

Department of Health Care Policy and Financing  
Office of Community Living – Home and Community Based Services (HCBS) Waiver Amendments  
September 15, 2015 – October 28, 2015  
Listening Log

Comment Number	Date Received	Time	Organization Name	Waiver	Comment Synopsis	Response
1a	7/20/15	12:34 pm	Access on Independence	EBD	1. On page 10 and 11, the contact information includes two people no longer working at HCPF. Should these be changed to current staff?	In response to this comment, HCPF updated the contact information in the EBD waiver.
1b	7/20/15	12:34 pm	Access on Independence	EBD	2. On page 124, the following information is provided: FMS and IHSS providers act as agencies with choice. The IHSS agency acts as the legal employer of participant hired attendants while delegating authority to clients and/or authorized representatives for hiring, firing, and scheduling of his or her attendants. The FMS acts as the legal employer of participant-hired attendants while delegating authority to clients and/or authorized representatives for hiring, firing, setting wages, and supervising the day-to-day activities of his or her attendants. In the second sentence, I suggest adding that the clients and/or authorized representatives can also "manage and supervise" their attendants. That is what was in the legislation changing IHSS. This language is in different parts of the amendment but we are talking here about how an IHSS agency delegates authority to clients and/or their authorized representatives.	Because language elsewhere in the waiver already speaks to the ability of IHSS clients and/or authorized representatives to manage and supervise their attendants (see p. 1), HCPF is not making the change proposed by this commenter. HCPF is willing to explore changes to the relevant implementing regulations through further stakeholder engagement.
2	8/13/15	7:17pm	LeadingAge Colorado	EBD	<p>Overall:</p> <ul style="list-style-type: none"> <li>We would like to use this opportunity to remind the Department as you update and implement the Transition Plan that you recognize the needs and desires of the elderly are different from the young disabled population and may require a different "frame" when evaluating ACFs and Adult Day programs who primarily serve an elderly population.</li> <li>As submitted in 08/28/14, LeadingAge Colorado should be added to the list of "key stakeholders" throughout the transition plan whenever input is appropriate on behalf of Alternative Care Facilities and Adult Day providers.</li> </ul> <p>Specific comments on select Action Items:</p> <ul style="list-style-type: none"> <li>Action Item: Outcome of level 1 and level 2 survey process review of provider settings.  Comment: The status notes that all data outcomes of provider compliance have been compiled and added to the provider score card. How will this information be shared with stakeholders?</li> </ul> <p>Comments continued next page...</p>	HCPF recognizes that the needs of one waiver population may differ from the needs of another, and indeed, that the needs of each individual within a population may be unique. HCPF has added the commenter as a stakeholder in the EBD transition plan where appropriate. HCPF invites the commenter to review the revised Statewide Transition Plan, which was posted for public comment on October 8, for the current version of transition-related Action Items. HCPF plans to update the waiver-specific transition plans as appropriate to reflect developments in the Statewide Transition Plan.

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					<ul style="list-style-type: none"> <li>• Action Item: Outcome of survey for individuals and families. Comment: How will the results be shared? Will the responses be broken out by setting and by population served?</li> <li>• Action Item: Prepare a list of HCBS-EBD setting that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings Colorado chooses to submit under CMS heightened scrutiny. Comment: Will these lists be shared with stakeholders for input and if so, how and when? Will it be facility specific or provider type?</li> <li>• Action Item: Expand community integration opportunities for participants using Adult Day Health and include desired outcomes and required provisions within the EBD regulations. Comment: Can you clarify what you mean by expanding integration opportunities? Also, as noted last August, we are confused by the exclusive use of the term "adult day health" since Adult Day programs are either Basic or Specialized as regulated under the Elderly Blind Disabled Waiver.</li> <li>• Action Item: Develop remedial strategies for providers who are not able to meet requirements. Comment: When will the protocol and draft for managing non-compliance with the HCBS Settings Rule be shared with stakeholders for input?</li> </ul>	
3	9/21/15	7:29am	Rocky Mountain Health Care Services	numerous	<p>Rocky Mountain Health Care Services is in favor and supports:</p> <ul style="list-style-type: none"> <li>• Targeted Rate increases for IHSS and agency-based personal care and homemaker; in-home respite for BI, SCI, and EBD</li> <li>• Unduplicated client count increases</li> <li>• Home modification increase</li> <li>• Spousal Impoverishment</li> <li>• Community Transition Services Rate Increase (Brain Injury Waiver)</li> <li>• Removal of OT/PT inclusion in SLP (Brain Injury Waiver)</li> </ul>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
4	9/21/15	8:10am	LeadingAge Colorado	EBD	In looking at the documents posted on HCPF website I noticed that the EBD transition plan is dated July 2015. Was wondering if this is the most recent plan or have there been changes made to the plan since the previous public comment deadline of August 14, 2015? Laura Landwirth, CEO of LeadingAge Colorado submitted a request that LeadingAge be including in the plan as a key stakeholder in various items within the plan and noticed the posted plan has not been updated to reflect that request.	HCPF has not updated the plan since July 2015 but will include LeadingAge as a key stakeholder.

