



Family Support Services Program Stakeholder Log - September 2017-March 2019

Feedback Received at: kendall.smith@state.co.us

| Comment Number | Date Received | Individual/Organization Name | Rule Section | Comment Synopsis | Department Response |
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| 1 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.A.5. | Add term "delay"; should read "available to persons with developmental disabilities or delays". | "Persons with Developmental Disabilities" has been changed to "Individual with an Intellectual and Developmental Disability (IDD) or Developmental Delay" throughout. The Department uses this term to align with 25.5-6-403 (3.3) and best practices for person-centered language. |
| 2 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.A.6 | The Dept needs to do more to publicize the program at a state level. Please connect with CSEAC and Family Resource Centers, or other resources for families so that these entities are aware of the availability of this program. | Forms of advertising and outreach are the responsibility of the CCBs as administrators of the FSSP and this is included in their contract and funding. The Department is available to present this information at events held by community partners, CCBs and family advocacy groups. Additionally, the Department has information on this program available on our website: https://www.colorado.gov/hcpf/family-support-services-program-fssp . This page can be printed and distributed as desired by stakeholder groups. |

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| 3 | 2/20/2019 | Lisa Franklin/Parent to Parent | 8.613.A.6 | <p>I would like to encourage your team to consider a state-wide brochure with a high level overview of the FSSP with a specific audience for families. Our experience as a statewide organization is that many families do not know that they may be eligible for the FSSP. There were several of the comments during the webinar regarding not understanding how programs are implemented at individual CCBs as well as different efforts of publicity/outreach about the program from CCBs. Because of this variability, it means that parents often do not know that this program is available to them and don't understand how the program is funded or administered. While we do want to hold CCBs accountable for their obligation to outreach, if families do not know about these programs to start with, it is difficult for them to know what the expectations of the individual CCB should be. A flyer/brochure could also explain the parameters of the program as well as family obligations to provide invoices/receipts, etc. For those of us who are connected to statewide programs, we could assist with outreach and publicity if we were provided with a tool to do this.</p> | <p>Forms of advertising and outreach are the responsibility of the CCBs as administrators of the FSSP and this is included in their contract and funding. The Department is available to present this information at events held by community partners, CCBs and family advocacy groups. Additionally, the Department has information on this program available on our website: https://www.colorado.gov/hcpf/family-support-services-program-fssp. This page can be printed and distributed as desired by stakeholder groups.</p> |
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| 4 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.B.4.g | Expand on rule at 4.g. under FSC | This section of the regulation serves the purpose to designate the FSC role in helping the CCBs develop policies for transitioning families, which can vary between CCBs and FSCs based on their local needs. The current language allows for flexibility for the CCBs. The Department is willing to review how this regulation is operationalized in the future and make revisions as needed. |
| 5 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.C.1. | Remove strikethrough from "their family". | Corrected. |

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| 6 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.C.1. | Section C.1. does not read correctly- the addition of the word "with" in the third line, [because it] does not correspond appropriately. | This rule section continues to use the word "with"; however, the Department has ensured the language in this section is clear in intent. |
| 7 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.C.1. | The first sentence is missing the "their family." It has been struck out. It should be in that sentence. Also, should "family" be defined? | "Their family" was added to C.1. to specify the individual must live with their family for eligibility purposes. Family is defined in 8.600.4. For added clarity, the Department will revise this section 8.613.C.1. to read, "Any individual with an Intellectual and Developmental Disability (IDD) or Developmental Delay, as determined pursuant to Section 25.5-10-211, C.R.S. living with their family is eligible for the FSSP. Family is defined at Section 8.600.4." |

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| 8 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.C.3 (deleted portion) | Why is this being removed? Don't believe it is listed anywhere else in the rules and is important piece of this program to support all family members living in the home. | Removing this section from rule provides clarity that eligibility of the whole family relies on there being one individual with an IDD living with the family and is lawfully present in the United States. Services are intended to support the entire family. |
| 9 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.C.3. | Add "s" to United States. | Corrected. |

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| 10 | 2/21/2019 | Chris Cagliostro/Community Options Inc. | 8.613.C.3 (deleted portion) | The task force did not agree to delete this and we have a billing category of Parent and sibling support: related expenses for family members who live in the household and C.R.S. 25.5-10-301 Colorado Revised Statutes, (2016):(1) (c) "Family support must be responsive to the needs of the entire family unit... (m) I/DD programs and policies must enhance the development of the person with an I/DD and the family. (2) In addition, the general assembly recognizes that the state department has for several years developed and maintained a family resource service program that provides support services to families of children with I/DD who are at risk of out of home placement." | Removing this section from rule provides clarity that eligibility of the whole family relies on there being one individual with an IDD living with the family and is lawfully present in the United States. Services are intended to support the entire family and are available to all eligible family members as is the statutory intent of this program. |
| 11 | 2/22/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.C.3 (deleted portion) | The existing language for C.3. has been deleted, which allows for FSSP funds to be provided to the entire family. Is the language of F.8 e. intended to be the new language to address the family? Using parent and sibling could limit family members who may living in the same household, such as grandparents or other extended family members. | Removing this section from rule provides clarity that eligibility of the whole family hinges on there being one individual with an IDD living with the family and is lawfully present in the United States. Services are intended to support the entire family and are available to all eligible family members as is the statutory intent of this program. |

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| 12 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.C.4 (deleted portion) | Transferring and "double dipping." Which CCB is responsible when someone transfers midway through a FY? Suggestions included: letting CCBs determine how to handle transfers, allowing for CCBs to transfer client if they have only provided funding for 1-2 months; however, if they have been in one CCB's area for greater than 6 months of the FY then it would be that CCBs responsibility to continue to provide and follow that client as they move to a new area. | Removing this regulation allows CCBs and families to have more flexibility with transfers and encourages a person-centered approach. CCBs must communicate with one another and the family to ensure services are neither duplicated, nor terminated. |
| 13 | 2/21/2019 | Chris Cagliostro/Community Options Inc. | 8.613.C.4 (deleted portion) | Task force did not agree to delete this. It seems unfair and could promote "double dipping" if they would be able to receive additional funds from a new CCB once they move. To be fair they should finish out the fiscal year with the CCB from where they moved from. | Removing this regulation allows CCBs and families to have more flexibility with transfers and encourages a person-centered approach. CCBs must communicate with one another and the family to ensure services are neither duplicated, nor lost all terminated. This is the expectation included with Section 8.613.G. "Case Management." The Department will continue to monitor this process and revise as needed in the future. |

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| 14 | 2/27/2019 | Paige Martin/Rocky Mountain Human Services | 8.613.C.4 (deleted portion) | We decided as a group that funding would end immediately at the old CCB upon the transfer to the new CCB, and that current funding history would be shared with the transfer. | Removing this regulation allows CCBs and families to have more flexibility with transfers and encourages a person-centered approach. CCBs must communicate with one another and the family to ensure services are neither duplicated, nor terminated. |
| 15 | 2/21/2019 | Chris Cagliostro/Community Options Inc. | 8.613.C.5 (deleted portion) | The task force did not agree to delete this. | This requirement was not deleted but Colorado residential requirements were moved to 8.613.C.2. |

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| 16 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.D | Waitlist position when transferring – How do families ensure they keep a spot on the waitlist? Does the application date follow the family? | When transferring CCBs, the individual's waitlist position may change, because each CCB has its own waitlist with varying numbers of applicants who have varying levels of prioritization based on the MIN assessment. The Department anticipates as part of Section 8.613.G "Case Management" that this information will be provided at a time of transition from one CCB to another. |
| 17 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.D.4. | Should say "lowest" instead of "higher." | 8.613.D.4 was changed to: "Individuals determined to be prioritized for FSSP funding shall be serviced prior to individuals determined at a lower level of prioritization." |

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| 18 | 9/13/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.D.4. | Waiting List - The statement in D.4. "Persons determined to be most in need of family support services program shall be served prior to persons determined at higher levels of need." is not clear in its meaning. Need wording that more clearly articulates what this is intending to address. | 8.613.D.4 was changed to: "Individuals determined to be prioritized for FSSP funding shall be serviced prior to individuals determined at a lower level of prioritization." |
| 19 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.D.4. | Section D.4. does not read correctly. Are we really saying that "Persons determined to be most in need of family support services program shall be served prior to person determined at the higher levels of need?" In the draft that the workgroup reviewed, the word "higher" is actually "lower." | 8.613.D.4 was changed to: "Individuals determined to be prioritized for FSSP funding shall be serviced prior to individuals determined at a lower level of prioritization." |

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| 20 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.D.4. | "Persons determined most in need of FSSP shall be served prior to persons determined at the 'higher' level of need." Shouldn't that read "lower" levels of need? | 8.613.D.4 was changed to: "Individuals determined to be prioritized for FSSP funding shall be serviced prior to individuals determined at a lower level of prioritization." |
| 21 | 04/02/2019 | Callie Tolbert/The Resource Exchange | 8.613.D.4 | Clarification is requested on this statement. What is the expectation of programs who must maintain a waiting list for participation in FSSP due to program capacity limits? Once an individual is enrolled in the FSSP, is it expected that they may be terminated from the program if someone newly applies and is found to have a MINA score higher than an individual already enrolled? If so this creates some concern as the lower MINA score for the person enrolled may be due to the support they are receiving from FSSP, thus reducing the MINA score, but if they were moved back to the waiting list so that an individual with a higher score could be served their score could very likely increase again due to losing that support. In addition, the constant movement from program to waiting list to program could prove difficult to manage. | The MIN Assessment should be done without considering current FSSP supports, because it is intended to explain why the FSSP supports are necessary. Additionally, if a CCB has already committed funding to a family for the fiscal year, the family's funding should not be terminated until the end of the fiscal year when a new MIN assessment and FSP are due. Then, the individual's new MIN score will determine whether the family is put on the waiting list or will receive services for the next fiscal year. |

