



CO L O R A D O

**Department of Health Care
Policy & Financing**

**Redesign Workgroup for Waivers Serving Adults with
Intellectual and Developmental Disabilities**

Summary and Recommendation Report

Community Living Office

Division for Intellectual and Developmental Disabilities

April 30, 2015

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Introduction and Background

Established under Governor John Hickenlooper's Executive Order D 2012-027, the Community Living Advisory Group (CLAG) was charged with the consideration and recommendation of changes to the system that are necessary to ensure responsiveness, flexibility, accountability, and self-directed long-term services and supports for eligible persons that are beneficial to the citizens of Colorado. The CLAG and its subcommittees met from August 2012 through September 2014 and submitted a report of its final recommendations to the Governor's Office in September 2014.

In August of 2013, the CLAG recommended the Department of Health Care Policy and Financing, Division for Intellectual and Developmental Disabilities (the Department) convene a workgroup to begin the process of exploring the advantages, disadvantages, and fiscal implications of a redesigned Home and Community-Based Services (HCBS) waiver to support eligible adults with intellectual and developmental disabilities (IDD). The CLAG recommendation specified a redesigned waiver should include flexible service definitions, provide access to services and supports when and where they are needed, offer services and supports based on the individual's needs and preferences, and incorporate the following principles:

- Freedom of choice over living arrangements, social, community, and recreational opportunities
- Individual authority over supports and services
- Support to organize resources in ways that are meaningful to the individual receiving services
- Health and safety assurances
- Opportunity for community contribution
- Responsible use of public dollars

The Department announced the formation of the Redesign Workgroup for HCBS Waivers Serving Adults with Intellectual and Developmental Disabilities (the Workgroup) and collected information from those interested in participating in September 2013. Members were selected to ensure representation from a broad range of stakeholder perspectives and included individuals receiving services, their family members, professional advocates, and representatives from waiver service providers and the Community Centered Boards. Workgroup membership includes:

- Kasey Daniel - Disability Law Colorado
- Robert DeHerrera - Developmental Disabilities Resource Center
- Tamara French - Discover Goodwill
- Gerrie Frohne – Parents of Adults with Disabilities in Colorado, Family Member
- Kevin Graves - CommonWorks
- Dana Held - Family Member

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- Marty Kennedy – Envision, Family Member
- Molly Kennis - Mosaic
- Kendra Kettler - Self Advocate
- Sara Leeper - Jewish Family Service of Colorado
- Joe Manee - Self Advocate
- Carol Meredith - The Arc of Arapahoe & Douglas Counties, Family Member
- Tracy Murphy - Easter Seals Colorado
- Timothy O’Neill, - Foothills Gateway, Inc.
- Marijo Rymer - The Arc of Colorado
- Steve Valente – Dungarvin Colorado

The Workgroup met monthly from October 2013 through January 2015 to develop these recommendations. Goals of the meetings were to:

- 1) Conduct an analysis of the services and supports currently available to individuals with IDD;
- 2) Discuss and refine recommendations made by the CLAG, specifically working to ensure that the CLAG’s recommendations would meet the needs of individuals with IDD;
- 3) Develop additional recommendations, either for additional services needed by individuals with IDD, or for processes, policies, and practices that would be supportive of individuals with IDD.

The Department contracted with Health Management Associates as an outside, third party for facilitation and consultation services to help ensure unguarded participation from stakeholders. Use of a facilitator to guide the Workgroup processes allows Department staff to participate as subject matter experts and as equals alongside Workgroup members. Additional details about the Workgroup’s discussions, materials that were presented to the Workgroup, and the evolution of the Workgroup’s recommendations are available on the [Department’s website](#).

Workgroup Recommendations

The Workgroup has developed the following recommendations for the design and implementation of a new waiver to support adults with IDD.

Waiver Simplification

The Workgroup recommends the Department develop and implement a single Home and Community-Based Services (HCBS) waiver to support adults with intellectual and developmental disabilities in the communities of their choosing. The new waiver should:

- Recognize and support the goals, preferences, and abilities of the individual receiving services,
- Support the Life Domains adopted by the CLAG, and



- Offer an array of broad, flexible services.

