



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

**Persons with Developmental Disabilities (DD) Waiver
Supported Living Services (SLS) Waiver
First Renewal Meeting Closed Captioning
Meeting Date: August 23, 2018**

Disclaimer: Below is the closed captioning dialogue captured during the first DD/SLS Renewal meeting held on August 23, 2018. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio. Should you have further questions or comments please email HCBswaivers@state.co.us.

[Silence] >> Audio check. >> [Indiscernible - low volume] with me today in the room I have [Indiscernible - low volume] [Indiscernible - static]

Some of you that may have participated in meetings before I would like to talk about [Indiscernible - static] [Indiscernible - low volume] before with the renewal of these two waivers that we will be talking about this morning. The biggest thing we have to keep in mind is the renewal of waivers is all about the state of Colorado keeping Medicaid programs in compliance with federal partners. That is why we do not have a federal match or a risk of potential not being able to operate waivers because we are in violation of statute or regulation. That is the biggest part with going through the waiver renewal process.

For the housekeeping I see people raising hands on Adobe connect. I will adjust the webinar first. We have muted all the lines. We are going to ask for those connecting remotely to ask questions through the chat box. [Indiscernible] and Sarah are monitoring the chat box. There will be breaks in the presentation where we will try to answer questions from the chat up.

People cannot hear [Indiscernible - static] >> [Indiscernible - low volume] we are going to try to get that fixed. If you cannot hear me my apologies we will get that worked out as quickly as possible. For those in the room we are appreciated of using this room. This is a beautiful facility. There are restrooms directly across the hallway. There is also water fountains [Indiscernible - static]

[Silence]

Tech audio .



[Silence]

[Indiscernible - low volume] [Indiscernible - static]

Is this better? Nobody judge me for having to hold the phone like this. For those of you accessing remotely it's a little weird to have the phone like this but it will work if you have questions about the stakeholder engagement process or technical guidance content -- Julie, please let me know if we get any more feedback. [Indiscernible - static] they can hear me okay?

It is a day of overcoming and adapting. That is what it is. Use that M Bock if you have any comments. If you have comments on the waivers themselves that you wish was different or wonder why this particular thing is happening this way, anything waiver related please send that to the ltss.publiccomment@state.co.us, we have been using this inbox for a while. Any email that goes in there we record to the glistening logs as well as post the listing logs and reply to them. We will be incorporating that suggestion and to the waivers themselves were to give you a reply of why we are not able to do whatever the suggestion is at that time. Once again, if you have HCBS waiver stakeholder engagement part does process questions or specific suggestion about the waivers themselves.

What our real purpose is here today. Eyes perceive this meeting as well is the to we will have later on to be an opportunity for any stakeholders to interact with the department and become informed about these technical details of the waiver applications. We will talk about going to the renewal process, time line's, what we have to do as a state to get waivers renewed as well as what CMS requirements are. As much as possible I will try to blame [Indiscernible - static] -- explain how the waiver application does the content of HCBS waiver applications. I think this is a great opportunity to talk to her and answer any questions of why is it this way or where can I find it within a waiver application. We will also try to use a couple of opportunities throughout the waiver applications to explain why something is done. If you have ever had any thoughts of why there is a good chance we will have a few moments like that throughout these meetings. I will also say that I have alluded to a little bit. What the plan is here is that the application contains nine different appendices. Nine different ones, A-J. We are going to discuss A, B, and C and then we will split them up over to more meetings. We have them broken out over the course of three meetings. This is the process I did with stakeholders regarding the children's home community waiver about a year ago. There was a lot of [Indiscernible] [Indiscernible - static] we are going to try to follow that same model. Any questions about the process? Or what the plan is or that type of thing?



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I would assume that Julie would open a door if there is a question online. If anyone has any questions online please let Julie know in the chat box. [Indiscernible - static]

That way the various authorities that operator waiver are in conjunction with each other and on alignment. There have been multiple times where a state role contradicts the state statute or a waiver application contra dance one of those -- contradicts one of the other authority sources. We are working collaboratively to keep them in line but they work with the renewal process does not impact any of the work going on with the waiver and augmentation. If you are involved with the HCBS settings and various providers coming in compliance with the rules as well as statutory changes that may have been passed in the recent legislative session as well as the upcoming legislative session. I will talk more that we talk about the time line in a moment. You will notice that I did skip one bully intentionally. I am also going to use as a PSA moment. We're talking about two waivers during this meeting now and this afternoon we are doing a sister meeting to talk specifically about the CES waiver amendment. All three of those waivers will have amendments going out for public noticing starting September 1. We will have a public comment period. As we go to the slides today and talk about the different parts of the waiver applications, as much as possible we have tried to have our slides represent what is currently in the most recently approved waiver application by CMS.