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| 22 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.D.5 | At waiting list D.5., CCBs questioned the need for families to request to be put on waiting lists instead of being automatically entered. The concern was that families, who may not need services right now, may not be put on the waitlist and then when they needed services, they would have to start at the bottom and from scratch. | The Department requires the waiting list to reflect the number of individuals actively waiting on services at any given point in time for programmatic management and budgetary purposes. The CCB may develop internal processes for maintaining other waiting lists as needed. CCB's should be offering a choice to families. Should a family not wish to be put on a waiting list for funds, then the CCB should not include this family in their totals of families actively waiting for funds. |
| 23 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.D.6. | Section D.6.: During our work group discussions, we agreed to adding clarifying language that the emergency funding would be through FSSP dollars, not general CCB funding. Please consider changing the language in section to: "Persons waiting for FSSP funding are eligible to receive emergency funding through the Special Reserve/Emergency Funding category." | 8.613.D.6 was changed to: "Any individual on the waiting list for FSSP may receive emergency funding through the CCB through the FSSP, if the needs meet the parameters set by the FSC and the CCB." |

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| 24 | 2/22/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.D.6/E.6/J.2 | D.6. and E.6. each addresses the FSSP Emergency Funds. Even though the language says "may," could a qualifier be added to indicate "if funds are available?" Additionally, J.2. states that any individual "shall be eligible" to receive emergency funds. Each of these could be seen as an entitlement, when the CCB may have exhausted the emergency fund. A qualifier may be needed. | FSSP is not an entitlement and the program is limited to the CCB's available appropriations. 8.613.C.4 states "Eligibility for the FSSP does not guarantee the availability of services or supports under this program." This is to provide clarity that services are only available when there are appropriate resources and are not guaranteed. |
| 25 | 3/21/19 | Sara Sims/Mountain Valley Developmental Services | 8.613.D.6/E.6. | <p>Regarding D.6 and E.6, which states that CCBs need to use General Funds for emergency funding to families. I request that funds from the Special Reserve category of the Direct Service funds be used instead, this is something that Sheila Peil agreed to during prior conversations with the FSSP Workgroup. Using money from the General Funds category is in conflict with the directive in our CCB contracts as to how we are to use General Funds:</p> <p style="padding-left: 40px;"><i>6.1.1. Management and General Funds</i></p> <p style="padding-left: 80px;"><i>6.1.1.1. The Contractor shall utilize appropriated Management and General Administration Funds to perform activities for the financial and corporate administration of the agency specific to FSSP required by the Department.</i></p> | 8.613.E.6 was removed and 8.613.D.6 was changed to: "Any individual on the waiting list for FSSP may receive emergency funding through the CCB through the FSSP, if the needs meet the parameters set by the FSC and the CCB." |

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| | | | | <p><i>6.1.1.2. The Contractor shall ensure that Management and General Administration Funds shall not exceed fifteen percent (15%) of direct service and case management expenditures.</i></p> <p>Additionally, requiring CCBS to give general funds (that are intended to cover administrative expenses) to families, penalizes CCBs and takes money away from necessary administrative tasks. General funds are not intended to be used as direct service funds.</p> | |
| 26 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.E.6. (deleted portion) | <p>Should remove last line of, "They will remain eligible for Family Support emergency funds." If active Waiver individuals are not being prioritized into FSSP and cannot be on the FSSP waitlist, how can they still be eligible for FSSP emergency funds? Those funds are for FSSP active families and FSSP waitlist families.</p> | <p>The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first.</p> |

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| 27 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.E.6. (deleted portion) | Section E.6. I thought this requirement was going to be taken out and that the MIN checklist would be the determinant of eligibility for funds for families whose child is on a waiver. I strongly recommend that this statement be removed, because participation in the CHCBS Waiver does not provide supports for the same needs as FSSP (i.e.: Respite care, Camps). Additionally, and especially in the areas of the state that we serve, families just don't have access to the same resources as do other parts of the state. | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |
| 28 | 9/18/2017 | Pat Carney/Foothills Gateway | 8.613.E.6. (deleted portion) | Foothills FSSP Council is opposed to this. There should be a factor/weight within the process that allows those not enrolled in a waiver to receive a higher priority, but not an exclusion for the program. | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |

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| 29 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.E.6. (deleted portion) | Recommended to remove #6 under Prioritization. | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |
| 30 | 2/22/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.E.6. (deleted portion) | Imagine! supports deleting E.6 along with other CCBs to allow for flexibility in program administration. | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |

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| 31 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.E.6. (deleted portion) | I do believe this should stay in rule and that we should not be prioritizing Waiver individuals for access to FSSP. We do have an extensive waitlist with many families receiving nothing. I do however believe that the C-HCBS Waiver and CLLI Waiver should be excluded from this list as they are not primarily I/DD related Waivers and do not offer as much supports as the other Waivers, so we feel there wouldn't be as much duplication of services if they were to also receive FSSP. | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |
| 32 | 03/21/19 | Sara Sims/Mountain Valley Developmental Center | 8.613.E.6. (deleted portion) | This states that individuals receiving HCBS services cannot be prioritized for funding or be waitlisted for funding but can be eligible for Emergency Funds. I ask that this be modified to allow for participants to be prioritized for funding and to be on the waitlist, as long as the services purchased with FSSP funds do not duplicate what is available through the CHCBS waiver. This is huge need in our area, as many children are on the CHCBS Waiver, which merely provides access to medical coverage. These families also need respite care and financial assistance to attend educational conferences regarding their child's disability. There are a lot of children in our area who qualify for the CHCBS Waiver and who need the extra help. How is it fair to allow a child covered through private insurance to be prioritized for funding, yet not one with public insurance? | The section limiting prioritization of waiver clients was removed. The MIN assessment will consider waiver eligibility and services available to the individual. Services shall not be duplicated and Medicaid services, including waiver services, must be utilized first. |

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| 33 | 04/02/2019 | Callie Tolbert/The Resource | 8.613.E.6 | Does the MINA need to be completed annually for the individuals on the waitlist too? If so, would sending a letter annually and asking if they would like to update the assessment suffice? It does not seem necessary to have the assessment completed annually if their needs have not changed. | The MIN must be completed annually for all individuals, including individuals on the waitlist to ensure that the individual is still at the same level of prioritization. |
| 34 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.E.7. | I thought the Department was NOT going to dictate an "approved assessment?" Just wanting to clarify. | The Department is not providing a standard MIN assessment, but 8.613.E.7 lists the basic requirements for the minimum information to be provided on the assessment. The Department is willing to review operationalization of this requirement and revise in the future if necessary. |

