

Department of Health Care Policy & Financing
Benefits Collaborative Listening Log
EPSDT Personal Care Policy

Comment Number	Date Received	Name	Comment	Department's Response	Will Policy be Revised?
Input Received on <i>Interim</i> EPSDT Personal Care Policy					
1	16-Dec-13	George Lyford. Colorado Center on Law and Policy (CCLP)	<p>We are pleased that the Department of Health Care Policy and Financing (HCPF) worked to quickly develop this standard and look forward to working together with the Department as you revise and implement this draft standard.</p> <p>That being said, we continue to have concerns that HCPF does not fully understand or acknowledge the breadth of its obligations under the Early Periodic Screening Diagnosis and Treatment (EPSDT) provisions of the federal Medicaid Act.</p> <p>To see full text explaining CCLP concerns refer to pages 1-6 of the CCLP document posted at the following link.</p> <p>http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251934399683&ssbinary=true</p>	The Department is working to respond to all of the concerns CCLP addressed in George Lyford's letter.	

2	16-Dec-13	George Lyford, CCLP	<p>Page 2 of the draft Personal Care Standard (PCS) describes the following eligibility requirement: “The client requires moderate to total assistance in at least four areas non-medical activities of daily living as defined in the this Benefit Coverage Standard.” ...</p> <p>Please replace this requirement with the following language: “The client requires moderate to total assistance in at least one area of activities of daily living as defined in this Benefit Coverage Standard.”</p> <p>To see full text explaining recommendation, refer to page 7 of the CCLP document posted at the link provided in row #1 above.</p>	<p>After reviewing stakeholder feedback and consulting with our Federal Partners at CMS, the department is continuing to evaluate how medical necessity will be defined for this benefit.</p>	yes
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3	16-Dec-13	George Lyford, CCLP	<p>Throughout the draft PCS benefit standard document, PCS are referred to as “non-medical” and are also referred to as assisting clients with “non-medical” activities of daily living. Using the term “non-medical” unnecessarily creates tension with the EPSDT requirements to cover all medically necessary services....</p> <p>Because of the broad medical necessity definition required under EPSDT—requiring coverage of services that ameliorate the effects of a condition, even if treatment is not possible—services, such as PCS, must be considered medically necessary even though those services might be considered “non-medical” in nature.</p> <p>Please remove the term “non-medical” and refer throughout the document to these services as: “personal care services, which are intended to provide assistance with a client’s activities of daily living and instrumental activities of daily living.”</p>	<p>Through the Benefit Coverage standard we will be changing the use of the term "non-medical" to "personal care". We agree that the use of the term "non-medical" is conflicting with the EPSDT requirements to cover all medically necessary services.</p>	
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4	16-Dec-13	George Lyford, CCLP	<p>Current language: the first bullet point on page three states that PCS must be “[p]rovided to assist in the treatment or mitigation of an illness, injury, or disability, which....”</p> <p>Please replace the word “mitigation” with “amelioration” to align the language with the EPSDT statutory language. Amelioration and mitigation have different meanings and it is important to align with the statute.</p>	The Department has changed "mitigation" to "amelioration" to align the language with the federal EPSDT statute.	yes
5	16-Dec-13	George Lyford, CCLP	<p>Under the description of each area of personal care service, the “usual frequency of task” field is followed by an asterisk which clarifies at the end of the document that additional services may be appropriate in certain circumstances. We support HCPF’s acknowledgment that imposing strict limitation on the amount or frequency of services is inappropriate for children under age 21.</p> <p>Instead of the current language, we request that all “usual frequency of task” fields contain the following language: “As ordered by the qualified physician on the plan of care or the prescribing physician on the PC plan of care.” This language will help to avoid confusion and ensure that all children are scored consistently.</p>	<p>Where a client needs a greater amount, scope or duration of service related to a specific task or activity than is typical, the qualified physician or the prescribing physician needs to indicate this on the PC plan of care.</p> <p>To make this clearer, additional language to this effect will be added to the Benefit Coverage Standard under each usual frequency of task field for all activities listed in the Benefits Coverage Standard.</p>	yes

