



**COLORADO**

Department of Health Care  
Policy & Financing

# Home and Community Based Services Waiver for Community Mental Health Supports Amendment

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The Colorado State Department of Health Care Policy and Financing intends to submit the waiver amendment to the Centers for Medicare and Medicaid Services (CMS) on October 29, 2015. A summary of these changes are provided below.

To request a paper or electronic copy of any materials, including the full draft waiver and/or provide public comment please contact Lana Mutters at 303-866-2050,  
Email: [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us)  
Visit 1570 Grant Street, Denver, Colorado 80203  
Fax: 303-866-2786

Public comments will also be accepted at: [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us). Public comments will be accepted from September 15 – October 28, 2015.

## Summary of Waiver Amendment

### Home Modification Increase

Legislation was passed during both the 2014 and 2015 legislative sessions granting the Department available funds to increase the overall lifetime maximum for the Home Modification benefit to \$14,000.

### Home Modification Interagency Agreement Language

The Department has executed an interagency agreement with the Department of Housing (DOH) in order to engage subject-matter experts to provide enhanced oversight for the home modification benefit. This partnership will result in an increase in the quality of home modifications performed through increased inspections. In addition, the Department is working with DOH to create more rigorous and standardized processes in order to improve communication with clients and streamline the home modification process.

### Quality Performance Measures

Included in the amendment are changes to the Quality Improvement Strategy (QIS) performance measures for new/revised CMS Home and Community-Based Services (HCBS) waiver assurances and sub-assurances. In order to operate a 1915(c) Home



and Community Based Waiver, the state must address how it intends to meet specific CMS requirements known as the HCBS waiver assurances. In March 2014, CMS added/revised several assurances and sub assurances, the amendment reflects these changes.

### **Spousal Impoverishment**

The Department is ensuring alignment of policies regarding spousal impoverishment with federal guidance.

### **HCBS Settings Rule Waiver Specific Transition Plan Add-Ins**

The Department has updated waiver specific transition plans with new action items, updated projected end dates, and detailed progress and status reports for action items.

### **Health and Welfare Assurance and Appeals Language for CDASS**

The Department has included specific health and welfare assurances for the Consumer Directed Attendant Support Services (CDASS). Additionally the Department has also included assurances of appeal rights for clients enrolled within CDASS.

### **Personal Care and Homemaker Targeted Rate Increase and Rate Methodology Change**

The Department is including increases for Personal Care and Homemaker Services. Legislation was passed during the 2015 legislative session authorizing a rate increase for IHSS and agency based personal care and homemaker. Note that CDASS is not included in this increase. The Department altered how the rate methodology was developed for agency based personal care and homemaker services.

### **CDASS Rate Methodology Change**

In order to account for increases to non-CDASS delivery models of personal care and homemaker, the Department is altering how the CDASS rate methodology is developed. No longer will CDASS use agency-based and IHSS forms of personal care and homemaker rates as the basis for its methodology.

### **Recognition of changes to International Classification of Diseases (ICD)**

The current waiver lists out specific ICD-9 codes for waiver eligibility, however upcoming migration to ICD-10 will occur October 2015. Therefore the waiver needs to remove the specificity of the codes currently listed.

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) State Plan Personal Care Exception**

The Department intends on expanding Personal Care services into the State Plan under EPSDT for those eligible. The Department has added clarifying language that indicates an individual eligible for Personal Care on the State Plan will receive that prior to accessing Personal Care services on the waiver.



## Fiscal Management System (FMS) Change

As of January 1, 2015 there will be a choice in FMS vendors and in delivery models for all Consumer Directed Attendant Support Services (CDASS) clients. Each vendor will offer Agency with Choice and Fiscal Employer Agent delivery models. Under Agency with Choice the client and agency are co-employers and the FMS conducts necessary payroll functions. Also, under Fiscal Employer Agent, the client is the employer of record and is responsible for paying attendants and managing employee costs.

## Guidelines for Submitting Comments

- The Department will have this draft of the Waiver Amendments and Waiver Specific Transition Plans open for public comment from September 15 to October 28, 2015. The amendments and plans will be posted on the Department's website here: [www.colorado.gov/hcpf/hcbs-waiver-transition](http://www.colorado.gov/hcpf/hcbs-waiver-transition)
- Individuals may request draft Waiver Amendments and Transition Plan materials via email at [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us)
- Comments regarding the draft Waiver Amendments and Waiver Specific Transition Plans can be emailed directly to [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us)
- Comments can also be addressed to the following:  
ATTN: HCBS Waiver Amendments  
1570 Grant Street  
Denver, CO 80203  
303-866-2050
- All comments and responses will be maintained in a regularly updated listening log kept on the Department's website found here: [www.colorado.gov/hcpf/hcbs-waiver-transition](http://www.colorado.gov/hcpf/hcbs-waiver-transition)

The Department commits to incorporating comments, concerns, and suggestions into the proposed transition plan when possible.