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| 35 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F | <p>The Family Support Plan starts by listing the family members living at home (eligible for the Family Support Plan Services), then identifying Needs. The family and the family support consultant then discuss how to address those needs. That family is the expert on what will work for their child or family member. Looking at the FS Categories in isolation leaves out this process. Several examples were discussed.</p> <ul style="list-style-type: none"> a. Example 1: A child with Autism. Family identifies self-stimming, sensory needs, poor diet and exhaustion. During the discussion they share some of the things their child does well with at school (computer programs, sensory items and a timer for transitions). The team agrees that using FS to procure similar items that have already been found to be effective be purchased to use at home will address some of their identified needs. Family shares they purchase supplements from a homeopathic therapist in town that help because their child is gluten intolerant and also has a limited diet he will tolerate so that is added to the plan. Respite is added to the plan to address exhaustion. b. Example 2: An adult with DIDD who lives with his father and has other health issues as well. He has few friends and limited opportunities for socializing. Team identifies gym time | <p>The Department acknowledges there have been many concerns related to the limitation of service categories in the proposed regulation. This change is a response to a mixture of legislative concerns, audits, surveys, and other recommendations. Since 2003, questions have been raised about how well this program is serving the families who are "Most in Need" and whether the funds are being used to provide for the needs that are above and beyond what other families without an individual with an IDD, incur. The attention to these two concerns have shaped the development of these regulations over the past two years. The new regulations aim to give access to services to as many "most in need" families as possible while still ensuring the FSSP maintains program integrity. Most services that were covered previously, still are and the Department will provide training and guidance on the changes to billing categories. The Department will continue to monitor and add, remove, and/or modify the service categories as needed. The examples you have provided are all services and needs that could still be funded through FSSP, when attributed to the correct service category.</p> |
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| | | | | <p>as a great option for him to improve his health and interact with other. They also identify that some of his friends are taking an art class next semester and he likes art. The team adds gym time and art class to his Family Support Plan.</p> <p>c. Example 3: A teenager with Prader Willie syndrome. Teen is in high school, receives limited therapy at school for low muscle tone, is in PE every semester due to the low metabolism and still struggles with weight, muscle tone and doing things with kids her age that don't revolve around food. Teen is resistant to be singled out for "therapy." Team come up with an activity such as dance or gymnastics or pool membership to allow her to interact and do fun things with peers that don't involve food (tough for any teen) and support her need to be physically active.</p> | |
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| 36 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F | <p>Main concern for any category: leave wiggle room for things teachers, doctors, therapists, etc. think will be beneficial for the child. Often the most effective ideas are off label. I just would hate to see a child denied something that would benefit them just because it didn't fit someone's idea of what a beneficial toy/device/whatever is. I wish we'd had something like family support when my daughter was little. We were in the military and lived out of state far away from family. It would have saved a lot of stress! Don't be afraid of "wasting" money on assistive technology (that's the way the wording appears to me). These kids don't fit into "normal" categories, so often their needs don't either. They keep trying to shove square pegs into a round hole! It just seems like they're really trying to limit the ideas.</p> | <p>The Department acknowledges there have been many concerns related to the limitation of service categories in the proposed regulation. This change is a response to a mixture of legislative concerns, audits, surveys, and other recommendations. Since 2003, questions have been raised about how well this program is serving the families who are "Most in Need" and whether the funds are being used to provide for the needs that are above and beyond what other families without an individual with an IDD, incur. The attention to these two concerns have shaped the development of these regulations over the past two years. The new regulations aim to give access to services to as many "most in need" families as possible while still ensuring FSSP maintains program integrity. Most services that were covered previously, still are and the Department will provide training and guidance on the changes to billing categories. The Department will continue to monitor and add, remove, and/or modify the service categories as needed. The revised regulations still allow for a CCB to be creative and come up with effective solutions to meet the needs of the family.</p> |
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| 37 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F | It feels like creating another Medicaid Waiver. This program is essential because some kids fall between the cracks—especially kids who have both developmental and medical issues. They don't quite meet the criteria for one or the other to get additional supports, but their needs aren't going away. We value activities that have multiple benefits like increasing muscle tone and allowing socialization opportunities, so our daughter can work on skills (socialization skills). The categories seem to leave out socialization and non-medical model solutions. | FSSP is not a Medicaid waiver and the intent of the program is to offer services and supports to the families and individuals who are "Most in Need." To do so, the program must have a level of structure that ensures the funding is spent on the families with the highest level of need and expenses related to having an individual with an IDD living in their household. These services include both medical and non-medical supports, but all supports must be directly related to the individual's disability. |
| 38 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F | There needs to be flexibility. You don't know what you don't know and their (the kids) needs keep changing. | The program is designed for flexibility and to change as family's needs change. This is identified through the FSC development and meeting with families as their needs change. |

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| 39 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.F.2. | Can you change wording from "shall not be approved if needed due to the person's age" to "shall not be approved if needed due to a typical age-related need?" Feel it's clearer using the latter verbiage. | Changed to recommended language. |
| 40 | 9/6/2017 | Pat Rheaume/Blue Peaks Developmental Services | 8.613.F.7. | <p>I'm not sure what the reasoning for this particular rule is but I strongly disagree with this rule, for the following reasons.</p> <ol style="list-style-type: none"> 1. Marijuana and its derivatives are legal in the state of Colorado, for both medical and recreational purposes. 2. Marijuana has been shown, both medically and anecdotally, to have significant positive effects in the treatment of a variety of medical and psychological conditions. 3. Our own experience in Early Intervention has demonstrated the positive benefit of medicinal forms of marijuana (or its derivatives) in the relief of severe, chronic and persistent seizure disorders. <p>I do not believe FSSP funds should be used to pay for recreational marijuana. However, for medical purposes, I believe that when it is prescribed, and not covered by other payors, it should be allowed in these rules.</p> | Language surrounding Marijuana have been removed from this regulation. |

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| 41 | 9/15/2017 | Sara Sims/Horizons Specialized Services | 8.613.F.7. | Section F.7. are we saying that donations to such fundraisers as Jerry's Kids would be allowed? Jerry's Kids is not a political or religious entity. I suggest it be worded as such: "Specifically excluded are religious donations, political donations, donations without medical benefit of to the person in services, activities prohibited by law, and marijuana for any purpose." | To clarify, FSSP funds must be used to directly support the individual with an IDD and the family. The Department does not allow the use of FSSP funds as you describe. |
| 42 | 2/22/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.F.7. | Since FSSP is a State funded program, does F.7. pertain to State laws only? If it is for State and/or Federal, should that be specified? | Though the program is state funded, states are still subject to federal laws, therefore both state and federal laws apply to the use of the FSSP. |

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| 43 | 03/21/19 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.7. | Prohibiting the use of FSSP money for "religious donations, political donations, or activities prohibited by law..." Consider changing this to using FSSP money for ANY DONATIONS without qualifiers as to type. One example of this is that I had a family submit a receipt for giving a donation to a Multiple Sclerosis using FSSP funds. I declined it, and the family didn't challenge me on it, but having the rule actually state that the money can't be used for any donations is definitely needed. | T FSSP funds must be used to directly support the individual with an IDD and the family. The Department would not support the use of funds as you describe and for clarity will revise this Section 8.613.F. "FSSP shall not be used for any donation: religious, political or otherwise, or activities prohibited by law." |
| 44 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.F.8 | Is Tutoring allowable? Should this be called out in this list? | Tutoring could be allowed as a specialized service. |

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| 45 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8 | <p>Unsure what category other items may fall in, [we] but feel strongly they should be allowable.</p> <p>Camps: Camps fall under several categories currently depending on the need being addressed by the individual's plan. It may provide respite to one family and be a professional request (depending on the therapies offered at the camps) for another family and Parent and Sibling Support if the camp offers sessions for the various family members on another FS Plan. This is such a crucial service for families especially during the summer when they may be excluded from typical day camps due to their special needs.</p> <p>Paid Support: Some families pay paras, neighbors, friends and their children's peers to do social/fun activities with their child. This is not always "respite." It is to address loneliness and need for opportunities to socialize and be a part of community. It may also be to encourage healthy behavior.</p> <p>Non-medical Assessments: Cognitive assessments, behavioral assessments, risk assessments... Many times, insurance does not cover these assessments and they are so crucial for developing a safe and appropriate plan for the individual.</p> | <p>The purpose of the camp shall determine the billing category and shall be documented in the FSP. Paid support appears to be a broad support which may fall into many categories, depending on the situation. Non-medical assessments are typically performed by therapists or other licensed professionals and can be billed under the professional services category. Further training will be provided by the Department on service categories.</p> |
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| 46 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8. | Another family feels the cranial sacral massage and supplements they give their son with autism help him maintain socially appropriate behavior. (Can be aggressive) | Cranial sacral massage is performed by a licensed massage therapist and can be billed as professional services. Some supplements will now be covered based on the Health First Colorado guidelines for over-the- counter medications. |
| 47 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8. | Staff Expense: Being moved to "other." | The only staff expense previously listed was for "respite coordinator," which has been removed. Staff expenses are allocated based on the contract between the CCB and the Department. |

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| 48 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.a. | <p>Would like the criteria broadened a little more to include things that ease the act of caregiving and allow the individual to remain safe in the family home that are still directly related to the needs of the individual. Change "necessary" to "recommended."</p> <p>Some examples we came up with: adaptive plates/silverware/cups, low vision/hearing devices and toys specialized for that need, readers (pens that read text etc.), window, door locks, child proof knobs, door alarms, GPS devices, motion detectors, car seats, vehicle restraints....</p> | <p>The examples provided would meet "necessary" criteria. The item, an adaptive item or environmental modification is needed because the individual needs support beyond that of an age-typical peer, because of the individual's IDD or Developmental Delay, or medical condition. These are considered necessary for the individual's ability to integrate or be supported in their home and/or community.</p> |
| 49 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.b. | <p>Would like to see "recommended" vs. "necessary." Expand to not just enabling to access community or to make accessible, but also for safety and to remain safe in the family home.</p> <p>Some examples we came up with: Lift to get wheelchair into vehicle or attach to back of vehicle, lock override systems, additional restraints for vehicles. In the home: railings in hallways for balance, doors/lock-outs for conditions like Prader Willie, attachments to secure furniture, tv's, bookshelves for safety. Modifications like plywood over drywall to prevent holes in the wall or simply drywall repair. Must include "repair/replacement" for broken windows, holes in wall, replacing flooring due to chronic conditions (incontinence or vomiting). Fencing for kids that escape or wander seemed to be a big one that isn't used often but is so crucial for safety when it is.</p> | <p>The examples provided would meet "necessary" criteria. The item, an adaptive item or environmental modification is needed because the individual needs support beyond that of an age-typical peer, because of the individual's IDD or Developmental Delay or medical condition. These are considered necessary for the individual's ability to integrate or be supported in their home and/or community.</p> |

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| 50 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.b. | Section F.8.b.: I suggest adding that "If the family does not own the property, the modification needs to be able to be taken with the renter in the event that the renter moves from the property." This aligns with the CES requirements for home adaptations. | Changed to recommended language. |
| 51 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.c | Regarding how to broaden the doctor's order requirement, we discussed wording such as "endorsed by a Qualified Organization," "Standard of Care for treating..." and heard: It's difficult to define Standards of Practice/Care when you don't have a definitive diagnosis. Our son is in high school and we just received a diagnosis of autism in December (along with other new diagnoses). His biological mother may have had mental health issues as well as substance abuse issues. We are discovering new strategies all the time. | The requirement that items were prescribed by a medical doctor, doctor of dentistry, ophthalmology, or an optometrist was broadened to include any licensed medical professional. Additionally, the items do not require a specific diagnosis for recommendation or prescription. The intent is to see the need is related to the individual's IDD or Developmental Delay, or medical condition. |