6	16-Dec-13	George Lyford, CCLP	<p>The draft PCS benefit standard removes medication reminders as a possible personal care services benefit. We fully understand that granting authority for medication reminders to personal care services workers may create certain licensure and scope of practice issues. However, we are concerned that children on strict medication management programs may require medications during a personal care services visit. We strongly encourage HCPF to seek feedback on this issue from home health agencies, pediatrician, parents and the stakeholder community at large regarding this issue to ensure that PCS may be provided to the maximum benefit of the client.</p>	<p>The Department has reviewed stakeholder feedback regarding medication reminders and will add medication reminders back into the EPSDT Personal Care Benefit Coverage Standard.</p>	yes
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7	16-Dec-13	George Lyford, CCLP	<p>Current language: "Protective Oversight may only be provided during the completion of activities of daily living listed in this benefit coverage standard. Protective Oversight shall not be the standalone reason. Documentation shall specify the level of impairment and demonstrate the need for protective oversight."</p> <p>While we are very pleased that HCPF included an initial draft definition of protective oversight services in the PCS benefit standard, requiring a demonstrated need for other areas of PCS in order to obtain protective oversight services is contrary to the language and intent of the federal EPSDT statute. ...</p> <p>imposes an arbitrary limitation on services and would violate the state's obligation to provide children under age 21 with all medically necessary services.</p> <p>Please strike the following language from the draft benefit standard: "Protective Oversight may only be provided during the completion of activities of daily living listed in this benefit coverage standard. Protective Oversight shall not be the standalone reason."</p>	<p>The Department is reviewing how protective oversight is handled in the EPSDT Personal Care Benefit Coverage Standard. While the Department is working on formulating a response, stakeholder input will be taken into account as we consult with our federal partners.</p>	
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8	16-Dec-13	George Lyford, CCLP	<p>Limitation number 7 on page 23 states the following: “All PC services will be reimbursed at the Medicaid personal care rate even if the person providing personal care holds credentials for CNA, RN or other skilled profession.”</p> <p>You explained to us during our December 4 meeting that Certified Nurse Aids (CNAs) shall be paid CNA reimbursement rates for unskilled personal care services that are related to the skilled CNA service and performed during the same visit. We are very pleased that you made this commitment and believe this policy will help to ensure that home health services are delivered as seamlessly as is allowable under federal law. However, limitation number seven could be interpreted to mean that CNAs may not be paid CNA rates to perform PCS related to skilled CNA tasks.</p> <p>To eliminate this confusion, we suggest adding the following sentence to limitation number 7: “However, CNAs shall be reimbursed at a CNA reimbursement rate for unskilled services that are related to skilled services performed during the same CNA visit.”</p>	The Department is reviewing how to handle the billing and the overlap of CNA & Personal Care services.	
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9	16-Dec-13	George Lyford, CCLP	<p>In the Non-covered services and general limitations section, number 18 prohibits the following service: "Personal Care or homemaker tasks that are directly related to a skilled task ordered in a Home Health plan of care."</p> <p>Just because a skilled service (and related unskilled service) may be authorized under a client's plan of care does not necessarily mean those services will actually be provided. We are concerned the language in Number 18 may prevent clients from receiving medically necessary PCS in instances where related skilled services authorized under a plan of care are not actually provided.</p> <p>Please replace number 18 on page 26 with the following language: "Personal Care or homemaker tasks that are directly related to a skilled task ordered in a Home Health plan of care and actually performed by a CNA, RN or other skilled professional."</p>	The Department is reviewing how to handle the billing and the overlap of CNA & Personal Care services.	
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10	16-Dec-13	George Lyford, CCLP	<p>In the Non-covered services and general limitations section, number 19 prohibits the following service: "Personal Care Services provided and/or billed during a skilled CNA visit or when the client or Family Member/Caregiver is willing and able to perform the services or tasks independently." We are concerned that this language could prevent a personal care worker from performing a PCS that is unrelated to a CNA service if both the PCS worker and CNA visit occur during the same time.</p> <p>In order to maximize the flexibility for home health providers to schedule visits at times most appropriate for clients, please replace the language in number 19 with the following language: "Personal Care Services provided and/or billed by a skilled CNA or Personal Care Services when the client or Family Member/Caregiver is willing and able to perform the services or tasks independently."</p>	The Department is reviewing how to handle the billing and the overlap of CNA & Personal Care services.	
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11	16-Dec-13	George Lyford, CCLP	<p>We appreciate that HCPF has committed to conduct monthly community and provider feedback sessions until the PCS benefit is fully implemented and on an ongoing basis to ensure the benefit standard is structured in a manner that maximizes appropriate access to these essential services.</p> <p>It is crucial that HCPF capitalize on the breadth of knowledge and expertise that exists in the provider and consumer community to ensure the PCS benefit standard is appropriate and sufficient.</p>	<p>The Department is committed to working with the provider and consumer community, once the Benefits Collaborative meetings are complete, additional stakeholder meetings will be scheduled.</p>	
12	16-Dec-13	George Lyford, CCLP	<p>We encourage HCPF to implement a recurring and thorough provider outreach and education campaign regarding PCS. This should include instructions and notifications through provider bulletins concerning the scope of PCS and procedures for requesting and administering PCS through Medicaid.</p>	<p>Training for providers will be developed for the new EPSDT Personal Care Benefit. Also, a billing manual for the benefit will be published and placed on our website.</p>	
13	16-Dec-13	George Lyford, CCLP	<p>Since PCS is a new benefit, HCPF should establish a dedicated point of contact through the department to ensure providers may provide ongoing feedback while also be able to seek guidance as issues arise.</p>	<p>The Benefit Manager for the new EPSDT Personal Care Benefit will be Meredith Henry, the Children's Health Policy Specialist for the Department. She will be the point of contact for the Department and can be reached at 303.866.4538 meredith.henry@state.co.us</p>	

