

STATE-SUPPORTED LIVING SERVICES (STATE-SLS)

10 CCR 2505-10 8.501

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August 2019

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

AGENDA

- Purpose of State-SLS
- Administration
- Eligibility
- Case Management
- Waiting List Management
- Service Categories
- Support Plan
- Reimbursement
- General Provisions
- CCB Transfers
- Performance & Quality Review
- Next Steps/Timeline



PURPOSE

State Supported Living Services (State-SLS):

- Designed to support individuals with an intellectual or developmental disability remain in their community
- Funded through the Colorado General Assembly
- Shall not supplant Home and Community Based Services for those who are currently eligible

10 CCR 2505-10 8.501

ADMINISTRATION

CCB shall administer State-SLS according to applicable statutory, regulatory, contractual requirements, HCPF policies and guidelines

CCB responsibilities include:

- Case Management to all individuals enrolled in State-SLS
- Written procedures for administration, case management, service provision and waiting list management
- Maintain all records and make available to the Department upon request
- Maintaining waiting list of eligible individuals for whom funding is unavailable
- Determining process for individuals on waiting list to enroll into State-SLS that comply with all applicable statutory, regulatory and contractual requirements

10 CCR 2505-10 8.501.2

ELIGIBILITY

Individuals must be:

- Resident of Colorado
- Eighteen years of age or older
- Determined to have an intellectual or developmental disability pursuant to 10 CCR 2505-10 8.607.2

NOTE: Eligibility for State-SLS does not guarantee availability of services and supports under this program

10 CCR 2505-10 8.501.2.(2)

CASE MANAGEMENT

Referrals to State-SLS shall be made to the CCB in geographic catchment area in which the individual resides

Case managers shall:

- Coordinate, authorize and monitor services based on the approved State-SLS Individual Support Plan
 - Based on individual's preference, monitoring is either face-to-face or by telephone, once per quarter with individual
- Assist individuals to gain access to other resources for which they are eligible and secure long-term supports as efficiently as possible
- Provide documentation upon request from the Department

NOTE: Case managers shall comply with regulation requirements in 10 CCR 2505-10 8.607.1

10 CCR 2505-10 8.501.5

WAITING LIST MANAGEMENT

- Persons determined eligible to receive State SLS, shall be eligible for placement on a waiting list when state funding is unavailable
- Waiting lists for the State SLS program shall be administered by the CCBs, uniformly administered throughout Colorado and in accordance with these rules and the CCBs' procedures
- Eligible persons shall be placed on the waiting list of the CCB in the area of residency
 - Individual's placement on a waiting list shall be:
 - Date when individual is determined eligible for State SLS through DD Determination and identification of need

10 CCR 2505-10 8.501.7

WAITING LIST MANAGEMENT

- As funding becomes available in a designated service area, individuals shall be considered for services in order of placement on the CCB's waiting list
- Priority for enrollment will be given to individuals with no other State or Medicaid funded services or supports, including individuals who lose Medicaid eligibility or Medicaid Waiver services

10 CCR 2505-10 8.501.7

WAITING LIST MANAGEMENT

- Exceptions to the waiting list priority requirements are:
 - When there is an emergency concerning health, safety, and welfare of the person enrolled in the State-SLS program, and the emergency cannot be resolved another way including:
 - Homelessness
 - Abusive or Neglectful Situation
 - Danger to Others
 - Danger to Self
 - Loss or Incapacitation of Primary Caregiver
- Documentation that individual meets emergency criteria must be kept on file at the CCB and made available to Department upon request

10 CCR 2505-10 8.501.7.

SERVICE CATEGORIES

In State-SLS, there are four service categories:

1. Supports for Individuals Waiting for HCBS Waiver Enrollment
2. Supports for Individuals Experiencing Temporary Hardships
3. Supporting Independence in the Community
4. On-going State-SLS Support

When available, all other resources should be utilized first

This includes:

- Community Resources such as:
 - Food Banks
 - Energy Assistance
- Medicaid State Plan
- HCBS

SUPPORTS FOR INDIVIDUALS WAITING FOR HCBS ENROLLMENT

Provides support to an individual during the time it takes to enroll into HCBS

Includes:

- Services identified in HCBS-SLS (10 CCR 2505-10 8.500.94)
- Service limitations identified in HCBS-SLS (10 CCR 2505-10 8.500) apply
- Support Services: authorized when PASA not available to provide needed supports/services identified in State-SLS Individual Support Plan

10 CCR 2505-10 8.501.4.A.

SUPPORTS FOR INDIVIDUALS EXPERIENCING TEMPORARY HARDSHIPS

Temporary assistance to alleviate need for higher level of care

Includes:

- Payment of utilities
- Acquiring emergency food at a retail grocery store
- Pest infestation abatement

Limitations per State Fiscal Year:

- Utilities shall not exceed \$1,000
- Pest infestation abatement shall not exceed \$2,000
- Emergency food support shall not exceed \$400

NOTE: These services and supports cannot be duplicative and shall not be accessed if available through other sources

10 CCR 2505-10 8.501.4.B.

SUPPORTING INDEPENDENCE IN THE COMMUNITY

One-time payment/acquisition of household items, when moving into a residence as defined in 10 CCR 2505-10 8.500.93.A.(7)

Includes:

- Pantry Supplies
- Kitchen Supplies
- Furniture
- Housing Application Fees

Limitations:

- Furniture purchase shall not exceed \$300
- Pantry set up shall not to exceed \$100
- Kitchen supplies shall not exceed \$200
- Housing application fees limited to five per State Fiscal Year

10 CCR 2505-10 8.501.4.C.

ON-GOING STATE-SLS SUPPORT

Does not meet requirements to enroll into HCBS-SLS

- May authorize any service available in HCBS-SLS
- HCBS-SLS service limitations and rules apply
- PASAs authorized to provide services in State-SLS

Enrolled in HCBS waiver other than HCBS-DD or HCBS-SLS

- May authorize State-SLS for needed supports and services not available through HCBS waiver
- Comparable service must not be available in HCBS waiver
- May not authorize Home Accessible Adaptation or Vehicle Modification
- Only PASAs may provide these services

10 CCR 2505-10 8.501.4.D.

SUPPORT SERVICE



Allows case manager to support individual enrolled in State-SLS with identified needs when a PASA has not been identified

SUPPORT SERVICE

Established so that a CCB case manager may authorize service to support an individual to complete the tasks identified in the Individualized State-SLS Support Plan

Examples:

- Setting up pest abatement services
- Grocery shopping
- Food banks

10 CCR 2505-10 8.501.A.(28).

STATE SLS SUPPORT PLAN

- Required for individuals enrolled in State-SLS
- Developed through in-person face-to-face meeting that includes individual seeking services and CCB case manager
- Signed and authorized by case manager and individual/guardian
- Shall be reviewed and updated by case manager prior to any change in authorized services and supports

10 CCR 2505-10 8.501.4.E.

STATE-SLS SUPPORT PLAN

- Effective for no more than one year
- Reviewed face-to-face with individual at least every 6 months, or more frequently if change in need occurs
- Changes to services and supports subject to available funds within designated service area
- Decisions to modify, reduce or deny services and supports without individual's consent subject to Dispute Resolution Process (10 CCR 2505-10 8.605.2)

10 CCR 2505-10 8.501.4.E.

STATE-SLS SUPPORT PLAN

- Support Plan and all supporting documentation must be maintained by case manager and made available to Department upon request
- Shall include:
 - Supports and Services authorized
 - Individual's identified needs
 - How Supports and Services will address needs
 - Scope, frequency, and duration of each service
 - Public/community resources utilized and why State-SLS is being utilized
 - Total cost of supports being authorized

10 CCR 2505-10 8.501.4.E.

SUPPORT PLAN: DEMOGRAPHIC

Individual's Information	
Name:	Date of Birth:
Home Address:	
Phone:	Email:
Living situation: <input type="checkbox"/> Group Home <input type="checkbox"/> Host Home <input type="checkbox"/> Discharge from ICF/nursing home <input type="checkbox"/> Discharge from Hospital <input type="checkbox"/> Living independently <input type="checkbox"/> Family Home <input type="checkbox"/> Experiencing homelessness <input type="checkbox"/> Other:	
List all others with whom the individual resides:	
Name	Relationship
Name of Authorized Representative and/or Legal Guardian:	
<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> N/A	Phone:
Developmental Disability Determination Date:	