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| 52 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.c | <p>Another parent shared that his daughter has a very rare diagnosis. There are no standards of care because so little is known about her syndrome. She is part of a National Study. (They have used FS funds to go to appointments to document and study her syndrome) She has the syndrome, is developmentally disabled and has diabetes. Her care is very complex and she sees doctors, specialists and therapists regularly. We can't make a doctor's appointment (\$ and time) just to get a doctor's order for FS to pay for something we know from experience is effective. In her case, [her parents] are the experts.</p> | <p>The requirement that items were prescribed by a medical doctor, doctor of dentistry, ophthalmology, or an optometrist was broadened to include any licensed medical professional. Additionally, the items do not require a specific diagnosis for recommendation or prescription. The intent is to see the need is related to the individual's IDD or Developmental Delay, or medical condition. The Department would be happy to facilitate further discussion about what her parents are recommending or requesting funding for, related to her care and what other service categories may be appropriate.</p> |
| 53 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.c. | <p>Would like to see prescribed expanded to include: standard of care or recommended and the options for who recommends to be broad. Our families felt that they spend a lot of time at doctor appointments, therapy appointments, doing ADL's, attending IEP's and asking them to do one more doctor appointment to get an order for something that is common standard of care or endorsed by an organization for seizures, autism, Down's Syndrome is an unnecessary requirement. They did not agree that an item should be excluded simply because it is an over the counter purchase. They agreed that Flintstones vitamins type of items should be excluded, but most supplements that are being used are specific to the child's disability and atypical for the general population. If the entire process is followed, the supplement will be connected to a need specific to this individual's disability and not a need that is</p> | <p>The Department acknowledges the burden placed on families to provide letters of recommendation and prescriptions for commonly needed items, as you outline. The Department advises that the CCB and FSC develop in coordination the permissible goods and services provided to all families enrolled on FSSP under the "Other: Specialized Service" category. The Department intends to conduct further trainings on Service billing categories. The Department will continue to require the documentation at Section 8.613.F.8.c as written. Additionally, the Department has revised Section 8.613.F.8.c.i. to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional.</p> |

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| | | | | <p>experienced by the general population. Please add co-pays. Some examples we came up that should be included in this category: Parking at medical appointments, gloves for topical application or incontinence, purified water, specialized formulas, thicken, Ensure/Boost, protein drinks and other supplements, remote glucose monitors/watches, hearing aid batteries and insurance, and over-the-counters for chronic conditions related to their disability (eczema, enemas, laxatives etc.)</p> | |
| 54 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.F.8.c. | <p>Remove last line about excluding over the counter medications and vitamins. During our meetings we discussed removing this as long as families have a doctor note for these needs.</p> | <p>The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional.</p> |

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| 55 | 9/13/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.F.8.c. | Direct Services - Medical and Dental Items - Suggestion to add the following language to the final statement, "Excluded: over the counter medications and vitamins, unless directly related to the person's disability and prescribed by a doctor." We have multiple families in a situation where the doctor has prescribed over the counter medications as a way to address physical needs related to the person's disability. An example, a young man with a diagnosis of Croudson Syndrome which includes malformations of the face and he requires eye drops daily to protect his eyes due to the malformation. These are not covered by Medicaid but present a financial burden to the family. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |
| 56 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.c. | Many of our families utilize supplements that are OTC to support their family members' autoimmune conditions or general fragility of health. For these reasons, I'd like to see vitamins become an eligible item that can be paid for by FSSP. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |

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| 57 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.F.8.c. | Would like further explanation as to why FSSP funds cannot be used towards over the counter medications and vitamins if they are prescribed by a doctor. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |
| 58 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.F.8.c | Want to see OTC meds be covered | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |

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| 59 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.F.8.c | I do believe we should be able to cover over the cover medications and vitamins and supplements if there is a letter of recommendation from a doctor. A lot of our families are encouraged by medical professionals to utilize over the counter meds and vitamins and supplements for their child's disability. These are not typically covered by insurance or Medicaid, so it is an out of pocket expense for families that can really add up. We would like to see this exclusion removed from rule. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |
| 60 | 2/27/2019 | Paige Martin/Rocky Mountain Human Services | 8.613.F.8.c | We agreed that we would fund this need, provided a physician letter of recommendation is submitted that supports the use of any OTC meds as above and beyond the needs of a typical child. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |

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| 61 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.c. | I request that this be omitted. There are several families whose children require OTCs to assist with pain management, sleep disturbances, topical treatments, and low nutrient intake related to their IDD or developmental delay. Some prescribed medications deplete the system of nutrients that can effectively be replaced via OTC vitamins and nutritional supplements. Children and families rely on these items to quickly and efficiently address changes in needs. Often times, OTCs provide a more cost effective way to treat the medical issue and prevent other major medical events from occurring. If this can't be omitted, I request that it be allowed with written orders from a professional health provider. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |
| 62 | 03/25/2019 | Callie Tolbert/The Resource Exchange | 8.613.F.8.c. | These items are recommended by the individual's MD and when FSSP funding has been used for cover them and is directly related their IDD. This is an expense that is above a typical expense for a family and many of the families we serve could not afford these items without FSSP assistance. | The Department has revised this section to include over-the-counter medications in accordance with the requirements of Health First Colorado and the pharmacy preferred drug list, when prescribed by a licensed medical professional. |

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| 63 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.d. | <p>Uncertain stance on using the limited Family Support Funding for staff positions that seem to fall under "program" or things we have done at our agency with grant funds or local dollars in collaboration with other agencies. We also had concerns about the specific "titles" of positions as well as the limitation of the Respite Coordinator for "CCB provided respite." In a small agency, we collaborate with multiple other agencies to create respite opportunities, so we wouldn't be able to access this as written. We feel it is essential to still offer the "Other" category as we have in the past to allow for flexibility and to catch the requests that are appropriate, but don't fit into established categories. This category was being used incorrectly for Medical lodging and meals and parking, so we expect a significant reduction in its use from previous years. In addition, if special dietary needs are moved to medical and therapy items to professional, it will further reduce the items under this category. Some examples we came up that should be included in this category or somewhere in the program: water filtration system, Lactaid milk, thickener, protein drinks, naturopathic supplements, gluten free items, therapeutic riding (not hippo therapy), OTC for chronic conditions atypical to general population, glycerin, saline catheters, lubricants, ostomy supplies. (Some of these may need to go in Medical), modified or specialized clothing or the cost to modify clothing for individual, Personal trainer, classes, gym membership, pool passes, gymnastics, dance, swim lessons, special</p> | <p>Consultants and advocates are not typical staffing expenses. This category would cover those who are trained to help with guardianship, courts, school systems, etc. and legal fees. The respite coordinator position in this section of rule was removed. Inter-agency respite programs can be billed as a program expense. The Department will provide further training related to billing categories.</p> |
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| | | | | furniture to meet needs, strollers and adapted bike and other adapted/specialized recreation equipment. Is this where we would put legal fees (Guardianship, court visitor, appeals, filing fees)? | |
| 64 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.F.8.d. | Remove "s" from service title "Other". | Corrected. |

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| 65 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.F.8.d.ii. | <p>Remove exclusion for cost of recreation for family members. During our meetings we discussed removing this exclusion. Our FSSP participants are typically not able to do recreation activities on their own and need support from family members. It also acts as a bonding time and stress reliever for family members.</p> | <p>The Department has received robust feedback about the inclusion of recreational passes and activities for individuals with an IDD or Developmental Delay and their families. For clarification, regulation allows for the purchase of recreational center passes or classes for the individual with the disability when the need is above and beyond the need of a typical aged peer. (Recommended water activities for muscle tone, or classes to assist the individual in integrating with their peers, for example, are allowable expenses.) The Department also encourages CCBs to contact their local recreation centers to understand the policies for admission of support persons. Many in the Denver Metro area allow for an individual, who requires a support person to access the centers amenities, to bring in that person without charge.</p> <p>The Department is tasked with balancing the intent of this program (25.5-10-302, C.R.S.) with the Department’s responsibility to be sound stewards of state resources. With the exclusion of recreation center passes for families, the Department is implementing this balance. Additionally, the guidance provided in Footnote 89 instructs the Department to ensure goods and services paid for through FSSP are done so because the expense is greater than that of typical family expenditures, to ensure funding is getting to “Most in Need” families. The cost of recreation passes, activity classes, recreational excursions (skiing, etc.), admission to zoos, museums and aquariums</p> |
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| | | | | | <p>are not costs associated with or incurred because an individual in the family has an IDD or Developmental Delay – these are the typical costs a family experiences. Currently, across the state there are 1,500 families waiting to access FSSP. The Department must ensure access to those “Most in Need.”</p> <p>The Department acknowledges that the need to alleviate stress from care givers in their role as primary care giver is essential and it is commonly understood that physical activity can accomplish this. Through the FSSP, the Department intends to cover the expenses that are a direct need because of the individual’s disability – giving the family greater flexibility to use the funds not spent on these covered FSSP goods and services, to purchase recreational and leisure activities for their family as they choose.</p> <p>The Department will conduct additional trainings on how to use the “Parent and Sibling Support” service to meet the needs of others in the family.</p> |
| 66 | 9/13/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.F.8.d.ii. | <p>Suggestion to remove language "Excluded: The cost of recreation for family members." This is in contradiction to the above language that this category is in part to "address the need to help families manage additional stress due to providing care for the family member with a developmental disability." An example, A recommendation is made by a therapist or doctor for a person to receive more physical activity and the family would like to use YMCA for this. This particular strategy meets the needs of the individual in services and</p> | Please see Department response to 65. |