14	31-Dec-14	Ryan Zeiger, CLASP	<p>[Asked a series of questions via email]</p> <p>1) Why can family members provide services under EBD waiver, but not under EPSDT?</p>	<p>Under the federal law, personal care services can only be provided by a qualified individual “who is not a member of the individual’s family.” See 42 U.S.C. § 1396d(a)(24); 42 C.F.R. § 440.167(a)(2). The regulation further defines a family member as “a legally responsible relative.” 42 C.F.R. § 440.167(b).</p>	
15	31-Dec-14	Ryan Zeiger, CLASP	<p>2) PAGE 1 states: “For or the treatment of the illness, injury or disability, which means that the services must be consistent with the unique nature and severity of the client's illness, injury or disability, his or her particular medical needs, and accepted standards of practice, without regard to whether the illness, injury or disability is acute, chronic, terminal, or expected to last a long time.”</p> <p>The above statement does not read properly. The “or” is an extra word, and we believe the intention is to convey that “The services are for treatment....</p>	<p>This grammatical error in the Benefit Coverage Standard has been corrected.</p>	yes

16	31-Dec-14	Ryan Zeiger, CLASP	<p>3) PAGE 2 states: "Licensed by the State of Colorado as a class A home care agency in good standing and must meet all certification and licensure requirements outlined in the Home Health Benefit Coverage Standard "</p> <p>Why do agencies have to be a Class A licensed entity to provide Class B services? This will limit the number of agencies as not all Class A entities provide PCP/Homemaker services. Also, many Class A licensed entities also have Class B licenses for their unskilled services and don't provide PCP services under their Class A license.</p>	The Department is following up with CDPHE regarding Class A & B license requirements.	
17	31-Dec-14	Ryan Zeiger, CLASP	<p>4) PAGE 2 states: The client requires moderate to total assistance in at least four areas personal care activities of daily living as defined in the this Benefit Coverage Standard</p> <p>The above statement does not read properly.</p>	The Department is working on re-wording this sentence.	
18	31-Dec-14	Ryan Zeiger, CLASP	<p>5) PAGE 3 states: Provided to assist in the treatment or mitigation of an illness, injury, or disability, which may include mental illness.</p> <p>Does this include autism?</p>	The Department is working on responding to this question.	