SUPPORT PLAN: SECTION 1

Support Plan	
<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Revision	Staffing Date:
Start Date:	End Date:
Support Categories that will be authorized (choose all that apply):	
<input type="checkbox"/> Supports for individuals waiting for HCBS waiver enrollment	
<input type="checkbox"/> Supports for individuals experiencing temporary hardships	
<input type="checkbox"/> Supporting independence in the community	
<input type="checkbox"/> On-going State SLS supports	

- Documents:
 - Type of Support Plan
 - Staffing Date
 - Support Plan Start and End Date
 - Service Categories

SUPPORT PLAN: NARRATIVE

Support Plan
Explain what the individual wants to achieve by utilizing State SLS services and supports:
Explain how State SLS Services and Supports will help the individual achieve the identified outcome(s):
Describe how the need for a higher level of care will be alleviated, <ul style="list-style-type: none">• Address all health or safety issues,• Indicate if the person is at risk of becoming homeless.• Identify if the individual is at risk of needing a more restrictive setting.

- Explanations of:
 - Goals the individual expects to achieve through State-SLS
 - How State-SLS supports individual's needs

SUPPORT PLAN: AUTHORIZATION

Authorized Services			
Service Authorized and Service Category	Frequency of Service	Date Span	Total Amount Authorized

- Case manager documents:
 - Service name / service category
 - Frequency
 - Dates of service
 - Total authorization amount

SUPPORT PLAN: DISCLOSURES

Individual seeking Services Roles and Responsibilities

Individual has been informed of their roles and responsibilities for participation in the State SLS program.

I agree to participate in the coordination of my services and will be responsible to:

- Give accurate information to my case manager.
- Assist in promoting my own independence.
- Cooperate with my providers and case management agency.
- Notify my case manager of changes in my support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) placements.
- Notify my case manager if I enroll in a Home and Community Based waiver.
- Notify my case manager of any changes in my care needs and/or problems with services.

Case Manager Roles and Responsibilities

Individual has been informed of the State SLS Case Manager's roles and responsibilities.

The Case Manager agrees to:

- Coordinate needed services.
- Communicate with service providers regarding service delivery, and concerns.
- Review and revise services, as necessary.
- Notify clients regarding any change in services.
- Notify clients when services are denied, suspended, terminated, or reduced.
- Document, report, and resolve client complaints and concerns.
- Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.

- Details roles and responsibilities of:
 - Individual
 - Case manager

SUPPORT PLAN: STATEMENT OF AGREEMENT

Statement of Agreement	
<input type="checkbox"/> Individual/Guardian indicates that he/she agrees with the information in the Service Plan and agrees to receive services accordingly.	
OR	
<input type="checkbox"/> Individual/Guardian acknowledges that they are choosing not to sign the Service Plan agreement.	

Signatures		
Individual I certify, to the best of my knowledge, all information on this service plan is true and complete.		
Signature:	Print Name:	Date:
<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> N/A I certify, to the best of my knowledge, all information on this service plan is true and complete.		
Signature:	Print Name:	Date:
Case Manager I certify, to the best of my knowledge, all information on this service plan is true and complete.		
Signature:	Print Name:	Date:

Individuals Who Assisted in Developing the Service Plan		
Name (Please Print)	Title	Relationship to State SLS Participant

- Signatures confirming:
 - Agreement with Support Plan
 - All information in plan is true and complete

REIMBURSEMENT

- Request for payment to be submitted within thirty days of service date
- Exception:
 - **BE AWARE:** All invoices from CCBs must be submitted to HCPF by June 30th of each fiscal year
- CCBs submit claims, payment requests, and invoices in format and timeframe established by Department

10 CCR 2505-10 8.501.3

REIMBURSEMENT

- Claims, payment requests, and invoices made only when:
 - Services provided by qualified PASA
 - Services authorized and delivered in accordance with frequency, amount, scope and duration in State-SLS Individual Support Plan
 - Documentation is sufficient to support that service delivered as specified in State-SLS Individual Support Plan and in accordance with service definition
 - All case management activities documented/maintained by CCB
- CCBs and PASAs maintain records in accordance with 10 CCR 2505-10 8.130.2