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| | | | | provides a form of respite and stress-relieving family activity at the same time. The supervision of the person is often still a need while at the YMCA so the person in services would not be able to participate without the family membership. | |
| 67 | 9/13/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.F.8.d.ii. | Direct Services - Recreational Needs - Suggestion to add language as follows "Recreational needs of the individual with a developmental disability when the cost of the recreation is above and beyond the typical cost, unless the activity has been recommended by a therapist or physician and is not attainable by the family without additional funding." | Please see Department response to 65. Additionally, the Department will conduct further trainings about "Direct Services." The recommendation to participate in a specific activity by a physician or therapist would fulfil the need for funding, and no further language is required. |

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| 68 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.d.ii. | Are recreation center passes for the child/family part of this exclusion? I can see the appropriateness of purchasing rec center passes when the person in our services has physical or social issues that can be addressed by participating in recreation center activities. Additionally, some of my families use recreation center activities as respite care. Please clarify. | Please see Department Response to 65. |
| 69 | 2/20/2019 | Comments from Stakeholder Meeting 2/20/19 | 8.613.F.8.d.ii. | Rec Center passes for families should be covered so please remove number d.ii. | Please see Department Response to 65. |

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| 70 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.F.8.d.ii. | <p>We would like to see this exclusion removed from rule. One of the program goals for the Family Support Services Program is to support the entire family in order to maintain the individual with I/DD in the home. We have seen families utilize FSSP funds for various recreation activities in order to keep the family unit together. This is an expense the family may not be able to cover otherwise and it gives them access to their community and a time to bond as a family. I have included additional testimonials and case examples below from our Coordinators who have seen the benefits of these services to our FSSP families.</p> | Please see Department Response to 65. |
| 71 | 2/26/2019 | Jenny Skinner and FS Coordinators/Developmental Pathways | 8.613.F.8.d.ii. | <p>Financial assistance towards recreational passes for family members is definitely needed, as it offers opportunity all around. For example, some families cannot afford to go to the rec center, zoo, or aquarium, which all are advantageous for children, especially those with disabilities. If the families cannot afford to take their children, then they don't go, and the child misses out. Not all places are disability friendly, thus it is important to help promote those that are, even if that is helping a family member accompany the child. Secondly, these types of passes offer sibling support. Having a sibling with a disability can sometimes be trying, causing lack of opportunity for a sibling to be/act like a child. This allows the sibling to do so, while also engaging with their sibling with a disability. As a coordinator over the years it has been my experience that this is one of the most highly sought and valued benefits within the</p> | Please see Department Response to 65. |

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| | | | | <p>program. It has allowed the families to provide a more universal experience for their family as a whole. They have relayed to me that it allowed them to go somewhere as a family and not feel stigmatized, as children can feel, by only attending events centered around disabilities. That can be very isolating for everyone and while those events have their place and can be appreciated, none of us live our lives in a vacuum. I think allowing for the family passes to metro attractions, speaks to our state and agencies commitment to families and community. They all belong in all settings, because they are part of our community. This kind of help makes that possible. Not only is it cost effective, it serves to enrich our participant and their family. Because we serve children a pass for them alone wouldn't be practical or ensure that they could go, because they would need an adult to accompany them, leading to yet another dilemma, if a parent is not able to bring the siblings due to the expense. Unity is sacrificed, when it could be encouraged. Siblings need opportunities to see and experience their loved one everywhere, they benefit, the community benefits and while the benefits may be intangible they are no less important. In fact, they may be more important. The bonds that are built serve to support lifelong relationships. Our families routine and life revolve around the needs of the individual with a disability. It is hard for them to do something outside of that routine. When we are able to help them cover the cost to the zoo or a rec center it helps the family break from that</p> | |
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| | | | | <p>routine and focus on the family dynamic. A lot of these families have a limited income and buying a pass for the family is not even a possibility. Also, Siblings often times feel left out and do not understand why everything revolves around their sibling's needs. They feel like they are not as important and that their parents do not care for them as much as they care for their sibling who has a disability. Going to the zoo helps the siblings feel like their needs/wants are also being acknowledged because it is something that the whole family can enjoy. That helps the family connect, and the more they are out in the community the more they can help their loved one be accepted and understood. Staying at home is only isolating them and bringing them down. Therapeutic rec provides great water safety classes, it allows for kids with I/DD to attend sessions to learn water safety skills, while parent gets a break and get to work out. Local rec center is within walking distance-Child with an IDD has a hard time learning street safety skills, him and his sibling walk to the rec center where they play together-allows for sibling to help teach street safety skills, and gives them both a fun way to hangout. Zoos/museums- sometimes some of our kiddos can't attend on free days due to sensory overload/too much sensory input or the person with I/DD has low social skills, but the kiddo LOVES animals, or the attractions-families have used their funds to help promote their child's social skills by bringing them to zoos/museums, by buying passes they can do this better according to their family's</p> | |
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| | | | | <p>schedule/and select the environment they go in, and help support the person's personal interests. Rec centers/zoos/museums also helps promote age appropriate, educational supports that are learned at school but may need more reinforcement at home. You can learn social skills, street safety, independent living skills, and work on fine/gross motor especially when the person is able to be in an environment that allows for this to happen naturally.</p> | |
| 72 | 2/27/2019 | Paige Martin/Rocky Mountain Human Services | 8.613.F.8.d.ii. | <p>This is the only section of Other that we fund and we fund quite a few of requests under recreation (i.e. swimming, karate, music, gymnastics) and often the cost is not above and beyond, as the clients are enrolling in parks and rec programs, swimming schools, karate schools that are not necessarily identified as adaptive rec programs. But the opportunity to enroll in these community programs/classes allows the client to participate with typically developing peers, which is the greatest value in this opportunity. I understand "above and beyond" as a criterion for direct services, but I would recommend we remove the "above and beyond" for this area as an exception for greater benefit for the client.</p> | Please see Department Response to 65. |

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| 73 | 2/27/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.F.8.d.ii. | As with others on the call, Imagine! is equally concerned about excluding family members from being able to use funds to accompany the eligible individual to the rec center or other community events and locations. Family passes are generally a cost-effective means for these opportunities, whereas the cost of an individual pass and payment to a non-family member to accompany a child would not be cost effective. | Please see Department Response to 65. Additionally, should an annual pass be required for the individual with an IDD or Developmental Delay – the Department would encourage the use of FSSP funds be distributed to pay for this pass and then the family is able to pay the difference for an annual pass. The Department continues to encourage cost effective purchases. |
| 74 | 3/11/2019 | Cindy Lichti/Developmental Pathways | 8.613.F.8.d.ii | The Legislative Declaration of the FSSP Program as set forth in section 25.5-10-301, C.R.S, "It is the intent of the general assembly that the service delivery system for individuals with developmental disabilities emphasize community living for persons with developmental disabilities and provide supports to individuals that enable them to enjoy typical lifestyles. One way to accomplish this is to recognize that families are the greatest resource available to individuals who have a developmental disability and that families must be supported in their role as primary caregivers. The general assembly finds that supporting families in their effort to care for their family members at home is more efficient, cost-effective and humane than maintaining people with developmental disabilities in out-of-home residential settings." This statute establishes the rules for providing support to families who have family members with developmental disabilities and sets out the basic parameters for the FSSP. (**Source | Please see Department Response to 65. Additionally, the Department will host trainings on Service Categories. The Department continues to encourage support for families, parents and siblings, and opportunities for time together as a family unit. |