19	31-Dec-14	Ryan Zeiger, CLASP	<p>6) PAGE 3 states: PC service shall be ordered in writing by the client’s prescribing provider as part of a written care plan. The written care plan shall be updated at least annually or as required by the client’s needs and/or condition.”</p> <p>Are doctor's orders for the PCP services (the care plan) or services ordered by a doctor without the doctor approving the PCP care plan?</p>	The Department is working on responding to this question.	
20	31-Dec-14	Ryan Zeiger, CLASP	<p>7) PAGE 4 states: “However, a personal care worker may provide those services when the skilled caregiver, or unpaid family member/caregiver, is able to direct and/or assist with the skilled transfer.”</p> <p>Could be clarified because it seems to indicate that a skilled paid caregiver and an unskilled paid caregiver can be in the home at the same time. Is this correct?</p>	The Department is looking into how the overlap of skilled care and personal care services will be handled.	

21	31-Dec-14	Ryan Zeiger, CLASP	<p>8) PAGE 5: A PC provider may assist clients with ambulation who have the ability to balance and bear weight, when the client is independent with an assistive device, or when the PC provider is assisting another care provider, caregiver or family member who is competent in providing skilled aspect of care.</p> <p>Could be clarified because it seems to indicate that a skilled paid caregiver and an unskilled paid caregiver can be in the home at the same time. Is this correct?</p>	The Department is looking into how the overlap of skilled care and personal care services will be handled.	
22	31-Dec-14	Ryan Zeiger, CLASP	<p>9) PAGE 6 states: "A PC provider may assist another care provider, caregiver or family member who is competent in providing this aspect of care."</p> <p>Could be clarified because it seems to indicate that a skilled paid caregiver and an unskilled paid caregiver can be in the home at the same time. Is this correct? This is repeated throughout the document.</p>	The Department is reviewing how to handle the billing and the overlap of CNA & Personal Care services.	

23	31-Dec-14	Ryan Zeiger, CLASP	<p>On PAGE 7, why is dressing limited to 2 times a day? This will not work for incontinent children.</p>	<p>Under the dressing section of the Benefit Coverage Standard, the usual frequency of tasks field, there is an asterisk. This asterisks corresponds to the asterisk on pg. 19 which states: Usual frequency of task defines the number of times a typical person is likely to complete the tasks. However, some clients will need these tasks preformed more or less frequently than is defined in the task. Agencies should be prepared to provide additional documentation when clients require a task to be completed more frequently than is typical.</p>	
24	31-Dec-14	Ryan Zeiger, CLASP	<p>11) PAGE 15: "Adaptive and safety equipment (including lifts) may be used in transfers, provided that the client and PC provider are fully trained in the use of the equipment and the client, client's family member or guardian can direct the transfer step by step or when the PC provider is deemed competent in the specific transfer technique for the client."</p> <p>CLASP's understanding is that transfers involving lifts are not in PC scope of practice.</p>	<p>The Department is following up with CDPHE's rules on Personal Care and what is allowed.</p>	

25	31-Dec-14	Ryan Zeiger, CLASP	<p>12) PAGE 16 states: “When the client requires protective oversight to prevent wandering or dangerous and destructive behaviors, the personal care worker shall have been trained in appropriate intervention and redirection techniques.”</p> <p>CLASP’s understanding is that these types of interventions are not in PC provider scope of practice.</p>	The Department is following up with CDPHE's rules on Personal Care and what is allowed.	
26	31-Dec-14	Ryan Zeiger, CLASP	<p>13) PAGE 18 states: “Use of digital stimulation and over the counter suppositories or over the counter enema (not to exceed 120ml) only when the CNA demonstrates competency according to the Personal Care Agency’s policy & procedure in the task.</p> <p>CNAs work for license class A home health agencies, not personal care agencies.</p>	The Department is following up with CDPHE's rules on Personal Care and what is allowed.	