Services Recommended by the CLAG

The Workgroup discussed the service definitions developed by the CLAG's Waiver Simplification (CLAG-WS) Subcommittee and made recommendations regarding the core services that the subcommittee determined should be available to all individuals who require and are eligible for Medicaid long-term services and supports. It is important to note that many recommendations made by the Workgroup have already been accepted by the CLAG-WS Subcommittee and incorporated into the service definitions.

Personal Support, Health Maintenance, and Homemaker Services

The CLAG-WS Subcommittee has defined Personal Support, Health Maintenance, and Homemaker Services as:

Support in the community and at home, including supportive supervision when needed, for activities of daily living including: eating, dressing, grooming, hygiene, and walking/transferring; instrumental activities of daily living including: daily planning, decision-making, problem-solving, money management, transportation management, shopping, meal preparation, communication devices and techniques, homemaker and home maintenance services and support, service animal care/maintenance; and support to maintain health and wellness.

Support is either supervision of the completion of the task, doing the task, assistance with a task, instruction for the person to complete the task, or a combination of supports based on the individual's informed choice.

The Workgroup is in agreement with this definition. The Workgroup recommends that the new waiver should combine basic and enhanced homemaker services. The Department should also ensure that any combination of services does not cause licensing or provider qualification problems that would limit the service provider network or access to this service. In terms of personal support, the Workgroup recommends that the Department explore whether there could be support for oversight of recreation activities. It also recommends that services in this area should be person-centered and flexible. The Workgroup also recommends that the new waiver should work to ensure that skilled services are fully integrated into everyday service delivery. The Workgroup recommends that the definition of personal support reflect that not all support is related to a task as some individuals require supports that are not directly related to the completion of an Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL).



Last, the Workgroup recommends that the Department keep in mind how to ensure that if services in this category (and others) are grouped together, there is not a limit on the services that is too low to accommodate the variety of services that are needed.

Personal Coach

The CLAG-WS Subcommittee has defined the Personal Coach service as:

Support to develop goals and explore options to achieve goals (long or short term) related to life domains.

- *Identification of goals and aspirations.*
- *The service should be available at entry into programs and intermittently as identified in the person-centered plan*
- *Person receiving services should have options to choose his/her personal coach and direct the process*
- *Support experiential learning*
- *Support for exploration of housing options for those moving from one setting to another*

The Workgroup is in agreement with this definition. The Workgroup recommends that the Personal Coach services should support individuals in taking appropriate risk to incorporate the individual's goals and aspirations. The Workgroup recommends that the personal coaches should also be available to assist in "pre-planning" with an individual, interviewing potential service providers, should understand the individual's complicated health and safety issues, and should be able to provide training in child and infant care for parent(s) who themselves have an intellectual or developmental disability. Additionally, the Workgroup recommends the Department clearly define the role of the personal coach as it is closely related to that of a case manager.

Respite

The CLAG-WS Subcommittee has defined the Respite service as:

Support provided on a short-term basis including emergency services because of the absence or need for relief of persons who normally provide support to the person.

Therapeutic Respite includes support provided on a short-term basis for:

- *Assessment and treatment formulation*
- *Symptom monitoring*
- *Emergency support*
- *Hospital diversion*
- *Step-down support from any institutional setting*
- *Family support and education*



The Workgroup is in agreement with this definition. The Workgroup recommends that, in the new waiver, it is clear that respite is not just for crises. The Workgroup recommends that respite be available in a preventative or scheduled fashion if needed to prevent crises. The new waiver should support and encourage the development of contingency plans, in case a respite setting does not work well for an individual. It should also ensure choice in respite providers.

Home Modifications

The CLAG-WS Subcommittee has defined the Home Modification service as:

Physical adaptations to a private residence necessary to support sensory, physical, and behavioral health and welfare and enable greater independence in the home.

