, i.e. backup caregiver. Lastly, if the termination results in an impact to a location that requires an inspection by the Division of Housing, should the DOH (database) be included for notification?</p> <p>15. This continues to state that the contract provider must report the names of all persons residing in the home. There is still concern that other persons could include participants served by other PASAs, which could constitute a HIPAA breach. It would be helpful to distinguish the requirement for non-participants living in the home to alleviate the concern.</p>

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			<p>Page 4</p> <ul style="list-style-type: none"> B.2. The language for a lock and key for a bedroom door is not consistent with the FAQs for the HCBS Settings Final Rule. In the HCBS Settings FAQ, Part I – January 2018, it states that ‘individuals must have the ability to close and lock their own bedroom’. Considerations in the FAQ further state: <ul style="list-style-type: none"> Locks should allow people to exit the bedroom without delay. Locks that disengage with the turn of an inside knob or push of an inside lever are recommended. Deadbolts or locks that can only be unlocked from the inside pose a safety hazard and should not be used. In addition, the requirement for the residency agreement now discusses evictions, but no longer states appeals, as required by the Settings Final Rule, and as stated in the FAQs III from November 2018. <p>Page 5</p> <ul style="list-style-type: none"> 4. This language is not consistent with language in current rule for grievance procedures at 8.605.5 B., which requires notification of the grievance procedures at the time of admission and at any time that changes to the procedure occur. Current requirements for providing dispute resolution procedures (appeal) are stated in 8.605.2 and are required at the time of the annual plan development, when changes to the plan are contemplated, and upon request. <p>Page 6</p> <ul style="list-style-type: none"> A.2.h.iv. Participants in a setting may not be able to evacuate, however, staffing/provider patterns may be sufficient to support all participants in the home to evacuate in an expedited manner. The language could include ‘or staffing patterns to ensure evacuation for all participants’. <p>Page 7</p> <ul style="list-style-type: none"> A.3. This language continues to preclude an employee or provider from being able to begin providing care before being trained. As is current practice, it would be beneficial to allow for employees/providers to work while being supervised during training. Unsupervised care is not to be permitted without minimal training as outlined in 3.a.and 3.b.This language is not consistent with current requirements under 8.603.9 – Personnel and Contractor Administration. As written in previous comments, the current section requires ‘an organized program of orientation and training’ whereas this draft language requires ‘policies and procedures’. In addition, the current regulation (8.603.9.D.1.), states that the program shall provide for ‘extent and type of training to be provided to employees or contractors providing supports and services having unsupervised contact with persons receiving services’, as opposed to having training prior to providing direct services. <p>Page 8</p> <ul style="list-style-type: none"> A.6. This language continues to state that safety plans are to be reviewed by the PASA during each on-site <i>monitoring</i> (added) visit, rather than on a quarterly basis. PASAs may provide a variety of monitoring activities, that may include program monitoring, environmental monitoring, health/nursing monitoring. It is not reasonable to have all entities review plans during each visit. In addition, the new language under 8.609.A.i. (page 7) now calls for settings for three participants to be monitored monthly. Reviewing safety plans at each visit may not allow for other types of monitoring to occur with care – such as program data, community inclusion, medical appointments, interactions between providers and participants; and a variety of other monitoring activities completed during home visits.

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			<p>Page 9</p> <ul style="list-style-type: none"> B. 9. How would this requirement apply when a PASA co-signs a lease on an apartment/home for a participant who lives in a more independent setting and the property owner/manager requires a co-signer? <p>Page 10</p> <ul style="list-style-type: none"> B.4. This language states that a home must be accessible to <i>all individuals</i>, including participants utilizing a wheelchair or other mobility device. Changing the language to 'participants living in the home, including participants utilizing a wheelchair or other mobility device' would be consistent with current requirements. B.9. and B. 10. These areas continue to require inspection of fire extinguishers, and smoke/carbon monoxide detectors at each on-site monitoring visit by the PASA rather than on a quarterly basis. Please see A.6. above.