27	31-Dec-14	Ryan Zeiger, CLASP	<p>14) PAGE 20 states: "Personal care services must be supervised by a Registered Nurse, the clinical director, home care manager or other designated home care employee at least every 90 days, or more often as necessary, for problem resolution, skills validation of staff, client-specific or procedure-specific training of staff, observation of client's condition and care, and assessment of client's satisfaction with services."</p> <p>This statement seems to mix Class A and Class B license requirements. Per note above, not clear on why a Class A license is required.</p>	The Department is looking into the specific rules for Class A & Class B agencies.	
28	31-Dec-14	Ryan Zeiger, CLASP	<p>15) PAGE 22 states: "Time or mileage required to travel to the client's place of service."</p> <p>We believe mileage is covered for some PCP benefits. Why not this one?</p>	The Department calculated mileage into the rate it will be paying for the EPSDT Personal Care Benefit.	

14	02-Jan-14	Pat Cook, RN	<p>Is there is allowable fifteen minute to thirty minute increment for environmental cleaning related to the task opportunity. Linens have to be changed, bathrooms and kitchens cleaned etc. etc. wheelchairs and adaptive equipment need to be cleaned regularly. I see this not being done and a major vector in infections.</p>	<p>This is addressed in the homemaking section of the EPSDT Personal Care Benefit Coverage Standard: Light Housework necessary to maintain a healthy living environment for the client, which includes laundry and basic household care, within the client's primary residence that are primarily for the benefit of the client.</p>	
Input Received as part of EPSDT Personal Care Benefits Collaborative					
1	24-Jan-14	Gary Montrose, Colorado Long-term Assistance Providers (CLASP)	<p>CLASP requests that the Department work with CLASP to ensure that the policy being created herein does not prohibit the execution of a grant funded pilot currently in the planning phases - this may include granting an exception so that the pilot may continue.</p> <p>The pilot in question would allow a personal care attendant, a professional from a home health agency who specializes in Long-term Services and Supports and a nurse practitioner to meet simultaneously in a person's home to provide care coordination services. The idea is to test and promote the person-centered medical home model within a person's own home.</p>	<p>The Department will work with CLASP to obtain more information on their pilot program.</p>	

2	24-Jan-14	David Bolin, Accent on Independence	<p>The language as written in the last paragraph of page four of the draft benefit dated 1/2/2014 would necessitate a rule change.</p> <p>The language in question states that "a personal care worker may provide those services when the skilled caregiver, or unpaid family member/caregiver, is able to direct and/or assist with the skilled transfer."</p> <p>The Department should look at the Conditions of Participation for Medicare for a home health agency AND Colorado state rules on governing – which state that you cannot have two providers in the home at the same time.</p> <p>Personal care rules state that Certified Nurses Aids (CNAs) cannot be in a home within two and a half hours of a personal care attendant.</p> <p>If rule changes are not made, skilled agencies will likely not be interested in providing this benefit.</p>	<p>The Department will look at Medicare conditions for participation for a home health agency & will look at state rules in order to respond to this question.</p>	
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3	24-Jan-14	David Bolin, Accent on Independence	<p>[Continued from above]</p> <p>It is very important that things be done in the right way. Program Integrity needs to be involved, as does the Colorado Department of Public Health and Environment (CDPHE), because agencies get surveyed on exactly these types of things and CMS could put a condition on a skilled home health agency [if they are not in compliance].</p>	The Department will work with Program Integrity and CDPHE to make sure the rules align with the language in this EPSDT Personal Care Benefit Coverage Standard.	
4	24-Jan-14	George Lyford, CCLP	<p>The policy as drafted on 1/2/2014 states the client must demonstrate a need in at least four areas of activities of daily living (ADLs). This is contrary to the intent of EPSDT, which requires that all medically necessary services be provided.</p> <p>For example, if a client were to demonstrate needed assistance with three ADLs (dressing, feeding and ambulation), using this standard, a determination would be made that medical necessity has not been demonstrated in these three areas because the client doesn't demonstrate need in a fourth area.</p>	After reviewing stakeholder feedback and consulting with our Federal Partners at CMS, the Department is in the process of re-evaluating how medical necessity will be defined for this benefit.	
5	24-Jan-14	George Lyford, CCLP	<p>[Continued from above]</p> <p>CCLP appreciates that the Department has reached out to CMS for guidance on this; to the extent that guidance is not forthcoming, CCLP encourages the Department to rethink this fourth area and make it one area.</p>	After reviewing stakeholder feedback and consulting with our Federal Partners at CMS, the Department is in the process of re-evaluating how medical necessity will be defined for this benefit.	