The Workgroup is in agreement with this definition. In addition, the Workgroup recommends that maintenance and repair of home modifications be added to the CLAG definition. The Workgroup also recommends that home modifications should be available under the waiver regardless of property ownership (i.e., in host homes), but understand that this may not be feasible because of the sometimes temporary nature of host homes and the federal restrictions on funding for improvements to provider-owned settings.

Assistive Technology

The CLAG-WS Subcommittee has defined the Assistive Technology service as:

An item, piece of equipment, or system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the ability to live as independently as desired.

Support that directly assists a participant in the selection, acquisition, or use of an assistive technology device, including:

- *The evaluation of the assistive technology needs of a participant including usage outside the home—e.g. need for weatherproofed equipment*
- *Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology for participants*
- *Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices*
- *Coordination and use of necessary therapies, interventions, or services with assistive technology devices*
- *Training or technical assistance related to the assistive technology use for the participant or support network, including providers*



The Workgroup is in agreement with this definition. In addition, the Workgroup recommends that the new waiver allow for and cover hardware and software, personal emergency response systems, remote monitoring, and access to the internet (to support social goals and objectives, as well as functional capabilities). The Workgroup also recommends that the waiver allow for frequent enough support, including ongoing training as needed, so that the individual can use the technology. The Workgroup recommends that the word "assistive" be removed from the service category and definition.

The Workgroup recommends that the waiver should ensure that this topic is discussed in service planning, and that policies and practice support providers getting training on what is available, how to use it, and how to balance risk.

Behavioral Supports

The CLAG-WS Subcommittee has defined the Behavioral Supports service as:

Supports that assist the participant with behaviors that limit and impair everyday functioning. Behavioral supports assist the participant in developing, maintaining, improving, or restoring, to the maximum extent possible, the ability to participate meaningfully in the community and meet personal goals.

- *Behavioral Consultation including development and implementation of behavioral support plans and behavioral interventions necessary for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Intervention modalities shall relate to an identified behavioral need of the individual and are monitored for outcomes and integration into all services and supports.*
- *Behavioral Plan Assessment including observations, environmental assessments, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document.*
- *Individual/Group Counseling including psychotherapeutic or psychoeducational intervention for the individual to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management, to positively impact the individual's behavior or functioning.*
- *Behavioral Line Services including implementation of the behavioral support plan, under the supervision and oversight of a Behavioral Consultant for acute, short term intervention to address an identified behavior of an individual that puts the individual's health and safety and/or the safety of others at risk.*



The Workgroup made a number of recommendations regarding the Behavioral Supports definition. While recommendations were being made by this Workgroup, the definition was being rewritten by the CLAG. This Workgroup's recommendations were included in the revision, and the Workgroup is in agreement with the final definition. In addition, the Workgroup recommends that the Department continue to work to more fully integrate behavioral and mental health services available through the Behavioral Health Organizations and the Colorado Medicaid State Plan (the State Plan) with waiver services to reduce complexity, identify and address gaps in availability, and assess where service limits may be problematic.

Transportation

The CLAG-WS Subcommittee has defined the Transportation service as:

Non-Medical Transportation:

- *Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources.*
- *Transportation services may include access to public transportation, training on the use of public transportation, the direct provision of transportation, or a combination of services based on the individual's informed choice.*

Vehicle Modification:

- *Adaptations or alterations to an automobile that is the person's primary means of transportation that are necessary in order to accommodate the special needs of the person and enable the person to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:*
 - *Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual;*
 - *Purchase or lease of a vehicle; and*
 - *Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications*

The Workgroup is in agreement with this definition. In addition, the Workgroup made the following recommendations:

Non-Medical Transportation: The Workgroup recommends that the Department explore whether families could be reimbursed for non-medical transportation, but recognized that this request must be balanced with cost containment concerns. The Workgroup recommends that this benefit be more flexible and expanded to allow for trips to employment and/or volunteer work. If supportive supervision is needed for an individual



to use non-medical transportation, the Workgroup recommends that this be covered, and that use of technology to help with using transportation (i.e. GPS that prompts person at their bus stop) be allowable.