Next Saturday we will start a public comment periods for edits to those waiver applications. As much as possible I will make note of saying that this is the way it is now. This is the what we are proposing during this next round of waiver amendment those waiver amendments that we will be initiating will have a proposed effective date of January 1, 2019. Any questions about that? I am really just checking the audio to make sure that me holding the phone here is working for those remotely. Because we start a little late I want to spend a moment to remind everyone about the HCBS waiver authority. In case you're not familiar with it. I also find it is handy to get a refresher on what the HCBS waiver authority is. If you enjoy reading public statute and public policy, all of our waivers in the state of Colorado are operated under the 1915 C waiver authority. It is a specific cause of the Social Security act that the term waiver within that clause states that operate medicated programs are allowed -- Medicaid programs are allowed to use that clause to waive other components of the Social Security act. It often gets confused in the community because you will hear individuals talk about how a individual may need a waiver to get on Medicaid. What they are referring to is often times the individual may need to begin receiving developmental disabilities services through the developmental disabilities waiver. It is really additional services that are operated through the developmental disabilities waiver how -- which is how the person starts receiving the services. Not necessarily that they are actually receiving a waiver or anything like that, they are receiving services through a program offered through a waiver. It is an important distinction to



understand. As part of that some of the requirements of that 1915 (c) all states operator program under that waiver individuals receiving services that way have to be found at risk of institutional claimant dust placement. The state defines what at risk of institutional placement is. They have to be part of a defined target group for a particular waiver. As you see up there we are discussing the developmental disabilities and supported living waivers but the brain injury and spinal cord injuries that we have here in Colorado are the easiest examples of those targeted groups. In order for individuals to receive services under those waivers they have to have some type of traumatic brain injury or spinal cord injury that would put them into the target group so they could potentially receive those waivers. When a state and ask a waiver they do have to set specific services beyond the state plan benefits. I have often heard it referred to regular -- as regular Medicaid. When I go into policy I will refer to statement does plan to benefit. That is the basic package of benefits and services available to every Colorado mail -- member eligible for Medicaid. Waivers have to offer an additional set of services designed to allow the individual to remain in the community rather than being placed into an institution. >> The last two bullets I will go over quickly. Because those services are specifically targeted H CBS waivers to ask estate plan benefits. That is a common thing discussed at different times in different policy arenas. There is a federal requirement that in order for an individual to receive benefits they have to receive one of those services every 30 days. If they do not receive HCBS services every 30 days they are at risk of losing their waiver eligibility. There is a very strong component of HCBS waivers that individuals have to have the freedom of choice in their services. We will discuss that more in detail at the next meeting when we talk about service planning. They have to have both whether they want to live in the institution or in a home or community. They also have to have their choice of services as well as choice of providers within those services. A very strong sense of freedom and -- of choice. I will break for questions.

[Indiscernible - low volume] [Speaker too far from mic.] absolutely. Let me be clear, it is receiving a waiver service every 30 days. If you are the development -- the developmental disabilities waiver has a long list -- I can absolutely do that. Sorry for those on the phone line.

Can I explain more about the reception of a waiver service every 30 days as well is where people can find out more about the available waiver services. Let me back up and be clear. It is receiving a wavered service every 30 days. A person could not be on a waiver and receive physical therapy for a whole 30 days. That is billed to the state plan benefits without receive -- receiving one of the services within the 30 day period. By federal regulation they would be at risk of losing their waiver services. Not necessarily state planned services. Also, let me touch on the question of finding out more. If you would like to find out more about waivers I'm sure I will save -- say this in the course of the meetings but if you go to the department website and go to forum members there is an additional link that shows programs. On that programs



page you can see all of our different specific pages for the specific waivers. I have also found that the easiest way to learn more about it is if you are on the homepage for the department of health care policy and financing and search L TFFTF training it will take you -- training it will take you to everything specific to long-term care. One is a waiver chart which is a grid of all waivers available in the state of Colorado as well as services under each waiver. There is also some documents we have published. What we call our choosing a waiver flowchart. Literally a flowchart with a start and end point of if you or your family member are experiencing this type of situation it defines which target groups you may be a part of. Then which areas you would potentially contact to address that and which waiver you could potentially pursue moving forward. I do not know if it is the best document but we did give it a good try.

First is waiver charts and choosing a HCBS waiver chart. It has been a long time since I looked at that page but I do refer people to it all the time.

[Indiscernible - low volume] [Speaker too far from mic.] >> I'm sorry but I'm going to have to say that is out of my cup of expertise to talk about those things. You can feel free to email us in the inboxes we have provided and we will forward on to the appropriate person.

Sorry for those online. There was a question about how individuals on a waiver could potentially access estate plan benefits and going into the details for authorizations of alternative benefit plans. Unfortunately, that is a little outside of my scope of expertise. Please send us an email and we will forward to the appropriate department.

Getting to the nuts and bolts of the waiver application process. Some of you may be aware that as a state in Colorado we operate in different waivers. Between those 10 different waivers there is one up for renewal every year. The way they were enacted in 2019 we have four waivers that will be due for renewal. That is the developmental disabilities waiver cost supportive living services waiver, children extensive support waiver and children's ability to residential program waiver. Those will be renewed next year. The year after that there will be additional waivers. It is a cycle where every five years a waiver is due to be renewed but there are different ones renewed every year. For everyone's reference essentially when CMS approves a waiver it is a three-year period. The primary purpose of this particular meeting and the next two are to discuss the developmental disabilities and supported living services waivers. I do want to pause on the second waiver to note one particular thing. At the end of the third year of each five year cycle the department is required to submit a evidentiary report. The results must be incorporated into the eventual renewal. It is a recurring theme during different parts of the presentation.