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| | | | <p>Statewide Family Support Services Program Review – Department of Health Care Policy and Financing, Division of Intellectual and Developmental Disabilities 10/19/2015).</p> <p>Since the inception of the FSSP the focus has been on supporting families to support their family member in the family home. This has meant that there is recognition that there are added stressors on the family unit and that by virtue of having an individual with an IDD diagnosis it is the family that provides the direction on how to best support the strength of the family unit. Of course with the FSSP program there are extremely limited funds and for quite some time there have not been adequate funds to address all requests or needs (or at least this has been the case for Developmental Pathways). Through utilizing a Family Centered Approach, (and long before Person Centered terminology became in vogue) each family identifies what is of highest priority to them and their family in order to support the strength of the family unit under the added stress of a child with IDD.</p> <p>It has always been clear that the FSSP is focused around the support of the family and their supporting their eligible family member for them to continue to be successful in the family home. This is a very different approach from a Waiver that focuses on the needs of the eligible individual independent of the interface of the family – even if they are residing in the family home. This is an important distinction to not lose track</p> | |
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| | | | <p>of. Waivers fill such an important role and need and I am so appreciative of both the SLS and CES Waivers – each that came to be after the FSSP program was already in place. There was no way prior to their approval and focus on individual specific needs that the FSSP funds could help families to keep their eligible children at home (CES in particular).</p> <p>With a focus on the family supporting their eligible family member to remain in the family home I would think there is a general acceptance that how this happens is as individualized as each family is. Most (vast majority) of those receiving support through the FSSP are children (under the age of 18). I would suggest that families manage their activities based on the needs and interests of the various members of the family. For example if there are multiple children in a family and let's say one of the oldest children plays a sport – chances are the younger siblings are brought along to watch their brother or sister play. They may also then become interested – or may have no interest – but it is all part of being a member of the family.</p> <p>Similarly, if a family determines that a membership to the local rec. center is good for their child with an IDD diagnosis – either for physical activity (perhaps to acquire skills, or to wear them out or just for fun) – it may be a family priority to do this together. Remember that the family in FSSP have extremely limited funds available to</p> | |
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| | | | <p>them and we ask them to determine their priorities recognizing that there isn't a lot available to anyone (and especially not a lot when you consider the amount of funding typically available through a Waiver). The flexibility of being able to utilize the local rec. center, or the zoo, or the Children's museum for example, as a family, supports the value of the entire family. It does not require the family to decide if they do things as an integrated family unit, or separately (again driven by the priority of the family).</p> <p>From a financial perspective family memberships are almost always cost effective. If the family attends together there is built in support and supervision that is provided by the family at no additional cost. If only the eligible individual is able to be considered for recreational activities/costs, then the family has to decide how supervision and support will be provided to that person. If they attend with the individual at their own cost, there may be costs associated with childcare of other members of the family who are not attending. If they do not attend with their eligible family member then there is the added request for funds to pay someone to provide the supervision/support or worse yet – no one participates and we lose a low cost option for integrating the individual and their family into their community. Further the community loses the opportunity to become more knowledgeable and supportive of the diversity of all of our members.</p> | |
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| 75 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.d.ii. | <p>This excludes the cost of recreation for family members. I can't make a case big enough for allowing this as a limited expense. So many of our families request to purchase family recreation center or family pool passes. This can provide a variety of things for the participant and his/her family: a form of respite care for the parent, since the intensity of supervising the child can be alleviated somewhat; therapeutic range of motion opportunities for the participant; it is a way for the individual to expend energy while in a contained and supervised location; it enables the family members to interact with one another in a lower stress environment that is not particular to persons with disabilities; it creates a typical situation in which the participant can interact with non-disabled peers; and in rural and mountainous areas, it offers a place for families to go that is safe from harmful elements- ice, cold, heat, etc. when other community amenities are not available. Truly, families who use the passes get so much out of it.</p> | Please see Department Response to 65. |
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| 76 | 3/25/2019 | Callie Tolbert/The Resource Exchange | 8.613.F.8.d.ii. | <p>-The financial responsibilities of the family for the individual with IDD make it very difficult for families to pay for any extra circular activities. Expenses such as diapers, wipes, medical bills and travel to appointments in many situations take all extra indispensable income and make it impossible to pay for recreational activities, as well as paying for the daily needs of the family.</p> <p>-If we are not paying for the entire family to utilize recreational activities and memberships, then the child/adult with IDD is not utilizing the services because the family is not able to pay for the services without the funding. This would result in not doing it at all, which means that there are no extra activities for the child/adult with IDD or access to the additional therapeutic benefits these activities offer.</p> <p>-TRE's FSSP program is currently funding over 100 YMCA memberships, other gym memberships and other recreational memberships (zoo, aquarium, etc.) to the families in our program. Access to family recreational activities and memberships not only provides therapeutic benefits to the individual enrolled in the program but also provides opportunities for siblings to participate in activities that are not centered on the person with IDD in the home as well as the entire family to have time for bonding together, and promotes health and wellness for the entire family, all of which is crucial in</p> | Please see Department Response to 65. |
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| | | | | <p>the overall health, stability and wellbeing of the family caring for an individual with IDD.</p> <ul style="list-style-type: none"> -Access to a gym membership for the entire family provides stress relief and respite for the parent/caregiver. - Access to family recreational activities also helps meet the social, recreational, and educational needs of families in our rural areas who do not have access to these activities in their communities and access to them is even a greater financial hardship. | |
| 77 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.e. | <p>We felt it looked pretty good. We would like to add "conferences." Sibling Care should be expanded for counseling for parents and occasionally we have paid for the sibling to participate in an activity with child with disability when there are interpersonal issues because the child with the disability gets so much attention and the sibling resents it. One family thought recreation should be left in, citing that the most in need assessment has already narrowed the funding access down and that families should be able then to prioritize the needs that are most important to them within those funding constraints. [Our] internal guidelines limited recreation to \$50 a quarter for many years and has completely excluded recreation for the past several years.</p> | <p>Please see Department Response to 65. Additionally, conferences can be covered under parent and sibling support.</p> |

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| 78 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.F.8.e | [Referring to Parent and Sibling Support] Wondering if this needs to be in here at all if you are saying we can put it under the "Other" category for services. | Parent and Sibling support may not be included in "Other". The "Other" category is comprised of three services: consultant, recreational needs of the individual, and specialized services. |
| 79 | 2/27/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.F.8.e. | Using parent and sibling could limit family members who may living in the same household, such as grandparents or other extended family members. F.8.e. also does not provide the stipulation for living in the same household. Could this then apply to parents/siblings where the individual does not live on a more full time basis, i.e. with parents who live in separate homes? | The purpose of the FSSP is to keep the individual in the home with the family by supporting the family. All supports purchased must align with that goal. The Department recognizes the unique make up each family may have. This category is intended to provide support to those who support the individual's ability to remain in the home. The Department will continue to revise these categories to ensure they meet the intent of the program. |

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| 80 | 3/22/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.F.8.e. | <p>This gives examples of allowable Parent and Sibling Supports. Many families use this category to pay for registration & travel expenses for conference when attending conferences particular to their child's diagnosis- such as the Down Syndrome Conference –please clarify if this is an allowable expense. Also, it is really important that chiropractic services for family members of the participant be determined an allowable expense. Several families request to use FSSP money to pay for chiropractic care for themselves, as they are injured while lifting and transferring their growing child.</p> | <p>Conferences and chiropractic care are types of caregiver supports that can be billed under the "Parent and Sibling Support" category. The cost of this support need must be directly associated to the impact of the individual with an IDD or Developmental Delay, or medical condition on the family.</p> |
| 81 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.f. | <p>We like the proposed definition but would like to expand the last sentence to broaden the option for recommendations. Families cited quality recommendations coming from teachers, IEP, IDT's and professional organizations. Parents felt strongly that an item that was successful for their child at school or camp should be allowable under this category without jumping through multiple layers to procure it. Jump on that successful opportunity!Some examples we came up that should be included in this category: Toys to facilitate development in a specific area (fine motor, visual or hearing impairment, etc.), sensory items (vest, blanket, chewies), Sonicare, swings and timers.</p> | <p>Supports billed under the professional services category are limited to a service provided by a certified and/or licensed professional and items or activities directly related to that service. Many items can be recommended by teachers or other professionals that would be billed as either the assistive technology category or environmental engineering category. The Department will provide further training on these categories.</p> |

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| 82 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.g. | This is nice to have as an option. Suggested listing some examples and eliminating the need for it to be a "Joint Inter-agency Project." Add to benefit multiple families. Some examples: annual family picnic, parent support group, bringing in a speaker (guardianship, trusts, IEP's) and adaptive equipment to loan or a toy lending library. | Program expenses are used to benefit multiple families and are not limited to joint inter-agency projects, but such projects are one type of program expense. The Department will take the examples provided here and may include them in upcoming trainings on FSSP. |
| 83 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.F.8.g.vii (removed) | Our agency started to utilize the Program Expense funding category last fiscal year and in this current fiscal year. We have found it exciting to offer parent trainings, events and partnerships in the community that have opened opportunities to many families both active in FSSP and those waiting to enroll. We are able to reach more families through these new opportunities. It allows us to be innovative and creative with our approach to helping families in our community. We have funded positions that offer more hands on assistance for our families who need an extensive level of case management such as, applying for benefits, applying for Medicaid Buy In, offering classes on understanding Insurance and Medicaid. Capping this category would really hinder our work to reach more families with these limited resources. I believe each CCB should determine how much Direct Service funding should go towards the Program Expense | The language indicating a cap to the "Program Expense" category has been removed. |

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| | | | | category as it already states in the proposed rules. | |
| 84 | 03/28/2019 | Callie Tolbert/The Resource Exchange | 8.613.F.8.g.vii | [The entire amount of funds spent on program expense] should not be limited by the state but rather left to the discretion of the Family Support Council and families served by the program. | This language has been removed from the regulations. |