Vehicle Modification: The Workgroup recommends that the Department explore whether the waiver could cover the cost of gas and maintenance of the vehicle if the individual has an adapted car/van, but can't pay for maintenance.

Community and Personal Engagement

The CLAG-WS Subcommittee has defined the Community and Personal Engagement service as:

Support to develop and implement goals and aspirations for employment, volunteer work, civic involvement, relationships, self-advocacy, training, and education. Services should be based on the individual's choice, including social media and other online opportunities.

Social engagement:

- *Activities that promote interaction with friends and companions of choice including:*
- *Teaching and modeling of social skills, communication, group interaction and collaboration.*

Habilitation Services:

- *Services designed to assist the person in acquiring, retaining and improving self-help, socialization and, adaptive skills necessary for community living including:*
 - *Teaching and modeling of social skills, communication, group interaction and collaboration.*
 - *Educational supports for complaints, grievances, and appeals.*
 - *Support for integrated & meaningful training and informed choice for community involvement including volunteering, self-advocacy, education options and other choices defined by the individual.*

Supported Employment/Vocational Services:

- *Support for integrated & meaningful education and informed choice related to school transition planning (applicable populations).*
- *Support for meaningful job skill development and integrated education for employment, both hard (having the knowledge to do a technical defined task) and soft (not required a specified technical skill or physical task skills, including generic work (social) skills and job specific skills.*



- *Support for integrated services available through DVR and other work training options.*

The Workgroup is in agreement with this definition. The Workgroup recommends that the community and personal engagement services should be able to provide a client with assistance with participation on private and public boards, advisory groups and commissions. The Workgroup also recommends that the Supported Employment/Vocational Services also include ongoing job coaching or other supports for individuals in improving and maintaining job skills once they have obtained employment. In addition, the Workgroup recommends that school-to-work transitions be more flexible, promote more engagement, and focus more on critical ages (18-24).

Additional Services

In addition to the services recommended and discussed above, the Workgroup recommends that the following additional services be included in the redesigned waiver for adults with IDD.

Community Transitions Services

Over the course of several meetings, the Workgroup developed several recommendations for Community Transitions Services. The Workgroup recommends that the Department use the CMS core service definition. This definition is:

Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a) security deposits that are required to obtain a lease on an apartment or home;*
- b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;*
- c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;*
- d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;*
- e) moving expenses;*
- f) necessary home accessibility adaptations; and,*
- g) activities to assess need, arrange for and procure need resources.*



Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Community Transition Services may not include payment for room and board. The payment of a security deposit is not considered rent.

The Workgroup also recommends that the Department specifically note that Community Transition Services be available to people transitioning out of non-Medicaid institutions (i.e., jails, Institutes for Mental Disease).

Dental Services

The State Plan was recently expanded to cover basic dental services for adults, which are limited to \$1,000 per state fiscal year. The Workgroup recommends that the Department monitor utilization of the new State Plan dental benefit to see if it is adequate in meeting the needs of adults with IDD. Should utilization indicate an ongoing need for dental services beyond those now available through the State Plan, the workgroup recommends the redesigned waiver continue to offer an extended State Plan dental benefit. In addition, the Workgroup recommends that the Department ensure access to anesthesia for those individuals that would be too apprehensive or have other behavioral challenges in having a successful visit to the dentist.

Health and Wellness Professional Services

The Workgroup recommends a broad, purpose-based definition, instead of a list or examples of covered services. Over the course of several meetings, the Workgroup and the Department have developed the following definition:

Health and Wellness Professional Services are those services that meet a medical, behavioral, or health and wellness need that has been identified in the Service Plan. This includes identified needs around maintaining a healthy weight and/or maintaining general health. These services can be funded only when the provider is licensed, certified, registered and/or accredited by an appropriate national accreditation association in that profession and the intervention is related to an identified medical or behavioral need. In addition, the service must be an identified need by a licensed Medicaid State Plan therapist/physician and that therapist/physician has identified a goal for the treatment and shall monitor the progress of that goal at least annually.