States that respond to evidentiary reports and other CMS guidance. Waiver applications are cemented 90 to 100 and days. We are trying to come with something in between those two time lines. I have touched on this but I do want to talk about the scope. As we go through if you see something in a waiver application and want to propose any technical or grammatical changes we can certainly do that. If there are parts where the waiver application is getting old and often times the language was written a number of years ago and has not been updated. If there is a component that we may be able to rewrite better we can do that. Things that we cannot do would be any type of language changes that would change existing contracts the department has with various vendors as well as anything that would change the allocations of that the General assembly has. The General assembly sets our budget for all waivers. We would have to hear -- adhere to everything. If there is something like it would be nice to add a service to this waiver. That would have a significant budget impact so we cannot do that without the approval.

Just so everyone is aware our intended time line will be a public comment period for the developmental disability cost supportive living services and children extensive support waivers. From the end of January through the end of February so we can submit on or around March 1 of next year to give us plenty of time for CMS to review the waiver application with an effective date of July 1. Any questions about that? I will pause for a second. Mostly to get a drink of water.

>> Go ahead, Julie. How do we incorporate public comment within 24 hours? Is that referring to the public comment period that ends on one day and we submit the next day? That is a great question. Sometimes as a department we do struggle. We require and adhere to the fact that will receive a comment from stakeholders we are required to respond to that and give an explanation for either why the feedback was incorporated into the waiver application or why it was not incorporated at that moment. Many public comments that we have received in waiver applications are relatively speaking easy to respond to. We can provide an explanation that we do not have budgetary authority to do so or the time line would not be accurate or feasible but that we will keep that in mind for future waiver actions. At other times we do receive public comments that do receive a delay and we need to do further research because of the nature of the feedback. We do value that feedback when it comes in so if that were to happen and we received feedback we would respond to it as appropriately as possible and adjust accordingly with waiver actions. I hope that answers your question. >> Thank you, I know this is a awkward situation but it is not our first choice. What we are going to dive into today are the first three appendices of a waiver application. Appendix a is the waiver illustration and operation. Appendix B is protested in access and eligibility and appendix C is the [Indiscernible]



Appendix A is what entities are involved. It identifies the state agency responsible for day-to-day administration. I want to make anyone -- everyone aware that we have hard copies of the waiver dependencies hop -- outline. For those accessing remotely we also have this waiver sectioned outline available for download and it has been posted to the departments website for waiver renewals. If you would like to receive details of any of these appendices that is the first and easiest way to digest these sessions. As I go through each I will try to use our best judgment to identify sections most important to those in Colorado. The first appendix identifies what state agency is operating the waiver. Alton waivers are operated by the department of health care policy and financing. Although, we do have a lot of contracts with local government agencies or regional entities or other third-party vendors that go into the operation of a waiver.

What we will discuss now -- does anyone have any questions? Appendix A is the appendix that is the easiest to state what is going on. It is also the hardest to understand with everything that it applies to. Feel free to ask questions. Here in Colorado Alton waivers are operated by the Department of Health care policy and financing specifically within HP's -- H CPF we have a division that operates these waivers as well as in charge of handling any policy interpretation for different technical guidance on the policies as well as any changes to current policies. We have a lot of contracted entities. Specifically surrounding the DD and SLS waivers. First and foremost is the sister agency Department of Public Health and environment. We have a interagency agreement with CD pH -- CDPHE. We also have 20 Community Ctr. for its across the state. They condense all of our long-term care assessments as well as all of our support planning processes. Additionally we have other lists of contracted entities to handle a lot of the components of our physical integrity. Physical integrity will talk -- we will talk more about that woman get to the discussion of appendix. Please note that here we have to define with those actual contracts look like and provide an overview. As we will discuss in a moment how we monitor those delegated authorities. At the end of this appendix is the section called the quality improvement strategies. That is the part where the state has to demonstrate to federal partners how we are ensuring that what we said in the application is occurring. We have performance measures that meet what are called a variety of kisses particularly within the XA must assure -- Appendix A we have to ensure and demonstrate that we are controlling our delegated vendors. Any vendors we are paying in order to operate the waiver they are doing -- and then they are doing what we have asked them to do. Within our Appendix A performance measures we have seven different measures. It sounds like a lot but we have recently been adding a lot of performance measures specific to each contract that we have. For instance, we recently added measures specific to posting review vendors. We also recently added performance measures specific to quality improvement organization contract. That way we can demonstrate to CMS that we are monitoring that specific contract and the vendor associated with the contract to make sure it is operating as we said it will and wanted to. That is the



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end of Appendix A. I will pause for any questions. >> Seeing no questions we will move on to appendix B. Appendix B is all about participant --

Thank you, Deanna for the question. If there are concerns -- sorry, for those of you online the question we received was from Deanna of how does an individual report concerns they have about a CCB in violation of the contract or potentially any other type of rules or state policies. The CCB's are held under a contract that first asks that community center boards maintain their own grievance process. The first step for reporting any concerns is to go to that community center board and asked to report a grievance. They would be required to log data and report to the department at various times what the grievances are what grievances they have received and how they have responded. Additionally if there is any type of concern that the grievances are not being handled appropriately a stakeholder could be encouraged, depending on the nature of the grievance or concern, to contact our inbox that way we can forward it to the appropriate person most notably the contract manager or the other option, knowing it is a community center board, if there is concern of waste fraud or abuse I would encourage them to do a search of the departments website for the hotline and inbox associated with that.