6	24-Jan-14	David Bolin, Accent on Independence	<p>While there is language in this standard that "personal care services are provided in a client's place of residence or outside a client's place of residence," similar language needs to be extended to other home health rule.</p> <p>CMS has given guidance to all 50 states stating that services cannot be limited to the home but, as yet, this directive has not been implemented in Colorado.</p> <p>If it is in one place but not another it causes confusion.</p>	The Department will evaluate if similar language needs to be extended to other home health rules.	
7	24-Jan-14	George Lyford, CCLP	Throughout the policy as drafted on 1/2/2014 , the term "non-medical" is used and it should be changed to "personal care services", so that there is no confusion with the fact that clients must still meet a medical necessity standard.	The word "non-medical" was removed from the Benefit Coverage Standard and was replaced with "Personal Care".	yes
8	24-Jan-14	Gary Montrose, CLASP	Since non-medical providers are doing a lot of the work within the scope of this policy standard. Can "qualified provider" within the Usual Frequency of Tasks section on page five of the 1/2/2014 draft, be changed to include language that states physicians are responsible for writing the orders and other providers are able to deliver the services? Could this possibly be put in the preamble leading up to page five?	The Department will look into changing this language.	

9	24-Jan-14	David Bolin, Accent on Independence	<p>Page five of the 1/2/2014 draft also mentions two providers possibly providing services at the same time. Again, this contradicts current rule.</p> <p>Similar language, such as "A PC provider may assist... another care provider, caregiver or family member who is competent in providing skill aspect of care" appears throughout the document.</p> <p>While a "family member" is not a problem, other caregivers will be in violation of Medicaid rules.</p>	The Department will work with Program Integrity and CDPHE to make sure the rules align with this Personal Care Benefit Coverage Standard.	
10	24-Jan-14	David Bolin, Accent on Independence	The asteryx next to Usual Frequency of Tasks does not appear to refer to anything. Instead of explaining the asteryx on page 19 of the standard it may be better to put at the beginning.	The Department will look into adding additional information on Special Considerations to the usual frequency of tasks field under each activity in the Benefit Coverage Standard.	
11	24-Jan-14	George Lyford, CCLP	The Special Considerations section [which helps to explain the Usual Frequency of Task disclaimer] does not appear on every page.	The Department will consider putting this information with every usual frequency of task section. This asterisks corresponds to the asterisk on pg. 19.	
12	24-Jan-14	George Lyford, CCLP	Under the Factors that Make Task Skilled section(s), all the factors describe what the child is capable of doing rather than what the child needs. Perhaps additional language is warranted here that would help guide providers to understand when and how the services are medically necessary	The Department will evaluate all sections titled, "Factors that Make it skilled" under each activity listed in the Benefit Coverage Standard.	

13	24-Jan-14	Shannon Zimmerman, Parent	<p>Under the Feeding section on page eight of the 1/2/2014 draft, if we are going to mention "special diets" there is more to this topic than the "tube feeding" listed.</p> <p>The "special diets" language was once in the Personal Attendant Tool (PAT) and was removed. If someone doesn't fall under "Feeding" in the PAT they may fall under it in the Personal Care Attendant Tool being created, and perhaps we should use consistent language in both tools/policies.</p>	The Department is reviewing the language in the Feeding section of the EPSDT Personal Care Benefit Coverage Standard and will see if language on feeding from the Pediatric Assessment Tool is applicable for use in this section.	
14	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>Under the Factors that Make Task Skilled section on page eight of the 1/2/2014 draft, where it states "Oral feeding is skilled only when the client is unable to communicate verbally, non-verbally or through other means, the client is unable to be positioned upright, etc.." where would someone fit in who, for example, could make noises – the meaning of which were not always understood by his caregivers? Would that be considered "non-verbal" as defined here?</p> <p>Also, this person could not be positioned upright enough to prevent him from aspirating – he ultimately died because he aspirated.</p> <p>Flexibility in the definition is important.</p>	The Department is reviewing the language in the Feeding section of the EPSDT Personal Care Benefit Coverage Standard.	