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| 85 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.h. | This looked good but parents of children over 12 years old cited needing childcare, so they could work and not just to "provide relief to the family." A typical child would not need childcare at that age. What category would that fall under? | The expense described could be considered respite, since it is above and beyond a typical expense for the individual's peer. |
| 86 | 3/13/2017 | Horizons Specialized Services FSC and Family Support Consultants | 8.613.F.8.i. | We would like to broaden the list of reasons for transportation. We would hate for transportation for a sleep study or lab work be excluded because they didn't meet with a physician on that day so it wasn't considered a "medical appointment." Please clarify if food expense, lodging and parking should be here or in medical section? Our council felt the days of long distance telephone call bills were gone. They felt almost everyone has a cell phone or access to one and the scrutiny of someone's cell phone bill to determine what was unique to coordinating medical services was probably not worthwhile. They advocated for removing the phone calls. | Sleep studies and lab work are types of specialized medical appointments that would be covered. Food and lodging expenses have been added. The Department has opted to leave in coverage for phone calls at this time but is committed to reviewing the needs of this program and revising regulations in the future. |

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| 87 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.F.e. | I think it needs a comma. "Parent and sibling support are necessary supports for family members other than the person with a developmental delay or disability residing in the home, are required due to the disability of the family member and not required due to age." | This language has been revised to ensure clarity. |
| 88 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.G. | Management and General Funds should be labeled as "H". | Corrected. |

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| 89 | 04/02/2019 | Callie Tolbert/The Resource Exchange | 8.613.G | We would like clarification about what monitoring for FSSP funded services is intended to entail in this definition of Case Management Service? Is it the gathering of the supporting documentation for families regarding the expense to be sure the funds were spent as requested and aligned with the Family Support Plan? | Monitoring FSSP funded services involves the following: gathering and maintaining documentation of expenditures, ensuring services are provided according to the FSP or revising the FSP if needed, helping families find needed providers or services and ensuring there is no duplication of services between FSSP and other funding streams. |
| 90 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.G.1. | Add term "delay"; should read "provided for persons with intellectual and developmental disabilities or delays". | "Persons with Developmental Disabilities" has been changed to "Individual with an Intellectual or Developmental Disability (IDD) or Developmental Delay" throughout. The Department uses this term to align with 25.5-6-403 (3.3) and best practices for person-centered language. |

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| 91 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.G.1. | Billing and Payment Procedures section is labeled as "G" and should be "K". | Corrected. |
| 92 | 2/22/2019 | Leslie Rothman/Mountain View Consulting on behalf of Imagine! | 8.613.G.2 (moved from section I to section G) | There are references to a Family Support Plan in E, whereas I refers to the Individualized Family Support Plan. | The plan is called the "Family Support Plan." The use of "individualized" is a descriptor of the plan and not included in the name of the "Family Support Plan." |

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| 93 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.H. | Program Evaluation section is labeled as "H" and should be "L". | Corrected. |
| 94 | 10/4/2017 | Jenny Skinner/ Developmental Pathways | 8.613.H. | Family Support Plan should be labeled as "I". | Corrected. |

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| 95 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.H.1. | "Shall have a personalized FSP" (check spelling in that first phrase). | Corrected. |
| 96 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.H.1. | "Personalized" is not spelled correctly. | Corrected. |

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| 97 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.H.1.a. | Family Support Plan section should say "a personalized". Also, this is labeled as section "H", but should be "I". | The Department has chosen to use "individualized" to describe the "Family Support Plan" to align with 25.5-10-211, C.R.S. Due to formatting changes, this section is now correctly labeled. |
| 98 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.H.1.a. | Add term "or delay" after developmental disability. | "Persons with Developmental Disabilities" has been changed to "Individual with an Intellectual or Developmental Disability (IDD) or Developmental Delay" throughout. The Department uses this term to align with 25.5-6-403 (3.3) and best practices for person-centered language. |

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| 99 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.I. | Last section of rules should be section "M," but looks like should be removed. Was possibly part of another section. | Corrected. |
| 100 | 9/15/2017 | Amy Ibarra/Horizons Specialized Services | 8.613.I. | There is only the title on the draft sent 8/30/17. Should there be more? | Corrected. The Department's current version of the rules have been updated and include new information and edits. |

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| 101 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.I. | Emergency Fund Section should be labeled as "J." | Corrected. |
| 102 | 10/11/2017 | Carrie Morris/North Metro Community Services | 8.613.I.1 | Line 4 says, "impact on the child..." This isn't consistent with emergency funds being available to people of any age. | The Department has changed "child" to "Individual" throughout regulation. |

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| 103 | 9/11/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | 8.613.J | Emergency Fund Section is labeled as "F," but should be "J." | Corrected. |
| 104 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.J. | Billing and Payment Procedures section should be labeled as "K". | Following several revisions and reformatting "Billing and Payment Procedures" is now found at section "J." |

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| 105 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.J. | Please clarify how to bill for program expenses and qualify how long CCBs are required to maintain documents. | Briefly, an overview of the payment structure is: the CCB is allocated funds each year by the Department. The CCB is then responsible for reporting to the Department on how the funds were expended in the Department prescribed format. There is not a "billing" procedure for this program; however, the Department is willing to conduct trainings related to this payment structure. Additionally, CCBs are required to keep documentation for six years per Section 8.130.2.D., unless specified otherwise in contract. |
| 106 | 9/18/2017 | Pat Carney/Foothills Gateway | 8.613.J.2. | Requiring dates of services will be cumbersome and will require administrative costs to ensure that each expense is documented appropriately. | The Department appreciates the CCB's desire to alleviate burden on families in already straining circumstances; however, maintaining documentation and receipts for services is a standard business practice and substantiates expenditures for the purpose of audits. The Department must balance the need for programmatic integrity with implementing family centered approaches. At this time, requiring this level of documentation is necessary to ensure program integrity. The Department is committed to further discussions related to this topic. |

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| 107 | 10/11/2017 | Carrie Morris/North Metro Community Services | 8.613.J.2. | Receipts should include documentation of how the expense is related to the person's disability is duplicative of the FSP and would be burdensome for families to have to document for each need. | This section has been revised to require "documentation capable of substantiating all expenditures and reimbursements made to providers and/or families." |
| 108 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.J.2. | Collecting receipts from families can prove challenging for some families who are already stressed out and not able to maintain a good system for maintaining those receipts. It is also administratively burdensome to collect those receipts from families. Just hoping we can find other ways to handle receipt verification that places less burden on families and CCBs. Would love to discuss with other CCBs some ideas around this. | The Department appreciates the CCB's desire to alleviate burden on families in already straining circumstances; however, maintaining documentation and receipts for services is a standard business practice and substantiates expenditures for the purpose of audits. The Department must balance the need for programmatic integrity with implementing family centered approaches. At this time, requiring this level of documentation is necessary to ensure program integrity. The Department is committed to further discussions related to this topic. |

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| 109 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.J.3. | This states that CCBs need to submit information which outlines individual family use of the FSSP. Since this is a reporting requirement of billing through CCMS, it is redundant for CCBs to pull information out of the CCMS system and report it back to the Department, as the Department already has this information. | As of FY2018-19 CCBs should not be using CCMS for reporting expenditures to the Department. CCBs are required to submit expenditure reports directly to the Department on a template developed or approved by the Department. Additionally, information on this can be found in the CCB Contract. |
| 110 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.K | [Reference to program administration] All of this was not on original draft. Have concerns with how to pull together all of this information and the amount of administrative work it would take given the amount of funds received through the program. Need explanation of how we would address how well the program integrates with other community resources available to meet the wants/needs of families. | Most of the requested program evaluation information was on the original draft but was rearranged into one category. All of the information can be found from a satisfaction survey of participants. As far as how to explain how the program is integrating with other community resources, the CCB should look at its inter-agency projects and referrals made to families to other community resources to maximize the impact of FSSP funds. |

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| 111 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.K. | Program Evaluation section should be labeled as "L." | The "Program Evaluation" section is now located at K, based on revisions to formatting. |
| 112 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.1. | This states that CCBs are required to evaluate the effectiveness of the FSSP on an annual basis. Can this be changed to every three years, in order to conform with the HCBS Waiver requirements? Evaluating the effectiveness requires a lot of time from both families and CCBs. Since most families who participate in FSSP do so for several years, it would lessen the burden on them to answer questions annually and would (arguably) solicit more thoughtful responses from them. | Annual program evaluations are a historical requirement and have not been revised at this time. The Department is committed to monitoring the outcome of these current regulations and facilitating ongoing discussions in the future. |

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| 113 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.K.2. | Last section of this area should be numbered "3" and not "2". | Corrected. |
| 114 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.2. | [Referring to program evaluation] Are answers expected to come from FSSP staff or families? "Variety of local services" will be limited in some parts of the state, in particular the rural parts. How do you suggest we objectively measure the "efficiencies of paperwork?" | Information about the program evaluation should come from both families and CCBs, because they both are stakeholders in the FSSP. If local services are limited, it can be explained on the program evaluation. The Department is willing to address questions of implementation of regulations at forthcoming FSSP trainings. |

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| 115 | 10/11/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.K.2. | CCBs currently are required to complete Customer Satisfaction Surveys and an annual Designation Report of Programs that provide evaluative information on the program. Existing reporting required by DDD should be used as the means for completing this evaluation requirement and should not require additional reports or activities that would increase the administrative burden to the program and agency. Several of the items mentioned in this section present challenges in reporting. K.2.1 is available through current census information which can already be obtained by state staff. K2.2. is not measurable as stated. K.2.iii.2 is not measurable. | The Designation application is high level and does not require or contain the same information as the FSSP program evaluation report. The FSSP program evaluation is a detailed explanation of how the program is being implemented and necessary information for the Department to ensure the overall integrity of the program. |
| 116 | 2/20/2019 | | 8.613.K.2 | Billing and Payment Procedures: #2 – the provision of receipts or invoices is burdensome for families to keep track of. | The Department appreciates the CCB’s desire to alleviate burden on families in already straining circumstances; however, maintaining documentation and receipts for services is a standard business practice and substantiates expenditures for the purpose of audits. The Department must balance the need for programmatic integrity with implementing family centered approaches. At this time, requiring this level of documentation is necessary to ensure program integrity. The Department is committed to further discussions related to this topic. |

