



## Listening Log

### Home and Community-Based Services (HCBS) Waiver Amendments

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 Disability (DD), Elderly, Blind, and Disabled (EBD), Persons with Spinal Cord Injury (SCI), and Supported Living Services (SLS)

August 6 - September 4, 2020

Comment Number	Date Received	Time Received	Individual/Organization Name	Waiver	Comment Synopsis	Department Response
1	8/23/2020	12:16 pm	Julie Reiskin, LCSW Executive Director Colorado Cross-Disability Coalition	All	In support of removing the Professional Medical Information Page (PMIP) in the reassessment process.	The Department appreciates your feedback and support in removing the Professional Medical Information Page (PMIP) in the reassessment process.
				All	Strongly support the use of digital signatures for all situations.	Thank you for your feedback and support of the use of digital signatures.
				BI, EBD, SCI	Support adding “the community” as an approved respite setting but continue to have concerns about this benefit because it is unusable to so many people. The problems with this service are rooted in the lack of a consumer-directed option and other rigid rules related to delivery making it impossible for many to get respite.	Thank you for your feedback on the respite service and support in adding “the community” as an approved respite setting. The Department lacks legislative and budgetary authority to expand the consumer-directed service.
				All	Strongly support virtual case management across the board.	Thank you for your feedback and support of virtual case management.



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				BI, CMHS EBD, SCI, SLS	Need assurance that increases for Denver-based providers due to minimum wage requirements in Denver also apply to services provided through the CDASS delivery option.	Consumer Directed Attendant Support Services (CDASS) will be receiving the Denver minimum wage increase on January 1, 2021 and the Department is working to ensure the increase will be implemented on the effective date of these waiver amendments pending approval from the Centers for Medicare and Medicaid Services (CMS).
				All	Support the ability of the Department to recover costs, withhold funds, and use a recovery audit contractor (RAC) for SEP and other CMA agencies but are concerned that there appear to be no consequences when the SEP or the QIO does not get paperwork done in time.	The Department does have safeguards in place that require the SEP to reimburse providers in instances where the SEP fails to timely conduct the Functional Eligibility Assessment or fails to discontinue waiver services for a HCBS waiver member.  If there are members going without needed services due to an error by the SEP, QIO, or RAC please email <a href="mailto:hcpf_hcbswaivers@state.co.us">hcpf_hcbswaivers@state.co.us</a> to escalate the issue.
				All	Concerned about the measure for the RAC's success being related to appeal or reconsideration decisions. What other methods will be used and will anyone else be reviewing the record to see if the denial was appropriate?	Thank you for your feedback. The Recovery Audit Contractor (RAC) program is a federally mandated program, under 42 CFR Part 455 Subpart F, that only reviews providers, not clients. Additionally, the RAC program is only allowed to conduct post-payment reviews, when services have already been rendered and claims have been reimbursed. The RAC program vendor must also adhere to the same



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						audit rules and regulations that the Department has established in C.R.S. 25.5-4-301 and 10 C.C.R. 2505-10, including allowing providers to submit informal reconsiderations requests and file formal appeals if they challenge any audit findings.
				BI, CMHS, EBD, SCI, SLS	Concerned the oversight of the FMS agencies regarding background checks could slow down the process of hiring.	The new performance measure oversight will be conducted quarterly with reports the Department will receive after enrollment processes are completed. The validation of the data is to ensure attendants hired are eligible to provide services per program policy and that vendors are following their approved enrollment processes. This additional Department oversight will not slow down the process of hiring.
				All	Would like to see the CMA be allowed to use phone or telehealth to do the planning or anything else at any time when agreed to by the client if that is the desirable way to communicate.	The Department will still require case manager visits to occur in-person to ensure the safety of waiver members outside of emergency situations. The in-person visit allows the case manager to observe the member and ensure the waiver services they are receiving are meeting the member's needs.
				All	Support the requirements around critical incidents but want to know how the Department and QIO determine there is a resolution.	Thank you for your feedback. The Department ensures remediation of Critical Incident Reports is completed through confirming all mandatory reporting requirements are completed as required. Confidentiality requirements of mandatory reporting agencies limit the information available to case management agencies



