



Home and Community Based Services Provider Scorecard for All Waivers

The 2014 CMS Final Rule for Medicaid funded Home and Community Based Services (HCBS Final Rule) programs marks an opportunity to build a truly person-centered service delivery system that supports older adults and people with disabilities. Implementation of the rule will help thousands of Colorado's older adults and people with disabilities to enjoy the full promise of community living by prioritizing the quality of each individual's experience.

This document provides a snapshot of compliance across Colorado HCBS providers who completed the Initial and/or Secondary Provider Self-Assessment Surveys. It is important to note that **145** providers did not complete the self-assessment survey or response submissions were not able to be linked to a provider. The levels of compliance and necessary remedial action for Colorado's system are indicated only to the degree that providers who responded represent the entire system. These scorecards will be updated as Colorado moves through the transition plan process

A linked dataset was employed to develop this scorecard. The Colorado Department of Health Care Policy and Financing (HCPF) provided its contractor, the Lewin Group, with a dataset of its existing HCBS providers. This dataset stratified providers by service type and by waiver(s) through which the providers are reimbursed for services. This dataset includes **613** unique providers, identified through un-duplicating provider IDs included in the dataset. Many of these providers offer multiple services and/or participate in multiple waivers. Thus, there are **1,602** rows included in the dataset. These data are linked to scores from survey response data these providers entered through Lewin's survey platform. The Lewin team matched providers to survey scores using provider names, provider ID numbers and provider email addresses. It also performed a manual crosswalk of provider names to ensure the accuracy of all matches. Using a scoring algorithm approved by HCPF, Lewin scored all providers to a Support Level. The Support Level scoring key is illustrated in *Exhibit 1*.

Support Level	Indicators of Isolation
4	Any indication of a setting located on the grounds of or immediately adjacent to a public institution or an indicators of isolation score greater than 50%
3	Indicators of isolation score less than 50% and greater than 25%
2	Indicators of isolation score less than 25% and a score greater than 50% on "Rights, Autonomy, and Choice"
1	Indicators of isolation score less than 25% and a score less than 50% on "Rights, Autonomy, and Choice"

To apply the level of remediation, the scores available for the provider setting were counted with the frequency of variances to compliance. The scoring key places a greater value on indicators of isolation and is used to assign a provider to a Support Level. Compliance within this framework is viewed within graduated levels of remediation. Indicators of Rights, Autonomy and Choice are additive and applied to levels 1 and 2 within the scoring key.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.



The Support Level findings from all 613 providers are presented in Exhibit 2. Note that there are many providers that offer both residential and nonresidential services. Analysis for Exhibit 2 counted these providers in both residential and nonresidential counts.

Exhibit 2 – Providers that Completed a Self-Assessment Survey Based on Provider IDs

148	Number of residential provider IDs with a Support Level 2 or higher (non-compliant)
211	Number of residential provider IDs with a Support Level 1 (compliant)
142	Number of nonresidential provider IDs with a Support Level 2 or higher (non-compliant)
57	Number of nonresidential provider IDs with a Support Level 1 (compliant)
145	Number of Provider IDs with missing and/or incomplete Self-Assessment Surveys
613	Total Unduplicated Provider IDs

Exhibit 3 (see page 3) shows the above data specific to each waiver. Providers who offer services through multiple waivers are counted in each waiver’s row. Thus, totals will exceed the 613 overall total unduplicated count of providers.

Exhibit 4 (see page 4) shows each area of potential noncompliance by percentage of providers indicating noncompliance. This data is from the Initial Provider Self-Assessment Survey, in which providers responded once across multiple addresses. This table reflects counts of individual provider responses.

Exhibit 5 (see page 5) displays potential noncompliance by number of clients served across all waivers by provider ID. Duplicative Provider IDs are included to maintain by-service stratification (e.g., a provider serving 103 individuals in an ACF and 17 individuals in host homes, those groups are both counted.)

Exhibits 6 and 7 (see pages 6 and 7) show statewide maps with by-county frequencies of potentially noncompliant provider addresses.



Exhibit 3 – Providers that Completed a Self-Assessment Survey Based on Provider IDs, by Waiver

	Number of residential provider IDs with a Support Level 2 or higher (non-compliant)	Number of residential provider IDs with a Support Level 1 (compliant)	Number of nonresidential provider IDs with a Support Level 2 or higher (non-compliant)	Number of nonresidential provider IDs with a Support Level 1 (compliant)	Number of Provider IDs with missing and/or incomplete Self-Assessment Surveys	Total Unduplicated Provider IDs
All Waivers	146	211	142	58	145	613
Developmental Disabilities Comprehensive Waiver	52	79	31	59	20	151
Community Mental Health Supports Waiver	54	78	6	25	76	236
Supported Living Services	N/A	N/A	31	45	16	76
Elderly, Blind, and Disabled Waiver	132	85	15	49	103	367
Brain Injury Waiver	2	3	1	3	3	12
Children's Habilitation Residential Program	3	5	N/A	N/A	54	62