10 CCR 2505-10 8.501.3

REIMBURSEMENT

- Reimbursement subject to review by Department
- CCBs and PASAs subject to all program integrity requirements in accordance with 10 CCR 2505-10 8.076
- Reimbursement established in Department's published fee schedule
- Except where otherwise noted, PASA reimbursement based on statewide fee schedule
- Rates set and published annually in provider bulletin

10 CCR 2505-10 8.501.3

GENERAL PROVISIONS

- Services offered may not be consistent throughout Colorado
- Enrolled individuals shall access all benefits under Medicaid prior to State-SLS
- Services may not duplicate those through State Plan when available
- Evidence of attempts to utilize public benefits and community resources documented in Support Plan prior to accessing State-SLS
- State-SLS program subject to annual appropriations by Colorado General Assembly

10 CCR 2505-10 8.501.2.3

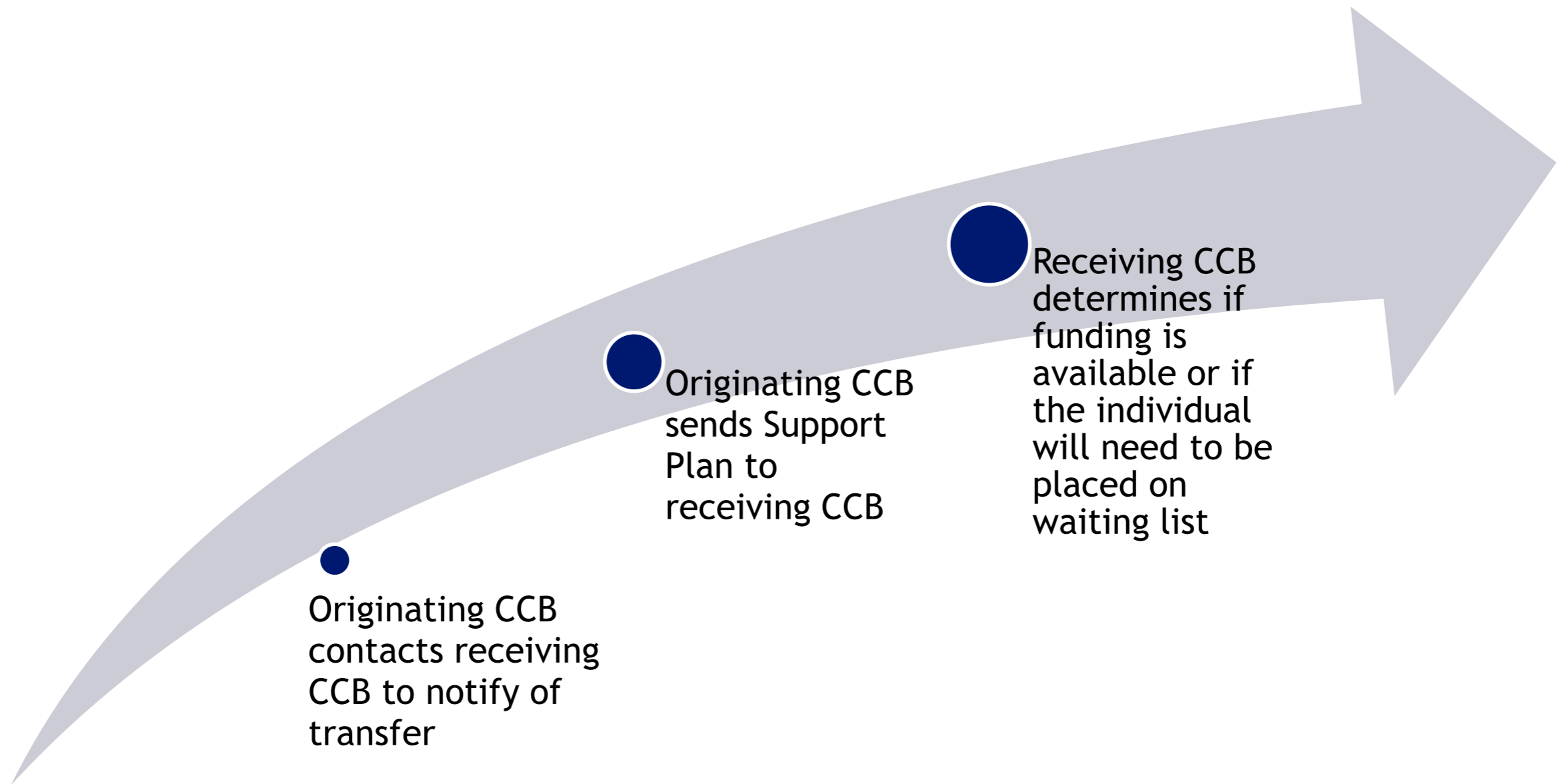
GENERAL PROVISIONS

- Regulations shall not be construed to prohibit or limit services and supports available by state or federal laws
- Case manager shall authorize a PASA, when available
- When PASA is not available case manager may authorize and provide Support Service
- Services may be authorized from multiple service categories, unless otherwise stated

10 CCR 2505-10 8.501.2.3

CCB TRANSFERS

- For individuals who move to a new catchment area and wish to transfer:



10 CCR 2505-10 8.501.6

CCB TRANSFERS

Originating CCB responsibilities:

- The Receiving CCB shall inform the Originating CCB if they have funding available to support the individual.
- Once the Originating CCB has been notified of funding availability they have 5 days to inform the individual enrolled in State-SLS. The CCB Case manager will need to:
 - Ensure individual understands if the receiving CCB is going to provide services or they will be placed on a waiting list
- If the individual moves forward with the transfer a transfer meeting shall be scheduled. This meeting should be:
 - In-person, when possible
 - By phone, if geographic location or time does not permit
 - Within fifteen business days of notification sent by receiving CCB
 - Must include individual and receiving case manager
 - Additional attendees must be approved by the individual

10 CCR 2505-10 8.501.6

CCB TRANSFERS

Receiving CCB Responsibilities:

- Receiving CCB must ensure that:
 - Individual meets primary contact of receiving CCB
 - Individual is informed of date of transfer
 - When Services and Supports will be available