>> I was just made aware that based on a recent bill there is a online form people can fill out to report concerns or grievances they may have.

Can the public see any grievances and logs being reported this is for CCB's. I'm going to pause for a moment because I know the contract manager is listening in and I will allow her to respond and give the most appropriate guidance. We will definitely follow up with a email later on.

There will also be a link posted on the chat soon. We will email you and get it posted to the department website. To make sure you are aware of where the link is and how you can access it if you do have concerns. The information contained in those three grievances is confidential.

To clarify, anything submitted through the online forum that is confidential, people can submit those grievances without any concern for future repercussions. If Amanda is still there I would ask if she could to give us any feedback on the question about the transparency of the grievance logs community center boards are required to receive. We may need to follow up with that. Maureen, you had a question?

[Indiscernible - low volume]



I think that is a great example of something that would fall underneath the side of submitting a public comment for these waiver renewals.

I fully understand. I am not minimizing your comment I just want to point out that is a component and not is -- is not a type of thing that we can put into a waiver. I am more explaining the policy. I understand you have that concern and I want you to voice that concern but my making sense?

[Indiscernible - low volume]

Yes. At the end of the day they are responsible for operating every waiver. To be clear, HCPF targeted case management is a state plan benefit not a HCBS benefit. At the end of the day HCPF operates medicated -- Medicaid programs as well as state programs.

Right. Maureen, help me out. For those of you online my apologies. No, let me rephrase. Maureen had a question about or a concern about in the event that a CCB is not providing case management for specifically targeted case management in a way that the consumer or families of the participants want to receive the services. It concerns that CCB is not delivering fair services to the individual and at the end of the day it is HCPF's responsibility to provide that service. They ultimately is the operating agency for all waivers as well as the larger Medicaid program. Go ahead.

[Indiscernible - low volume] >> The current contractors for those? I know some of them and I will try to answer this in the question online is who is the current vendors for the post payment review administrative services organization and wasn't there another vendor? And QIO. I can tell you that for the post payment review vendor that contract vendor was just select the last month or six weeks. I do not know the vendor selected off the top of my head. We can follow up with that after this meeting. For the quality improvement organization or the QIO, within these two waivers the developmental disabilities waiver and supported living services that vendor went online July 1 of this year and that vendor is telogen. Tellegan.

The dental Bentivegna dose benefits that vendor is dented quest. If you have any follow-ups please let me know.

With that I would like to dive into Appendix B. Appendix B as all about who receive services. Going back to the end -- beginning of the presentation we talked about how a HCBS waiver has to go towards a specific targeted group as well as a specific definition of people who have the functional ability and me targeting criteria.



Appendix B is where we document this. This is where we define it. It says the specific targeted groups and goes through the level of care criteria and all other components.

Within Colorado we have a very long explanation for the DD and SLS waiver. They must be individuals over the age of 18 and to meet all of the criteria here in order to be determined to have a developmental disability. It has to have manifested before the age of 22 and constitute a substantial disability that affects the individual. This is an opportunity that I would like to bring up. This is the definition currently an hour waiver. Those waiver amendments I mentioned earlier that will go out for public notice next Saturday, we will be adjusting this definition to account for a build most recently to add [Indiscernible] syndrome to this definition. In order to be alignment those with this diagnosis there will be no gray areas and they will be included in the definition. The next thing I want to talk about for Appendix B is the number of participants served in a individual waiver. The DD and SLS waiver, if you were ever reading through a waiver amendment you will note that in Appendix B there is two different areas that can be construed as being any type of cap on a waivers participation. We as policy people referred to it as the unduplicated account. The heading is for a number of individuals served in a waiver year. That area is exactly as it said. The number of individuals in total that were served during the waiver year. If the individual goes all the way from July 1 until June 30 they account for one person.