Services must be associated with an identified goal for treatment or health and wellness, and the provider shall monitor the progress of that goal at least annually. Services to support exercise may be included if recommended. The identified Professional Service cannot be available under the regular Medicaid State Plan or from a third party source.

Specialized Medical Equipment and Supplies

The Workgroup originally recommended a broad, purpose-based definition, instead of a list or examples of covered services. However, over the course of several meetings, the Workgroup and the Department have worked to adapt the existing definition.

Discussion included issues such as removing the language that seems duplicative of the assistive technology benefit; removing language that limits food preparation equipment for special diets only being covered if it “results in a cost savings over prepared food” and combine this language with language on eating utensils; changing language about clothing that is covered to “specially designed clothing needed to meet an individual’s needs”; and adding hearing aid batteries and equipment and supplies for vision needs, not available under the State Plan. The Workgroup also recommended that equipment and supplies (such as weighted blankets or special lighting) that support self-calming strategies be covered.

The Workgroup also requested that the definition be structured more like the new Health and Wellness Professional Services definition, and to rename the category of service “Specialized Medical, Health, and Wellness Equipment and Supplies”. The final definition that the Workgroup recommends is:

Specialized Medical, Health, and Wellness Equipment and Supplies include:

- *Devices, controls, or appliances, specified in the Service Plan, that enable participant to increase or maintain their ability to perform activities of daily living*
- *Hearing aids, hearing aid batteries and supplies not otherwise available through the State Plan*
- *Equipment and supplies used in self-calming strategies, i.e., weighted blankets, specialized lighting, as recommended by a professional*
- *Food preparation equipment for special diets and specialized eating utensils*
- *Specially designed clothing needed to meet an individual’s needs;*
- *Maintenance and upkeep of the equipment;*
- *Necessary medical supplies not available under the State plan*



Vision Services

The State Plan includes limited vision services for adults. These services include medically necessary services only following an eye surgery. The Workgroup recommends the Department continue to offer an extended state plan benefit, and monitor need on an ongoing basis.

Home and Community-Based Setting Requirements

Federal regulations, effective March 17, 2014, include new standards for the settings in which Medicaid Home and Community-Based Settings can be delivered (see Appendix C for additional information). The work group discussed these requirements and made the following additional considerations.

Residential Service Options

The Workgroup recognizes that when service provision is directly connected to the individual's housing, there can be inherent restrictions on that individual's choice and authority over his/her supports and services. When there is conflict, such as a dispute over service quality or the conditions of the room and board, the individual may not have the same opportunities to address that conflict as individuals whose home is not also owned/controlled by their service provider. In situations where provider alternatives may be limited, individuals may also choose living arrangements they would not have otherwise chosen (e.g. a shared bedroom) in order to receive needed services.

The Workgroup discussed residential service options at length in several meetings and recommends that service definitions not be "place based" in the new waiver, thus eliminating a separately defined residential service. Rather, the supports that are available in the current HCBS-DD waiver under Residential Habilitation would be available as part of the broader service definitions recommended for the redesigned waiver. For example, supportive supervision, (i.e., when an individual is not engaged in a specific task, but still needs supportive supervision to ensure their safety and wellness) is an example of a service that is critically needed for this population and currently available under Residential Habilitation. Under the new waiver, this service would be available under Personal Support.

Thinking about residential services in this way is a significant change from how residential services and service delivery are currently conceptualized. Again, by not recommending separately defined residential services, the intention of the Workgroup is not to eliminate services. Rather, it is to de-couple services from a person's place of residence, and to ensure that services a person needs are available, regardless of the setting in which they are delivered.

The Workgroup made every effort to ensure that all services that are currently available under Residential Habilitation benefit of the HCBS-DD waiver will be reflected and covered by the service definitions it recommends be included in the redesigned waiver



and recommends the Department develop a crosswalk to show where these services are included in the service definitions recommended for the new waiver. The Workgroup also recommends that the Department explore an informal case study of a couple of individuals who have certain needs, and show how services are available to someone under old waiver and the new waiver.