15	24-Jan-14	Shannon Zimmerman, Parent	<p>Under Usual Frequency of Tasks, on page nine of the 1/2/2014 draft, it states “Only areas in which the client is the primary user may be cleaned, such as bedroom and bathroom.” However, under Factors that Make Tasks Personal Care, it states “a provider may provide housekeeping services, such as dusting, vacuuming, mopping, and cleaning the bathroom and kitchen areas, meal preparation, dishwashing....”</p> <p>Dishwashing, for example, is not generally done in areas “only used by the client.”</p>	The Department is reviewing the language in the Homemaker section of the EPSDT Personal Care Benefit Coverage Standard.	
16	24-Jan-14	George Lyford, CCLP	<p>[Building off of comment above]</p> <p>Likewise, if a child soils clothing, the personal care tasks that take place in the laundry room should be under the scope of this definition.</p>	The Department is reviewing the language in the Homemaker section of the EPSDT Personal Care Benefit Coverage Standard.	
17	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>What is the difference between “PC” and “PCP” in the last row under Nail Care on page 12 of the 1/2/2014 draft?</p> <p>A lot of knowledgeable people, even within the context of this document, might think PCP refers to their Primary Care Provider.</p>	To avoid confusion, the Department will stick to using "PC" to refer to personal care, and will not use "PCP" for personal care provider in the Benefit Coverage Standard	yes
18	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>There is a grammatical error on page 14 of the 1/2/2014 draft. Under the Factors that Make a Task Personal Care section “positions” should be changed to “position”.</p>	This grammatical error was fixed.	yes

19	24-Jan-14	Ryan Zeiger, CLASP	Under the Factors that Make the Task Personal Care section, it seems, as worded, that services must be provided in conjunction with a family member who is trained OR when the personal care provider is deemed competent. Is this the case?	The Department is looking into making sure that this language lines up with CDPHE home health rules.	
20	24-Jan-14	Shannon Zimmerman, Parent	In the Special Considerations section at the top of page 16 of the 1/2/2014 draft, where it states "a second person may be used when required to safely transfer the client", it doesn't specify who that second person should be.	The Department is formulating more specific guidelines for the Mobility-Transfer section of the Benefit Coverage Standard.	
21	24-Jan-14	Shannon Zimmerman, Parent	In the first row of the Protective Oversight section of the 1/2/2014 draft, where it states "monitoring a client to reduce or minimize the likelihood of injure or harm due to the nature of the client's injury..." should language be added so that it reads "injure or harm to self or others"?	The Department is reviewing how protective oversight is handled in the EPSDT Personal Care Benefit Coverage Standard. While the Department is working on formulating a response, stakeholder input will be taken into account as we consult with our federal partners.	

22	24-Jan-14	George Lyford, CCLP	<p>How is protective oversight currently defined in the nursing home context?</p> <p>Should we think about the differences in populations between children that may be good candidates for these types of personal care services and adults in nursing care?</p> <p>If any part of this definition came from the nursing home context, how can we ensure that the definition is appropriate to this population?</p>	The Department will do further research on protective oversight.	
23	24-Jan-14	George Lyford, CCLP	<p>[Building on comment above]</p> <p>If some clients with behavioral limitations need from harming others and themselves, limitation that protective oversight services only be provided in the course of providing another personal care service may not make sense.</p>	The Department is reviewing how protective oversight is handled in the EPSDT Personal Care Benefit Coverage Standard. While the Department is working on formulating a response, stakeholder input will be taken into account as we consult with our federal partners.	
24	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>With regards to the repositioning language on page 14 of the 1/2/2014 draft (which currently is allowed “every 2 to 4 hours”), can the language be made more general?</p> <p>Some clients need to be repositioned every half hour regardless of bowel movements.</p>	The Department is formulating more specific guidelines for the Mobility-Transfer & Mobility-Positioning section of the Benefit Coverage Standard.	