If an individual receives services for one day within that 12 month period they count as another person towards the unduplicated account. There is another section that often gets confused which is right below that. Where CMS asks the state to define the number of individuals served at any point in time. That is the number of people receiving waiver services on that date. I jaw that distinction for the DD and SLS waivers where there is an important distinction to understand. The SLS waiver has numbers in the part that talks about the unduplicated account or number of individuals served within a waiver year. It has numbers in there. I believe that most people understand that there is no wait list for the SLS waiver. That number demonstrated in the application we have legislative authority to allow that number to grow. Or to increase it as the program grows. What happens is is within a FY we are monitoring the enrollment on the waiver. If we begin to get close to that number we will then run a waiver amendment in order to adjust that numbers so we stay within the boundaries that we have agreed upon with our federal partners. That is the SLS waiver. Then that is compared to the DD waiver. As many are aware it is currently operating with a wait list. That is referring to the point and time limitation. We can have so many people serving on that waiver at any point in time. And Colorado that number is determined by our legislative appropriations. The legislative said we can served as many per year and we adjust the number with each light of dust legislative session. We have been working hard here to make sure those are in as close to alignment as possible. I want to posture a moment. I have two questions in the room.



[Indiscernible - low volume] the question is he's noticing that the number goes up as well as do we have to amend it to reduce the numbers and the answer is yes. To be 100% -- 100% clear to look at the ones posted on the departments website now I want to note one thing about timing. CMS asked us to define those numbers per waiver year. Where we're at right now is waiver your five of those current applications. That's why we are going through the renewal process. What will occur is waiver your five appendix B those applied to the current year we are in now as part of the renewal process my colleagues in the budget division will be looking at the trends of both those numbers as well as some of our cause neutrality trends in appendix J and adjusting to trends.

[Indiscernible - low volume]

I'm going to try to rephrase your question. I believe the question is how does the department balance the way list on the DD waiver with the fact that there are already so many children aging out and trying to receive services as adult clerks to I capture the question accurately?

Yes. [Indiscernible - low volume]

Obviously as I explained the SLS waiver does not have a wait list. If the child is aging out of the waiver and the services available meet the child's needs they can go on to that as soon as possible. There is no waiting list or limitation. On the SLS waiver they with count towards the unduplicated account. Under the DD waiver your question makes a great transition into the next component of the population laments I wanted to talk about. The DD waiver, in addition to the complications of the waitlist in point in time limits that we just talked about, the DD waiver also operates reserve capacity. That is a number of spots reserved annual leave for individuals that meet certain criteria. There are three different criteria we reserve capacity for under the DD waiver here in Colorado. The first is for individuals transitioning out of the CE has waiver or foster care system. If they are transitioning out of either program and required developmental disability services -- waiver services they can do that at the time of the transition and they are part of the reserve capacity. The second one is for -- the CES is the same as foster care. Any questions? The second component is reserve capacity for deinstitutionalization. If an individual is an a institution. This often occurs when an individual is in a regional center and they want to leave that regional center and return to their home or community. We reserve capacity against that point in time limitation so when the individual wants to do that and is choosing to be de-institutionalized as well as safely served in the community, they can go towards that reserve capacity that we maintain the slots for. The third area that we reserve capacity for is emergency situations.



These were designed and intended to be used for situations -- scenarios where an individual with a disability has been living in a situation on the SLS waiver. Hypothetically where they are able to be served in the community with services available on the SLO us -- SLS waiver but due to a change in their life which is usually a family member no longer able to take care of them. They can go through the reserve capacity to get on to the developmental disabilities waiver and receive those services through the development of disability waiver. The DD waiver is of the only one of these two waivers that has residential habilitation to provide housing for that individual in the event that they need housing through that waiver.

[Indiscernible - low volume] the General assembly has been increased -- increasing the allotment of spots in the FY year. I cannot tell you that going forward because that is set by the General assembly and joint budget committee. I will say that recently the General assembly did improve -- improve and increase now elect those reflected in waiver year five. We do not know what happened for future years but it did increase for waiver year five. We have not run the projections yet because we have not renewed the waiver. So I do not know exactly what the trend is. Any other questions? >>[Indiscernible - low volume] >> The limits of participants for the developmental disabilities waiver is set by all allocations and decisions made at the General assembly for both the joint budget committee in the whole legislative process. If there was any type of action by the General assembly there could be the potential for that but I cannot say one way or another what type of actions they would take to remove the waitlist.

>> The question was is there any potential for the waitlist to be removed or eliminated in the near future. And my response was that it would depend on the action by the General assembly to provide an allocation of resources or to provide the department with the budgetary authority to offer the slots. [Indiscernible - low volume] >> Are you essentially saying a caregiver has to die or pass away and get emergency services or someone already on the DD waiver has to pass away or move away in order for someone in the room to move into the slot?

Me try to rephrase it for those on the phone. It sounded like your concern was that with the reserve capacity components of the waiver application that there are limits on the reserved capacities. Were you asking for clarification?

Those [Indiscernible] on the DD waiver for comp's hints of services, somebody has to die or move out of state for those folks to receive services other than through reserve capacity.

Thank you for clarifying that. Just to clarify how anyone currently on the waitlist would get on to the waiver without meeting reserve capacity criteria.



[Indiscernible - low volume] .

Correct. Without the reserve capacity is the only way -- >> I believe the question was about the exact operation of the waitlist in the event that we did not have reserved capacities. How could someone on the waitlist get onto the waiver and begin receiving services if we did not have those capacities and additionally the concern was with reserved capacities those people meeting the criteria are now going ahead of those on the waitlist. I capture that correctly?