Exhibit 4: Status of All Areas of Potential Noncompliance by Number of Providers

<i>Residential Providers</i>	<i>Status</i>	<i>% of Provider Responses</i>
Individuals interact with other people with disabilities and paid staff only		35.5%
Medicaid-only resident population		29.6%
Individuals do NOT have financial control (e.g. checking account, access to their own funds when they choose, and/or receive assistance to manage finances)		26.0%
Individuals may not be able to leave property 4+ hours/day – weekdays		25.4%
Individuals may not be able to leave property 4+ hours/day – weekends		24.9%
Provider Located on the property or adjacent to an institution		19.0%
Individuals do NOT have full access to ALL areas of the setting		16.7%
Individuals do NOT have a legally enforceable agreement or residency agreement		13.1%
Individuals must share a home and do NOT have choice of roommates/housemates		14.6%
Individuals do NOT have full access to food until scheduled meal times or snack times		9.6%
Provider rules that restrict empowerment and community inclusion		3.1%
<i>Nonresidential Providers</i>	<i>Status</i>	<i>% of Provider Responses</i>
Segregated setting where majority of individuals do NOT work in integrated competitive employment and earn sub-minimum wage or do NOT engage in activities with general community		28.2%
Employment settings/services that do NOT pay individuals minimum wage		17.3%
Adult day settings/services that do NOT offer opportunities for individuals to engage in activities with non-disabled community members, other than paid staff		15.5%
Employment settings/services that do NOT provide financial/benefits planning		7.1%
Adult day services/settings that do NOT offer individualized supports that enable individuals to choose activities of their own interests (within a group or individually) and restrict or limit engagement in community activities that align with interests		6.6%
Employment settings/services that do NOT offer opportunities for individuals to volunteer or to receive support in finding competitive employment, training (i.e. job coaching) or postsecondary education		5.8%
Employment and adult day services/settings that do NOT offer individualized support based on need, opportunities for community relationships or natural supports, interaction with community members, access to age appropriate activities, knowledge of community resources, and the ability to choose/refuse activities based on choice		4.9%
<i>Residential providers that did not complete self-assessment or cannot be linked</i>		103
<i>Nonresidential providers that did not complete self-assessment or cannot be linked</i>		56

Key: Does not need attention (Less than 10.0%) Needs attention (10-24.9%) Needs significant attention (25.0% or more)