 - Length of time the Supports and Services will be available
- Receiving CCB case manager shall have an in-person, face-to-face meeting with individual to review and update State-SLS Individual Support Plan, prior to the Supports and Services being authorized this can be the transfer meeting set up by the Originating CCB

10 CCR 2505-10 8.501.6

CCB TRANSFERS

Receiving CCB's available funding determination shall be communicated as follows:

Individual notified:

- By individual's preferred method
- No later than ten (10) business days from date of request
- Originating CCB notified:
 - By U.S. Mail, phone call, or email
 - No later than ten (10) business days from date of request
- Documentation shall clearly state:
 - If State-SLS funding is available or if the individual will be placed on a waiting list
 - Contact information of new assigned Case Manager

10 CCR 2505-10 8.501.6

PERFORMANCE AND QUALITY REVIEW

- Department shall conduct Performance and Quality Reviews of State-SLS program to ensure CCBs are in compliance with requirements
- CCBs out of compliance must develop Corrective Action Plan:
 - Submitted within ten business days of written request from Department
 - Shall include, but not limited to:
 - Detailed description of actions to be taken, including supporting documentation
 - Detailed time-frame for completing the actions
 - Employee(s) responsible for implementing the actions
 - Estimated date of completion

10 CCR 2505-10 8.501.2.4

PERFORMANCE AND QUALITY REVIEW

- CCB shall notify Department in writing, within three business days if unable to submit Corrective Action Plan by due date
- CCB shall explain reason for the request
- Department may grant extension, in writing, of deadline
- Upon receipt of Corrective Action Plan, Department shall notify CCB in writing of deadline

NOTE: If Corrective Action Plan is not implemented within timeframe specified therein, funds may be withheld or suspended

10 CCR 2505-10 8.501.2.4

TIMELINE AND NEXT STEPS

TIMELINE

What to expect by July 2020:

- New allocation methodology
- Revised contract requirements
- New State-SLS fee schedule

NEXT STEPS

What to do until then:

- Implement rates currently using
- Create and manage waitlist based on new regulations
- Fully implement the State-SLS Support Plan
- For individuals no longer eligible for State SLS, transition them from State-SLS by July 2020



QUESTIONS?

Contact Information

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Thank You!