I hope everyone followed that. I do want to answer this concern. Yes, in the basics of the operations of a wait list in order for someone on the waitlist to begin receiving waiver services an additional person currently receiving services has to stop receiving those services. Some common reasons is just that they pass away or move out of state. There are some circumstances, my background is more on the children's world. I work on both the children's waitlist as well as the CWA and I monitor enrollment for the CLI waiver to make sure we never had waitlist there. There are some other circumstances where people may choose to longer receive services. If the individual chooses to go into an institution I think there is a lot of thoughts on that but the reality is it does happen. When an individual makes that choice the other individual could have the option to get onto waiver services at that time. Did I clarify the question?

This is Candace Bailey. I managed the community options section. I think the point of your question and clarification is basically we have a set of individuals waiting and a different set of individuals that may not have to wait. It is realistically about the fairness. It is a great question but unfortunately we are mandated to work with is dictated by statute. It actually dictates what we are required to do. We have to follow the statute and the statute states we must prioritize individuals coming out of the foster care system and CES with reserve capacity. If the General assembly were to see the situation and want to make changes then we would obviously change how they capacity works but to your point, yes that is actually how it works, there are individuals that may have to wait longer than another individual has actually been alive to . That is the way that the General assembly has authorized his services and allocated money for this program. So that is the way we have to operator.

[Indiscernible - low volume]

We can unnecessarily talk about anything happening actively right now. We have all sorts of limitations. We have a changing governor coming up so we can unnecessarily say what is actively happening. I cannot tell you what potential legislators are thinking about because I have no way of knowing that. I do know that we did recently have



the moonlit goes elimination of the SLS waiting list. That was a huge waiting -- step forward. The only waiver we have a waiting list is the DD waiver which is a giant step for Colorado. There was a point in time where we have multiple waiting list for many waivers throughout the state I can say that there have been several steps that have occurred and that is the next one. As community members if this is something you feel passionate about I would suggest you speak to your legislator. And tell them this is a big deal for your community and you would like their attention to help us solve this.

The department is -- we are not necessarily allowed to lobby. It is another part of state statute and what our limitations are. With the new governor coming in we have to follow the new agenda. I think one of the things we join -- and joy about this community is partnering. Coming up with a plan to help move things forward is always welcome.

How big is the waitlist? I will pass it over to Dennis for the because I do not know.

That number is in flux right now for the waitlist. If you want to know down to the details it probably changed an hour ago but approximately around 5000 people. There is an important distinction to make about that number that because of the reserved capacities and the conversation we just had, individuals can be -- can choose to be placed on the waitlist and then change their status. A number is not always necessarily a number there. It gets into the details. If you have further questions he'll free to email us.

My apologies. The question online was that Darcy was bringing up HB 1407. I do not know the bill number off the top of my head but I will assume it is the recent bill that did raise the number of emergency reserve capacity slots.

That is another reason why the unduplicated count has been increasing because we do have greater numbers of reserve capacity for enrollment for each FY both actually because you cannot reserve more capacity without reserving the bigger number. They kind of go hand-in-hand. >> The chirp waiver I have to first say that the chirp waiver is outside the scope of this particular meeting. Candace Bailey is coming to tell me that the waiver does have a reserve capacity.

It does not have reserve capacity. We have an enrollment limit of 200 individuals that could be increased over time. We are nowhere near that capacity so there is no need for reserve capacity.



Okay the question is if they qualify. If they qualify for entering into the reserve capacity the answer is yes because they are in the foster care system. They would fall under the foster care transition which is part of the reserve capacity.

Any other questions online?

I'm going to move on because I am mindful of the time. The next slide is talking about the financial eligibility that goes into an individual receiving waiver services. These get very complicated so I will not go into details. I will say that there are three components for an individual being eligible for a waiver. The first is the targeting criteria which has been discussed already. An individual that has developmental disabilities. The second one is the functional eligibility criteria which we would talk more about later. The third is the financial eligibility component. Here in Colorado we define eligibility according to that person cannot have the resources and income that would take them over 300% of the federal poverty guidelines. You will sometimes hear it as 300% yours which is referring to the fact that an individual could have income of over the 138 of federal poverty guidelines for a categorical eligibility of Medicaid whereas individuals on waivers can go up to 300%.

The next light is talking about the functional eligibility. This is the level of care criteria. Here in Colorado for the DD and SLS waivers an individual is defined as at risk for placement at a intermediate care facility for individuals with intellectual or development of disabilities. We assess if they are at risk using assessment of the universal long-term care assessment version 100.2. Many people refer to it as the you all TC 100.2. This is the definition of whether the individual meets the risk of institutional placement.

