



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Home and Community-Based Services (HCBS) Waiver Amendments

The Department intends to submit amendments for the following Home and Community-Based Services (HCBS) waivers:

- Persons with Brain Injury (BI)
- Children's Extensive Support (CES)
- Children's Home and Community-Based Services (CHCBS)
- Children's Habilitation Residential Program (CHRP)
- Children with Life-Limiting Illness (CLLI)
- Community Mental Health Supports (CMHS)
- Developmental Disabilities (DD)
- Elderly, Blind, and Disabled (EBD)
- Persons with Spinal Cord Injury (SCI)
- Supported Living Services (SLS)

The Department will accept public comments from August 6, 2020 through September 4, 2020. The Department intends to submit the amendments to the Centers for Medicare and Medicaid Services (CMS) on September 11, 2020. The Department will request an effective date of January 1, 2021 for these waivers.

Explanations of changes within the waiver applications can be found below.

Public Comments will be accepted August 6, 2020 through September 4, 2020.

Summary of Changes

Update on Conflict-Free Case Management (CFCM) Implementation

Summary: The Department is updating language in all waivers regarding CFCM to reflect the CMS-granted extension on implementation to the year 2024. The Department began stakeholder engagement in January 2020 to discuss a change in the approved transition plan submitted in June 2017. After discussion with stakeholders, the Department established a new path to better serve members and their families. The Department requested, and CMS granted, an extension until 2024 to come into compliance with Conflict-Free Case Management. The

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extension allows for Conflict-Free Case Management to be incorporated into Case Management Redesign to develop a high-performing case management system in Colorado.

Addition of Single Entry Point (SEP) Rural Exception

Summary: The Department is adding language to the updated Conflict-Free Case Management Implement language in BI, CHCBS, CLLI, CMHS, EBD, and SCI to reflect the currently allowed rural exception. Every five years the Single Entry Point contracts go out for renewal; this particular year (2020) Conejos county informed the Department that they will not continue to contract with the Department for Case Management services. An emergency one-year procurement was sent out and Costilla county was awarded the one-year contract. Costilla county, taking on Case Management activities, is in conflict with the precepts of CFCM providing case management and services and has requested for a rural exception which the Department granted for July 1, 2020 until June 30, 2021. The Department will work with Costilla county to work through a Business Continuity Plan to identify their plan forward.

Update SEP composition

Summary: After recent awarding of the SEP contracts, the Department is updating language to reflect the number of non-state local/regional public agencies and the number of private, non-profit agencies used as Single Entry Points (SEPs) for the Long Term Services and Supports (LTSS) HCBS waivers, 18 and 6 respectively. This update is reflected in BI, CHCBS, CLLI, CMHS, EBD, and SCI.

Addition of Virtual Case Management

Summary: The Department is updating language in all applicable appendices in all HCBS waivers to reflect Case Management Agencies' (CMAs) option to use phone or other telehealth technology to engage in the development and monitoring of person-centered plans when there is a documented safety risk to the case manager or client, including public health emergencies as determined by state and federal government.

Update to Case Management Agency (CMA) Performance Measures and Frequency of Performance Reviews

Summary: The Department is updating the discussion in all HCBS waivers of the CMA administrative evaluation to provide a listing of the CMA-generated documents to be included in the review, the frequency to which these deliverables are submitted to the Department, and further information on the quality improvement strategy reviews that are used to evaluate the CMA.



Update language to reference the Department’s obligation to terminate a case management agency (CMA) contract for noncompliance

Summary: Based upon public commenting from Spring 2020, the Department is updating all waivers to reference contractual powers provided the Department to withhold funding and/or terminate a CMA’s contract due to noncompliance.

Update Critical Incident Reporting (CIR)

Summary: The Department is updating waiver sections that detail Critical Incident Reporting (CIR) in the BI, CHCBS, CMHS, and EBD waivers to mirror the approved changes made in this year’s recent CLLI and SCI waiver renewals. The update involves timelines, responsible parties, reporting and tracking requirements, and further discussion on current CIR policies and procedures.

Update language to reflect the removal of Professional Medical Information Page (PMIP) in reassessment processes

Summary: According to CMS technical guidance, it is not a requirement for a physician to recommend, certify, or verify that an individual requires the level of care provided through the (respective) waiver during functional or level of care re-assessment. It remains a requirement for the initial assessment. During the 2019-2020 state of emergency, the requirement for the PMIP was waived for re-assessments and there has been no identified impact on members or eligibility determinations. Additionally, this change will remove unnecessary administrative burden for members, case management entities, and medical providers who currently complete the PMIP at reassessment. This update will occur in all ten HCBS waivers.

Inclusion of Digital Signatures

Summary: The Department recognizes the benefits and authorizes the use of digital signatures on all documents (including Consumer-Directed Attendant Support Services forms) by members, member representatives, guardians, and/or providers based on member’s preferences. Inclusion of digital signatures applies to all ten waivers.

Update Performance Measure (PM) Language

Summary: The Department is updating certain Performance Measures in Appendices B and C in all waivers (excluding SC and CLLI which were already edited in their recent renewal in spring 2020) to clarify the Department’s current usage of Confidence Interval: 95% confidence level with +/- margin of error. Updates to Discovery and Remediation in the Performance Measures found in Appendices, A, B, C, D, G, and I are also included for CES, CHRP, DD, and SLS.