Services Provided in Provider Owned/Operated Settings

The Workgroup discussed the Keys Amendment (§1616 of the Social Security Act)¹ and the new federal regulations. These new regulations also recognize the potential restrictions on choice and authority discussed above and include additional safeguards for individuals whose housing is also owned or controlled/operated by their service provider. For example, under the new regulations, these service providers must execute a lease or similarly enforceable document that provides the individual receiving services the same protections granted to other community members in accordance with local housing laws. The Workgroup recommends that when services are delivered in residential settings that are owned or controlled/operated by a service provider, all of the Keys Amendment and new federal regulatory requirements should apply.

Although the Workgroup does not recommend a separately defined service such as Residential Habilitation, it does acknowledge that many individuals are satisfied with their current service providers and living arrangements. Therefore, the Workgroup recommends the Department ensure services are available in a variety of community-based residential settings that are chosen by the individual receiving services, including those settings that currently provide Residential Habilitation services under the HCBS-DD waiver. This would allow current service providers to enroll as providers of services available in the redesigned waiver and individuals to continue receiving services without disruption.

The Workgroup also recommends that the Department provide additional guidance on new requirements such as locks on doors, access to food, and how accommodations can be made to ensure health and safety of the individual receiving services.

Participant Direction of Waiver Services

The Workgroup agrees CLAG Waiver Simplification Subcommittee's recommendation that the Department allow for the participant direction of services to the extent possible in order to maximize choice and flexibility and to ensure participants can receive the services they need when and where they need them. The Workgroup discussed participant-directed service options and recommends the redesigned waiver provide a spectrum of service delivery options from agency-based services to the opportunity for

¹ The CMS Technical Guide for HCBS waivers, revised January 2015, includes additional guidance on the new home and community-based setting requirements. States are no longer required to demonstrate compliance with the Keys Amendment as the regulations effective March 17, 2014 are also to be used as the standard for congregate living facilities serving four or more unrelated individuals.



participant direction with employer and budget authorities. These service delivery options should extend to as many services as possible.

Person-Centered Service Planning

The Workgroup made a number of recommendations regarding assessment and service planning including recommendations that:

- There needs to be flexibility in how things are categorized (i.e., if a person needs a service while a parent is at work, this may not be respite – it may be personal support);
- Service planning should include attention to whether there is a need for access to staff/services 24 hours a day; and
- Service planning should be attentive to needs for “between-task” supportive supervision.

Additionally, several recommendations were made for changes to the Life Plan/Life Domain documents. These included: adding support for micro-enterprise or owning a business (under supportive employment/vocational), and that the Department should continue to think about the life plan concepts when determining how to implement and pay for services.

The Workgroup made several recommendations regarding how person-centered planning should help support the development and maintenance of relationships for people with IDD. These included ensuring that person-centered planning helps identify who to engage in the development and implementation of a person’s plan. Specifically, there should be an effort to include friends, coworkers, and other people important in the person’s life in the planning. The waiver should be supportive of individual relationships, including romantic relationships, and should maximize natural opportunities to meet people, mingle, social activities as part of care planning and person-centered approach.

The Workgroup recommends that there should be guidance associated with the waiver that talks specifically about who the “authorized representative” is and how they were selected. The Workgroup recommends that the new waiver support the practice of the individual receiving services “directing the process” not just being “central to the process”. The Workgroup also recommends that the new waiver should support individuals taking reasonable risks.

In terms of the process, the Workgroup recommends that the Department consider examining the service plan document and altering it to be more person-centered, or adopting something else that is more person-centered.

In addition, Workgroup recommends that the Department use the Person-Centered Planning guidance from HHS (see Appendix E) but with the following caveats.