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| 117 | 2/27/2019 | Paige Martin/Rocky Mountain Human Services | 8.613.K.2 | <p>Family Statement of expense- I completely understand the importance of high quality receipts and solid documentation; we spend an enormous amount of time at RMHS on receipt collection and maintaining our agency receipt standards. However, occasionally a family does lose a receipt or respite log and the availability of this form has allowed the family to reconcile their outstanding receipts, so they can request additional funding. I would like to suggest that there is an option to use a Family Statement form for this circumstance – and also offer to expand the details included in our current form.</p> | <p>The Department appreciates the CCB’s desire to alleviate burden on families in already straining circumstances; however, maintaining documentation and receipts for services is a standard business practice and substantiates expenditures for the purpose of audits. The Department must balance the need for programmatic integrity with implementing family centered approaches. At this time, requiring this level of documentation is necessary to ensure program integrity as “Family Statement of Expenses,” have proven to be lacking when reviewed during audits. The Department is committed to further discussions related to this topic.</p> |
| 118 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.2.a.i. | <p>We don't consistently collect ethnicity or disability (other than IDD) within the FSSP; also, not sure how to find and apply quantitative demographics of local service area. Requiring this will increase the administrative time and expense in running this program. CCMS should have ethnicity and disability in it already- please consider having reports pulled by the Department and not at the local CCB level.</p> | <p>Maintaining demographic information has been a historical requirement of FSSP. The Department is committed to facilitating further discussions on how and why this information should be collected. The Department is committed to partnering with CCBs to obtain and disseminate information.</p> |

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| 119 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.2.a.ii. | Please suggest and efficient and effective way to collect this information. | The Department would suggest a survey as an example; however, the Department is committed to facilitating further discussions that cover this type of operationalization question. |
| 120 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.2.a.ii. | Again, this sounds like information collected through an annual satisfaction survey. Sheila indicated that we do not necessarily need to conduct these annually, so please provide suggestions as to how else to gather the information. | An annual participant survey is not necessarily required, but it is helpful. CCBs can come up with other ways to collect this data, such as documentation at intake or the annual FSP meeting. |

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| 121 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.2.c. | This will require extensive time to complete this; Can this be extracted from CCMS by someone at the Department? The information is already in there. Please provide guidance regarding how to complete. | While enrollment information can be found in CCMS satisfaction information is not. Satisfaction surveys can be helpful in gathering this information. |
| 122 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.K.2.c.i. | Concerns with how to collect data or how you want this presented. We identify in the Family Support Plan what other services and sources are being utilized. Would be difficult and heavily administrative to try to pull all of that information together. Please clarify. | The CCB should look at its inter-agency projects and referrals made to families to other community resources to maximize the impact of FSSP funds. |

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| 123 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.K.3. | This requires CCBs and families to cooperate with the Department regarding statewide evaluation and quality assurance activities. Again, some of these are reporting requirements of billing through CCMS; it is redundant for CCBs to pull information out of the CCMS system and report it back to the Department, as the Department already has this information. | As of FY2018-19 CCBs should not be using CCMS for reporting expenditures to the Department. CCBs are required to submit expenditure reports directly to the Department on a template developed or approved by the Department. Additional information on this can be found in the CCB Contract. Additionally, this is not an entirely new reporting requirement and current expenditure reporting is not inclusive of the requirements in 8.613.K.3. |
| 124 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.M | Family Support Services Program annual report and plan for the designated service area should be labeled as "M". | Corrected. |

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| 125 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.M. | First section should be labeled as "1" and next section should be "2". Currently labeled as "2" and "3". | Corrected. |
| 126 | 10/11/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.M | FSSP already submits an annual report through the Designation Report. This information should be obtainable by state level staff for this purpose and should not require an additional report on the part of program staff locally that would create a significant administrative burden. | The Designation application is high level and does not require or contain the same information as the FSSP program evaluation report. The FSSP program evaluation is a detailed explanation of how the program is being implemented. |

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| 127 | 3/21/2019 | Sara Sims/Mountain Valley Developmental Services | 8.613.M.1.b.ii. | This states that the Annual Plan needs to contain the total amount of funds expended by service category. Since this is a reporting requirement of billing through CCMS; it is redundant for CCBs to pull information out of the CCMS system and report it back to the Department, as the Department already has this information. | As of FY2018-19 CCBs should not be using CCMS for reporting expenditures to the Department. CCBs are required to the submit expenditure reports directly to the Department on a template developed or approved by the Department. Additional information on this can be found in the CCB Contract. While expenditure data is submitted to the Department, the CCB must aggregate data as necessary in order for the CCB and Council to effectively evaluate the program. |
| 128 | 10/11/2017 | Colleen Batchelor, Tiffany Antone, Callie Tolbert/The Resource Exchange | 8.613.M.1.b.iii. | The information requested in this section is already available within state data systems and agency audits and should not require additional reporting from CCBs as a result due to the administrative burden it creates and the duplication of efforts. | As of FY2018-19 CCBs should not be using CCMS for reporting expenditures to the Department. CCBs are required to the submit expenditure reports directly to the Department on a template developed or approved by the Department. Additional information on this can be found in the CCB Contract. While expenditure data is submitted to the Department, the CCB must aggregate data as necessary in order for the CCB and Council to effectively evaluate the program. |

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| 129 | 10/4/2017 | Sara Sims/Mountain Valley Developmental Services | 8.613.M.1.b.iii.3. | What is the purpose of submitting this information? To me this sounds like an annual satisfaction survey is needed to obtain this information. That requires A LOT of time and money. Further Sheila indicated during the work group conversations that an Annual Satisfaction Survey was not necessarily needed. Please clarify. | The purpose of this information is to help the Department continue to monitor the program. This information should be connected to the goals found in the Family Support program. Case managers generally know how and why a support has helped a family and this helps the Department evaluate the program. |
| 130 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.M.1.b.iii.3. | Remove the word "the" after "each". | Corrected. |

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| 131 | 10/4/2017 | Jenny Skinner/Developmental Pathways | 8.613.M.1.b.iv. | Concerned with costs associated with distributing a report to all eligible families. Please explain how we would do that. Could we put the report on our website? | The CCB could post it on their website, mail it to families, or provide it at various face-to-face encounters. |
| 132 | 2/26/2019 | Jenny Skinner/Developmental Pathways | 8.613.M.1.b.v. | This is in regard to who should sign the annual report that CCB's will submit to the Department on October 1 st . Can we change it to be signed by the "FS Council Chairperson (s)"? It can be difficult to obtain signatures from all members as we offer video conferencing into these meetings and don't always physically see everyone at each meeting. | For integrity purposes, all members must sign the annual report. For ease, CCBs could use technology, such as DocuSign or having members mail, fax or scan signatures. |

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| 133 | 9/11/2017 | Comment from Stakeholder Meeting 9/2017 | ALL | Our Family Support Council would like to review the next draft before it goes out for public comment. | Acknowledged. There have been shared draft rules since this comment was received in 2017. |
| 134 | 9/15/2017 | Jenny Skinner, Roy Stewart & FSC/Developmental Pathways | All | Should all mention of developmental disability be changed to: Intellectual or Developmental Disability? | "Persons with Developmental Disabilities" has been changed to "Individual with an Intellectual or Developmental Disability (IDD) or Developmental Delay" throughout. The Department uses this term to align with 25.5-6-403 (3.3) and best practices for person-centered language. |

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| 135 | 9/15/2017 | Sara Sims/Mountain Valley Developmental Services | All | In the draft that you provided us for review, the document ends aft Section H. Program Evaluation. Section I. FSSP Annual Plan for the Designated Service Area is listed, but no other content is printed. | Corrected. |
| 136 | 10/4/2017 | Jenny Skinner/Developmental Pathways | All | Appears to be an extra "I" in "IDD" throughout document. | "Persons with Developmental Disabilities" has been changed to "Individual with an Intellectual or Developmental Disability (IDD) or Developmental Delay" throughout. The Department uses this term to align with 25.5-6-403 (3.3) and best practices for person-centered language. |

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| 137 | 2/20/2019 | Comment from Stakeholder Meeting 2/20/19 | ALL | Conflict of interest in only allowing CCBs to manage this program. Will the Department allow other entities to submit RFPs to implement this program | The Department is unable to allow for other entities to submit RFPs for FSSP program implementation as statute at CRS 25.5-10-209.5 designates CCBs as administrators of state funded programs, including FSSP. |
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Acronym Glossary

CCB – Community Centered Board

FSC – Family Support Council

FSSP – Family Support Services Program

MIN – Most in Need

FY – Fiscal Year

OTC – Over-the-counter

FSP – Family Support Plan

CCMS/DDD Web – Community Contract Management System