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						regarding outcomes of reported allegations and investigations. The Department continues to work with case management agencies regarding remediation of CIRs and ensuring the health and safety of waiver participants.
				BI, CMHS, EBD, SCI	Appendix G-1-b refers to the Legal Center for People with Disabilities and Older People. The organization is now called Disability Law Colorado.	The Department updated references to the Legal Center for People with Disabilities and Older People to Disability Law Colorado.
2	9/01/2020	3:37 pm	Dennis Roy Associate Director Program Quality Developmental Pathways	CES, CHRP, DD, SLS	Supports the removal of the Professional Medical Information Page (PMIP) in the reassessment process.	The Department appreciates your feedback and support in the removing the Professional Medical Information Page (PMIP) in the reassessment process.
				CES, CHRP, DD, SLS	Supports the use of digital signatures.	Thank you for your feedback and support of the use of digital signatures.
				SLS	Supports the use of a Quality Improvement Organization (QIO) for ensuring CDASS-Health Maintenance Activities allocations are appropriate and recommends the Department provide case management agencies with additional trainings and written materials related to assessments and service plans for individuals in the context of what and how the QIO will be assessing outcomes.	Thank you for your feedback and support in the use of a QIO for ensuring CDASS-Health Maintenance Activities allocations are appropriate.



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				CHRP	Recommends removing point 4 from the definition of the Child and Youth Mentorship subcomponent. This point prohibits the waiver participant from receiving mentorship services while the child is in an out-of-home placement. Allowing the child to receive mentorship services during this period will set up the child for success when he/she returns to his/her home.	The Department agrees and has removed point 4 under the Child and Youth Mentorship component.
				CES, CHRP, DD, SLS	Concerned with the discovery methodology for Performance Measures D.d.2-6 and how it will be used to measure participants' utilization of services in his/her service plan. Requesting the Department share definitions for how services will be determined to meet the respective type, scope, amount, duration, and frequency identified in the service plan.	Thank you for your feedback. The Department is currently working with the Centers for Medicare and Medicaid Services (CMS) on measuring Performance Measures D.d.2-6. The Department will have additional information for case management agencies (CMAs) on how performance measures intersect with the new assessment tool and support plan in the future.
				CES, CHRP, DD, SLS	In Appendix G's Discovery/Remediation section Performance Measure G.a.5 refers to an acronym of ANE. Recommend spelling the acronym out to avoid confusion as the Intellectual/Developmental Disabilities (I/DD) community in Colorado typically uses the acronym of MANE to refer to Mistreatment, Abuse, Neglect, and Exploitation.	Thank you for your feedback. The Department updated this section of the waiver application to reflect MANE vs ANE.



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				CES, CHRP, DD, SLS	<p>Concerned that operationalizing the Denver minimum wage rate changes at the case management agency level for the listed services may be complex and administratively burdensome.</p> <p>Also concerned that the variable rates may create different access to care obstacles in that, if SPALs and total plan spending limits do not change commensurately with the local rate variances, individuals accessing services through the variable rates may have access to less overall total units in service because they are reimbursed at a higher rate.</p>	<p>Thank you for your feedback. The Department is currently working to automate the City and County of Denver minimum wage rate change in the interChange based on the member's address in the CBMS.</p> <p>Support Level Authorization Limits (SPAL) will be adjusted accordingly for members residing in the City and County of Denver due to the minimum wage increase and will be posted with the HCBS Rate Schedule on the Departments website at <a href="http://www.colorado.gov/hcpf/provider-rates-fee-schedule">www.colorado.gov/hcpf/provider-rates-fee-schedule</a>.</p>