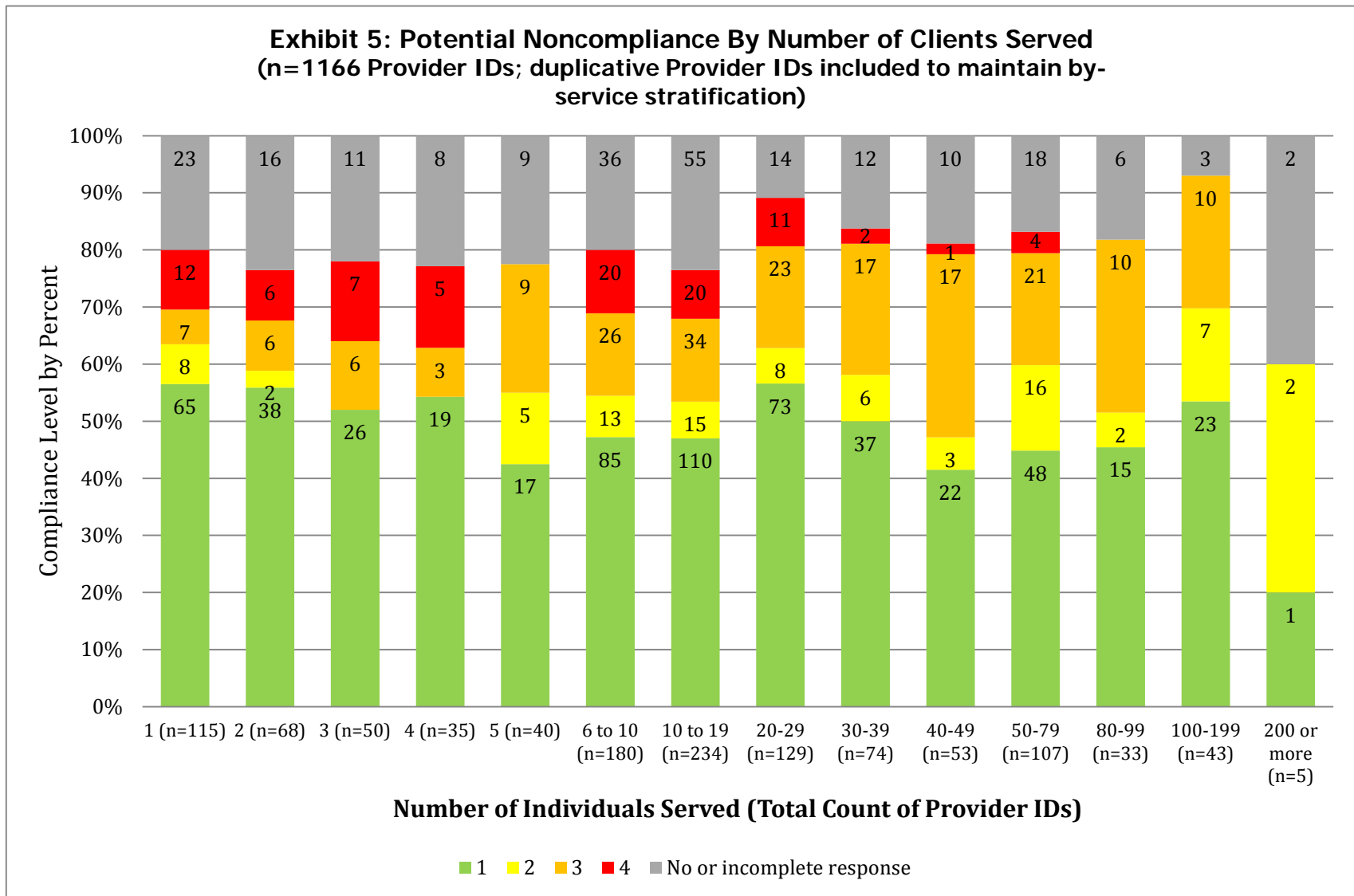


Exhibit 6: Noncompliant Residential Providers by County

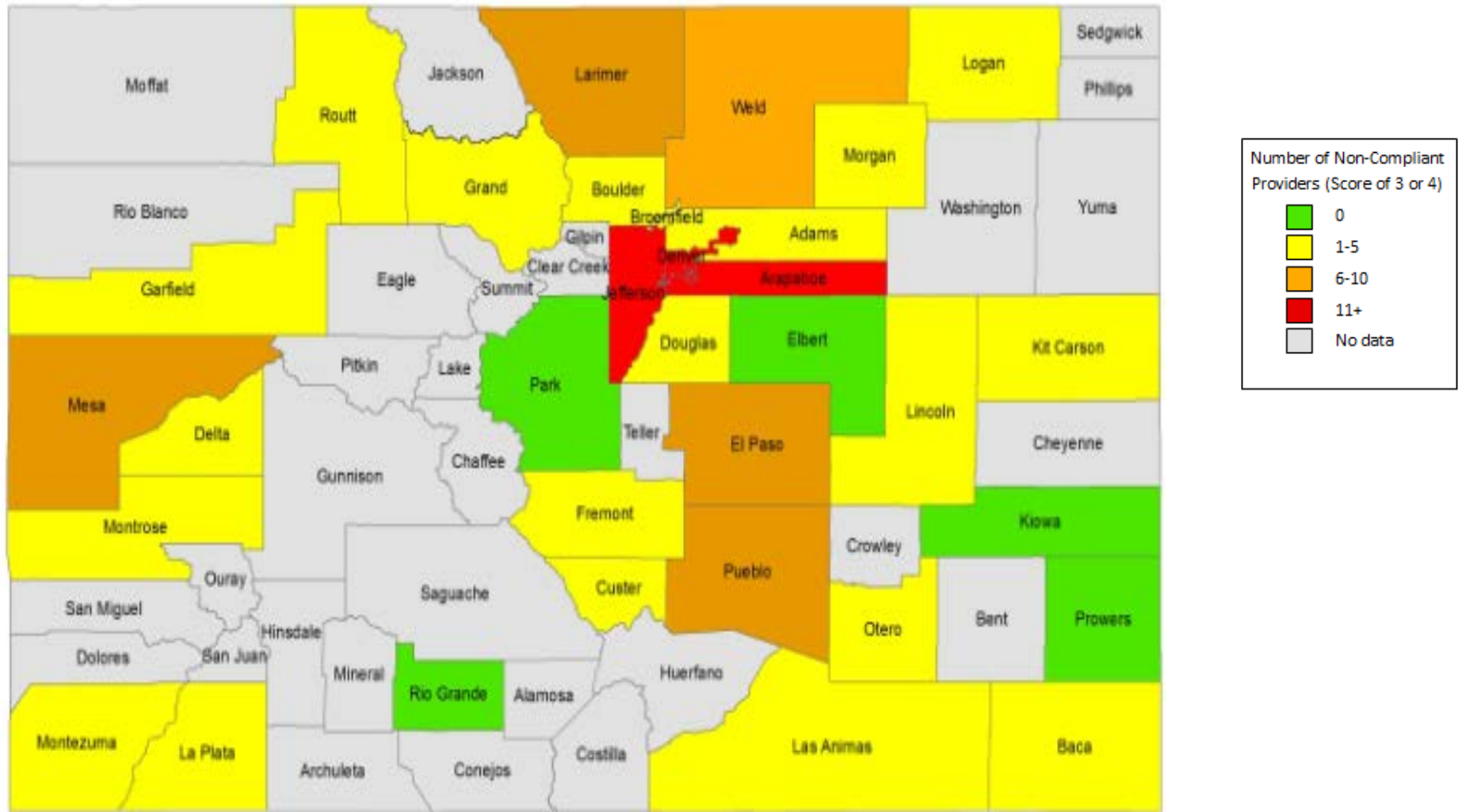


Exhibit 7: Noncompliant Nonresidential Providers by County