Also within this section of the waiver I want to point out that in addition to defining the 100.2 NN siding where we have did establish that assessment, we also list the qualifications for community center board staff because we have delegated the community center boards to conduct these assessments. We have also set out the initial evaluation as well as the annual reevaluation process. It is often referred to as the continued stay review or CSR. As I mentioned earlier we have to document within the waiver document Tatian's all the other criteria discussed and have the freedom of choice. That is the choice of being in the institutional receiving services in the home or community. Also the choice of services within the waiver application as well as your choice of willing qualified able providers underneath that service. Within the quality improvement strategies for appendix B the stay is required to demonstrate that it has implemented all these processes and instruments for anything that has been discussed. So we have up performance measures in Appendix B to assure that the correct tools are being used and case managers are using the 100.2 assessment when they conduct any review of an individual's functional abilities as well as two other areas related to the eligibility determination. Any questions before we go into



participant services? Now that we are at Appendix C I want to take a moment to let everyone know that we have been enjoined in the room by community options benefit section from the department. They are the sister section to Sarah and Julie and I. These are the individuals I will point out for clarification on the waiver services so they can tell me how the services work. In the broad sense Appendix C for all waiver applications is where we define services available in a waiver. This Appendix C is one of the most variable appendices across the waivers here in Colorado. Within the children's home community-based services waiver if you look in the appendices there are only two services available within that particular waiver. Within the supportive living services there is a long list of services available. Appendix C can vary. If you are looking for light reading it can be 10 to 12 pages of 230 or 40 pages depending on what services are offered -- authorized under that waiver. Each services that are there we have to define the service and list out any types of limits on the scope frequency or duration. We also have to find -- define high dose providers available to provide that service and how they are licensed certified or any other standards as well as our review those standards. What does Colorado have clubs within the developmental disabilities waiver this is a list of all the services available within the developmental disabilities waiver. What I will point out is within the context of a waiver application there is a uniqueness to the developmental disabilities waiver. There was a question earlier that referred to the DD comprehensive waiver. A lot of people want to go on to DD,. A comprehensive part is the availability of residential rehabilitation. There are further details of residential rehabilitation but is 24 hour services for an individual to provide some or -- support 24 hours a day. What I have heard from stakeholders at different times is that people look at this list of services and say it is a smaller list compared to other waivers. The other waivers have more dots and services. The reason we have that waitlist is because residential rehabilitation is at 24 hour services to provide wraparound concert does comprehensive services. On the SLS waiver they are a lot more dots now. An individual on the supported living services waiver does not have access to residential rehabilitation. However they do have access to other services. Individuals on SLS now have access to support services or see DOS. We have been working on this very hard for very long time across multiple parts of the department to implement. It just went live two weeks ago. Very excited that SLS waiver participants now have access as well as all of these other services. Any questions about this list of services while we have benefit managers in the room?

I have one question we will go to first then online. Is that a part of the support planning process. When a manager feels that out they will identified the need for that residential rehabilitative services. Is there any other rehabilitations that I'm not about -- aware of. The support planning processes how an individual will get access to the rehabilitation services once found eligible for the DD waiver.



[Indiscernible - low volume] >>

For those online, the question is whether or not the renewal process is an appropriate time to recommend changes to provider qualifications or make changes to that? I would say it is a great time to submit feedback. Our provider qualifications are something we are constantly looking at. As I said earlier if we can do two weeks to language to make it clear in the waiver application what provider qualifications are and how those qualifications were initially verified as well as recertified or re-verified. The renewal process is a good time to do it that there are many provider qualifications that are dictated by statute or rule and we have to keep it in mind as we go through the process. Any other questions?

We are going to pause to take a drink of water. >> I'm going to add something and please time and Liz if you disagree. I think Liz is question is whether or not the renewal process is an opportunity to enhance that the definition of a waiver service. I hope I rephrased it correctly. Similar to provider qualifications. The renewal process is a great time to look at the clarity of the language. If we have a language in the application that is vague or potentially out of alignment with regulations or statute, now is the opportune time to do it. However, changing the definition of a waiver service can have more effect than you think it would. It could potentially expand the number of people allowed to use the service. If we are adjusting the limits on scope frequency and duration we could expand that outside of the scope. It would be outside of the scope of the waiver renewal process. If you had a budgetary impact we cannot necessarily do that. Additionally if we had good restrictions on provider qualifications that could impact the providers we would have a lot of issues that would take it beyond the renewal process and make it a long-term project.

That is absolutely correct. I should have probably touched on earlier when I did the overview of waivers and applications in general. As a rule of thumb we tried to be as broad as possible within our applications. Our rationale as a department is if we stay as broad as possible we can further define things in state-level rules or statutes. We will keep your broad so that we can have the flexibility to change the rule which generally's aching we can change the rule more effectively than we can change a waiver application. So we tried to keep the more fine-tuned components to waiver services defined within the rule or applications. Does that help? >> Continue typing in if you have questions maybe we can come back to it. As I alluded to hear we went through the list of services within the waivers. For each service there are specific sections that go over each bullet point. I touched on them a little bit but there is a box literally titled service definition and within that box we type the definition of the service as well as all the other components. We did want to list general service



specifications in the waiver application. We do have to document the end of -- Appendix C that providers are required to have criminal history and background investigations. There is some additional limits across all the services that apply to waivers at different times. Some of you may be aware that this is specific to home modifications as well as vehicle modifications. There is a maximum expenditure of \$10,000 per individual over the case -- course of a five-year waiver cycle. These cycles are in a cycle that started on July 1. It for the services there is a \$10,000 maximum expenditure over the course of five years. Additionally within the SLS waiver we have a maximum authorization limit for a combination of waiver services. We had all those waiver services applied to on here that it was not a readable slide. If you would like more information we can send it to you or point you in the right direction on the application. There is a maximum combination of services within that particular sort -- support plan or service plan year. I want to note that health maintenance activities do not apply towards the authorization limit.