- There should be an understanding of how to handle conflicts, such as conflicts around providing “right services in the right time in the right place” or lack of full agreement about a plan. Person-centeredness doesn’t mean that a person gets everything they want or need, because there are limits on what Medicaid will cover. This is an implementation issue that the department should consider
- When writing and implementing the waiver, the Department should be attentive to questions about who is responsible for ensuring that Person-Centered Planning happens, and who is documenting whether the non-waiver services and supports that are documented in the plan are actually provided.
- The waiver should ensure that individuals can choose who to have relationships with.
- All Person-Centered Planning recommendations need to be in alignment with CMS final rule on HCBS.
- The Person-Centered planning process should provide for additional supports and safeguards for those individuals who may not be able to advocate for themselves and may not have others to advocate on their behalf.
- There should be something in the waiver that encourages “pre-planning”. There is a need to work with the person before the planning meeting to help them understand what is going to happen, including some of the team to help the team understand how the process is supposed to go, to help the person be able to prepare for the meeting and start thinking about what they want. This may be a function for a personal coach, as noted above.
- Person Centered Planning should note that language in general is often a challenge, and there should be attention to any and all communications challenges (i.e., people who are non-verbal).

Financing and Reimbursement

The Workgroup has discussed financing and reimbursement several times during its meetings. In August 2014, and again in January 2015, the Department provided an overview of different types of financing and reimbursement methodologies, and information about reimbursement within Colorado’s Accountable Care Collaborative.

In recognition of the Workgroup’s principle for the responsible use of public dollars, the Workgroup recommends that the Department explore value-based payment methodologies and opportunities that reward performance and quality outcomes of waiver services. The Department should explore reimbursement and financing options that will incentivize quality care, high participant satisfaction and outcomes, and cost efficiency. This process should include stakeholder input and engagement, and the Workgroup noted that it would be helpful for the old and new waivers to run in parallel while new payment methodologies are explored and potentially implemented. The Workgroup recommends that any supplemental or enhanced payments made to



incentivize the identified quality and/or outcome measures are made in addition to the base rate paid for that service. The base rates, in accordance with federal regulations, must be consistent with the efficiency, economy, and quality of care and be sufficient to enlist enough providers.²

The Workgroup also recognized the flexibility and simplicity provided by daily units of reimbursement such as those used for the Residential Habilitation service of the HCBS-DD waiver. The Workgroup therefore recommends that the Department explore units of reimbursement that do not create burdensome billing and documentation requirements such as tracking the individual receiving services' entire day in 15 minute increments.

Finally, the Workgroup recommends the Department ensure that any limits imposed on the authorization or provision of services under the redesigned waiver be compatible with the Department's responsibility for addressing the health and welfare needs of the individual. Any service limits should be reasonable, be consistent with typical practice, and not pose an unnecessary obstacle to achieving the stated purpose of that service.

Waiver Development and Implementation Council

The Workgroup recommends to the Department that the Workgroup continue to meet, though less frequently than monthly, to provide input and feedback to the Department as it begins to write the new waiver application and works to operationalize the recommendations made by the CLAG, the Workgroup, and other stakeholders. The Workgroup recommends that they serve as ambassadors of this work, sharing the recommendations with other stakeholders. As such, the Workgroup's meetings in 2015 will also be in support of the Department's efforts to disseminate the recommendations more broadly across the state and gather additional feedback from stakeholders who were not part of the Workgroup. During this time period, the Workgroup would serve as a "Waiver Development and Implementation Council."

² 42 CFR §447.200-205.



Appendices

- Appendix A:** Community Living Advisory Group Recommendation
- Appendix B:** Community Living Advisory Group Life Domains
- Appendix C:** Community Living Advisory Group Waiver Simplification Subcommittee: Services and Supports Worksheet
- Appendix D:** Centers for Medicare and Medicaid Services Summary of Key Provisions of the HCBS Settings Final Rule
- Appendix E:** Centers for Medicare and Medicaid Services Guidance on Home and Community-Based Settings Requirements (Revised January 2015)
- Appendix F:** United States Department of Health and Human Services Guidance on Person-Centered Planning and Self-Direction