25	24-Jan-14	Sam Murillo, Family Voices of Colorado	Sometimes, when families are reading the Special Considerations sections, they have already forgotten that there is an asterisk earlier on that page and, not seeing something in the Special Consideration section, they wonder why a particular special consideration is not allowed for.	The Department will look into adding additional information on Special Considerations to the usual frequency of tasks field under each activity in the Benefit Coverage Standard.	
26	24-Jan-14	Sam Murillo, Family Voices of Colorado	On page 17 of the 1/2/2014 draft "skin breakdown" is not consistent. At the top of the page it is one word, at the bottom it is two words.	This error has been corrected.	yes
27	24-Jan-14	George Lyford, CCLP	Where the Department refers to personal care services it should clarify that it is referring to personal care services that can only be billed as personal care services [not personal care services that may be billed at a higher rate in conjunction with a skilled task].	The Department will review the limitations Section on pg. 19 of the Benefit Coverage Standard to clarify the billing.	
28	24-Jan-14	David Bolin, Accent on Independence	Are personal care providers who are relatives of the client going to be limited to providing 444 hours per year or less of care – as is currently the case for waivers?	The Department is looking into this.	

29	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>[Building on comment above]</p> <p>Several families have said that this benefit would not work for them if their family care givers were going to experience a reduction in hours.</p>	<p>Under the federal law, personal care services can only be provided by a qualified individual “who is not a member of the individual’s family.” See 42 U.S.C. § 1396d(a)(24); 42 C.F.R. § 440.167(a)(2). The regulation further defines a family member as “a legally responsible relative.” 42 C.F.R. § 440.167(b).</p>	
30	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>Under the fourth point in the Limitations section on page 19 of the 1/2/2014 draft, the fourth point, where it states “physical behavioral interventions such as restraints shall not be used.” While, it may be impractical to offer here an exhaustive list of all the interventions that cannot be used, why do restraints need to be singled out here?</p> <p>“Physical behavioral intervention” implies restraint. If an example is needed, tapping someone on the shoulder might be a better example.</p>	<p>The Department will review if the statement: "Physical behavioral interventions such as restraints shall not be used" needs to be listed in the Limitation section on pg. 19.</p>	
31	24-Jan-14	David Bolin, Accent on Independence	<p>[Building off of comment above]</p> <p>Instead of saying “such as restraints” could the text say “including restraints”?</p>	<p>The Department will review if the statement: "Physical behavioral interventions such as restraints shall not be used" needs to be listed in the Limitation section on pg. 19.</p>	

32	24-Jan-14	Ryan Zeiger, CLASP	<p>Under the Personal Care Provider Supervision section of the 1/2/2014 draft, why do “clinical director” and “registered nurse” appear in the language of this section?</p> <p>In Chapter 26 (from which a lot of the draft benefit coverage standard language was pulled) it just says “qualified provider”.</p>	The Department is looking into this & will make sure that rules align with the Benefit Coverage Standard.	
33	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>Under the Personal Care Provider Supervision section of the 1/2/2014 draft, what does "problem resolution" would look like? For example, would this be a written document provided to a nurse from a therapist?</p>	The Department is working on providing more of a definition to "problem resolution" under the Personal Care Provider Supervision section of the Benefit Coverage Standard.	
34	24-Jan-14	Sam Murillo, Family Voices of Colorado	<p>Under the Personal Care Provider Supervision section of the 1/2/2014 draft, there is a grammatical error on the page, where it states “all personal care staff shall have a completed <i>an</i> up to date personnel file.”</p>	This grammatical error has been fixed.	yes
35	14-Feb-14	Sam Murillo, Family Voices of Colorado	<p>I just wanted to quickly reach out to explain my comment about seizures in the context of skilled and unskilled tasks. Since seizures can present in a variety of ways and also a variety of effects it is not uncommon for clients to therefore struggle with the Level of Cooperation (short term and long term) which is in Modifier A.</p>	Noted.	N/A