[Indiscernible - low volume] the question was do health maintenance activities applied to the authorization limit otherwise known as [Indiscernible] and the answer to that question was no health maintenance activities do not apply towards this because they are an activity under direct support services. Thank you, Adam.

The service aspirational limit. The SP AL is the total expenditures for an individual within a service plan year. That total expenditures varies from individual to individual determined based on the support intensity scale scoring. Which is another assessment that places an individual on a scale based on their needs and provides an allocation. Any questions on that before I talk about UIS? Appendix C is the area within the quality improvement strategies where we must general dough should demonstrate that we have implemented a system for ensuring that all waiver services are provided by qualified providers. I will add on that we have qualified providers on the slide but it is qualified willing and able providers. That is the full definition. Sometimes it does get confusing and makes waivers a little more complicated. Within QI there are six performance measures for the developmental disability way -- waivers and three for the supportive living services.

>> There are six performance measures in DDN three and SOS. The three additional ones that DD has is for providers. To ensure that providers -- related to provider's use of physical mechanical restraints. The use of training and supports with any type of restrictive procedures. Those are safeguards we built into the waiver to demonstrate that providers are using any type of interventions appropriately. With that we have 15 minutes left in the presentation. I'm confused to how that worked out. When we started 15 minutes late and I have rambled. If there are any questions now is the time to ask. Julie is raising her hands.



[Indiscernible - low volume] Julie can I ask you to come over here so I can read that so when I repeat it back I'll get everything.

Whether the department is looking at the impact of rights modifications and how that impacts whether or not a person meets the risk to themselves or their community. For individuals who do not wish to comply with a rights modification? This is an area that falls into the implementation of the settings role. These were requirements that went into effect in 2014 that requires states to come into compliance with what federal partners have defined as a H CBS residential setting. Such as alternative care facilities and rehabilitation programs. A lot of these regulations that federal partners past where to ensure that if a waiver service is being delivered in a place where the person lives that is not their home. I say that with an Asterix because the concept of home and where they live got brought into the discussion. What I think the question gets to is when individuals are living in those types of settings there are circumstances where in order to keep the individuals safe the provider agency needs to maintain a rights modification document to demonstrate how the provider will ensure that the individual is safe and being restrictive on the individual. A classic example is for rights modification. My mind just went blank. The easiest example is sometimes when providers are delivering food or providing access. If there is a reason an individual cannot be kept safe having access to food there needs to be a rights modification so the provider is documenting why there is a lock on the pantry door to prevent the individual from getting in. Otherwise everyone else would have access but this individual in order to keep them or other people in the location save certain things have to be locked inside the pantry. That was a long way to explain that the department as it is implementing and going into the transition period to come into compliance with those rules, we have been looking at a lot of rights modifications both processes procedures around that. I refer to our settings team for any detailed questions that we are looking at it to ensure that we come into compliance in 2021. I believe that is the date to come into compliance with this rule.

Any other questions?

There was a comment that I was amusing. I will take the compliment but I do not know if it is true.

I will repeat one more time if there are any questions that come up, if you have a question about this process or what the meetings are about or if you have feedback for me or anyone else on the team please email myself or Julie and at the beginning of the presentation there was the email inbox if you have any comments about this process please send them there. If you have comments you wish to have put on the listening long -- log please send them to the box on your screen. If you have



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recommendations for how a waiver's operation can be changed you can send them there and we will respond to them and thank you for the feedback or with an explanation of why we cannot do it at this time. There has been a few times where we had to say it was not feasible within the waiver due to the federal requirement.

We will have additional meetings on September 6 and two Thursdays after that. I believe it is September 20. The next meeting will cover Appendix D, Appendix E, and Appendix F. Appendix D is the support planning process and how the support plan is developed and who is development responsible for developing and requirements for the agencies developing the support plan. Appendix E is participant direction. We were looking over the slides for that presentation yesterday. That will be a section heavy on supported living services. Because SLS didn't just implement [Indiscernible] but the DD waiver does not have participant direction and it at this moment. The last section Appendix F is participant rights where we would go into further discussion on how to protect disparate rights. [Indiscernible - static]

Any other questions? Next meeting is September 6. The third meeting is September 20. For everyone's reference we will be following the same pattern for the subsequent set of meetings. We are doing DD SLS this morning and children extensive support waiver this afternoon and the same thing on the sixth and 20th. All meetings are here at the same time. We will keep the patterns consistent. We hope to get formal agendas as well as registration links out within the coming days. Any other questions? If there is anything further please feel free to email us otherwise I will give everyone 10 minutes back of their day. Thank you very much and we will see you next time.

[Event Concluded]