Add Performance Measure

Summary: The Department is adding PM C.b.5 in BI, EBD, CMHS, and SLS to reflect verification by Financial Management Service (FMS) vendors of prospective attendants meeting provider qualifications specified in the waivers.

Update Respite Settings

Summary: The Department is adding “the community” to the allowable settings already listed in Respite service definition which include the home (BI, EBD, SCI), nursing facility (BI, EBD, SCI), and alternative care facility (EBD, SCI).

Updates to CHRP’s Intensive Supports and Transition Supports

Summary: The Department is adjusting the service definitions of Child and Youth Mentorship as well as updating provider type qualifications with regard to certification for Intensive Supports and Transition Supports for the CHRP waiver. The Department is updating the service definition of Child and Youth Mentorship to clarify roles of wrap-around service as well as the service plan in determining services furnished - type, frequency, duration, and allowable settings.

Update Provider Qualifications for Bereavement Counseling

Summary: The Department is updating the licensure and certification requirements for providers furnishing Bereavement Counseling services to CLLI waiver members through the use of Art Therapy, Play Therapy, or Music Therapy.

Update meeting frequency for Home Modification Stakeholder workgroup

Summary: The Department is correcting language in Appendix A (BI) to state the Home Modification Stakeholder workgroup meets periodically in frequency.

Removal of specific vendors named in Appendix A to the more generic referent for this contracted entity role

Summary: The Department is removing reference to a specific contracted vendor used for dental administrative services organization to the more generic term, Dental Administrative Services Organization (ASO), in the DD and SLS waivers. CMS technical guidance requires that specific contracted vendors not be identified in the text of the waiver applications lest future contractual relations change.



Update Post Payment Review (PPR) language

Summary: In June 2020, the Department ended its HCBS Waiver Post-Payment Review contract to shift auditing responsibilities to internal review staff within the Department's Program Integrity Contract Oversight (PICO) Section. The shift was done to allow the Department to better control audit performance and quality. Post-payment reviews of the Medicaid-paid services received by HCBS waiver participants will mostly be conducted by internal staff reviewers, however, the Department's existing Recovery Audit Contractor (RAC) will also conduct post-payment claims reviews. All audits will continue to focus on claims submitted by providers for any service rendered, billed, and paid as a benefit under an HCBS Waiver. The Department will also issue notices of adverse action to providers to recover any identified overpayments. This update applies to all ten HCBS waivers.

Rate Reductions

Summary: The Department is updating provider rates in all waivers to reflect the one percent (1%) Across the Board (ATB) legislative decrease in fee-for-service rates. Home Modifications, Personal Emergency Response Systems (PERS) install and monthly fees, Specialized Medical Equipment and Services/Assistive Technology, Non-Medical Transportation (taxi and public conveyance), and Transition Setup Expense did not receive an increase or decrease with these legislative actions due to their being Negotiated Rates.

Local Minimum Wage Increases

Summary: The Department is updating provider rates in all waivers reflect the Denver-passed minimum wage increase impact on certain HCBS services for calendar years 2020, 2021, and 2022.

Rate Increase for Residential Child Care Facility (RCCF)

Summary: The Department received legislative authority on July 1, 2020 to increase RCCF rates to recruit additional providers for this underserved population in the CHRP waiver program. This rate increase is effective on January 1, 2021.

Update Consumer-Directed Attendant Support Services (CDASS) training vendor compensation

Summary: The Department is updating Appendix E the compensation structure for the CDASS Training Vendor as stipulated by current contractual provisions for BI, CMHS, EBD, SCI, and SLS.



Addition of Quality Improvement Organization (QIO) Functions

Summary: The Department is contracting with a QIO to review skilled Health Maintenance Activities (HMA) for participant-directed services in BI, CHCBS, CMHS, EBD, SCI, and SLS. The Department requested and received funding to enhance the scope of work of the Long-Term Care Utilization Management (LTC UM) contract. The enhanced scope directs utilization management activities of the In-Home Support Services (IHSS) and Consumer- Directed Attendant Support Services (CDASS) populations. Utilization Management (UM) is the evaluation of the appropriateness and medical necessity of health care services based on evidence-based guidelines.

Update Case Management (CM) Listed Responsibilities

Summary: The Department lists CM responsibilities during evaluations and re-evaluations in B-6.f and is removing the language in BI, CMHS, and EBD that states CM is responsible to “Inform the client's medical provider of any changes in the client's needs,” as this is not a responsibility of CM.

Public Comment Opportunity

The Department will post drafts of the waiver amendment applications on the Department's website at www.colorado.gov/hcpf/hcbs-waiver-transition for public comment.

- The Department will make available a draft of the Waiver Amendments for a 30-day public comment period from August 6, 2020 through September 4, 2020.
- The Department commits to incorporating comments, concerns, and suggestions when possible.
- All comments and responses will be recorded in a listening log that will be published after the public comment period ends.

To request a paper or electronic copy of the waiver amendments including the full draft waiver and/or provide public comment please do so by:

- Phone: 303-866-3684
- Email: HCPF_LTSS.PublicComment@state.co.us
- Postal Mail: Department of Health Care Policy & Financing 1570 Grant Street, Denver, CO 80203 ATTN: HCBS Waiver Amendments
- Fax: 303-866-2786 ATTN: HCBS Waiver Amendments