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5	9/24/15	10:56am	Chanda Plan Foundation	SCI	Post JBC meeting yesterday, it's been said that there is no solid justification for the splitting of the rates for CDASS, so CMS should deny all waivers being submitted. I understand this is a good thing in the big picture as it keeps service rates linked, however in the short term, this means every adult waiver renewal will be denied and then have to be re-submitted with the personal care rate increase removed (along with any other necessary changes). We are on our 2nd extension. This is my public comment!	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
6	10/11/15	10:40am	Colorado Cross-Disability Coalition (CCDC)	EBD, BI, SCI, CMHS	<p>Please accept these comments in response to the Colorado Department of Health Care Policy and Financing's 1915(c) waiver amendment to the Elderly, Blind, and Disabled waiver. My comments apply also to the BI, SCI, and CMHC waiver renewals. I am asking that CMS deny the proposed dramatic and significant change of separating the rate methodologies for personal care and homemaker services based on delivery methodology. I support the other proposed waiver amendments and will not comment further on those as substantial comment and consumer input on the other changes such as allowing IHSS clients to receive services in the community and the increased home modification amount have been well vetted amongst stakeholders.</p> <p>I strongly urge CMS to not allow the proposed separation in personal care and homemaker rates. It will be detrimental to clients to grant agencies a large increase while leaving CDASS workers out. CDASS is a delivery methodology—not a specific service. The services are personal care and homemaker. There are many reasons to deny this change.</p> <p>Comments continued next page...</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

## CCDC Comments continued:

- 1) Equity and best interest of clients—the Medicaid long term care programs are about clients and assuring the health and welfare of clients. CDASS was created as an option because agency based care does not work for many clients. We also have IHSS as an option but most IHSS agencies will not take clients who only have unskilled care needs. Many clients moved to CDASS because agencies could not or would not provide all of the services they needed. Some clients suffered severe health problems after being unable to access care or going without care often when workers did not show up or cancelled visits. There were also reports of theft and abuse. CDASS changes the dynamic –when the client is the employer rather than a necessary evil there are far fewer instances employee call-offs, abuse allegations, theft, etc. If there is a problem the client can simply hire someone else including a family member or neighbor who can easily fill in as needed. Currently clients manage an annual allocation. In order to pay an adequate wage, clients are required to use fewer hours and often get more efficient people by paying a higher hourly rate for unskilled services. Clients are already at a disadvantage of not being able to pay any mileage or travel costs. If the gap is widened and agencies start at \$4 an hour above clients with a methodology that continues this inequity forever, it will make it very challenging for CDASS employers/clients to hire quality workers and to receive the proper number of hours. We agree the rates are too low but the increase should be for all personal care and homemaker workers. We also believe that the increases should be required to go to the workers either directly or in the form of a direct benefit such as health insurance. Agencies should not be allowed to use these funds for lobbying or other overhead not related to care.
- 2) Creating a different rate methodology for one delivery option is a dramatic policy change which should have been done in a bill not during a budget process. In Colorado major policy changes are supposed to occur through a change in the law, not just the budget. There are no public hearings during the budget process. The attachments show that the JBC analyst worked only with two industry lobbyists, and did not work with anyone from the disability community. CDASS clients are unable to use any portion of our yearly allocations to pay lobbyists, and our few volunteer lobbyists who monitor the Legislature missed the back room discussions that happened. Had the disability community volunteer lobbyists or HCPF staff that understands how this works been involved, the JBC could have been apprised that this change would indeed take both a state plan amendment and waiver amendment as the rate methodology that ties CDASS and agency rates together is in both the waivers and state plan. The work papers provided to the JBC give no reason to dismantle the practice of tying CDASS and agency rates together. The proposed rate methodology for CDASS in the waiver amendment is extremely flawed. It seems to start with a premise of creating a rate based on the agency tie, then severing it with no way for CDASS increases and no explanation about why the data in the HCA letter does not apply to CDASS. In their letter to the Colorado Joint Budget Committee the Colorado Home Care Association said "The home care industry is requesting a minimum \$20/hour rate for all types of personal care / homemaker services. "All of the reasons and data presented in the letter apply to CDASS as well. Even the one model of CDASS that does not require insurance known as FEA still does not mean that workers do not bear the cost of the ACA compliance. These workers pay for their own insurance and need a wage that will be adequate. Apparently in some closed door process the cost of doing a \$20 rate for all proved too costly so when they were compromising on the dollar amount that would be the new targeted rate increase they decided that CDASS would not be included. This was instead of a small reduction of the hourly rate to something the state could afford that would cover all of the workers. The CDASS portion was \$6 million of a \$56 million request. While the JBC analyst email says that the members were told CDASS was not covered we know now that at least some JBC members and HCBF management staff were NOT aware of this disparity and would not have supported it had they been aware. It is for this precise reason that policy changes are supposed to be done via a bill, not a budget action.
- 3) CDASS clients already pay for the administrative costs of CDASS by having our rates reduced by 10.75%. This covers state overhead like the FMS providers and training vendors. Home care agency overhead comes out of the regular HCPF administrative budget. CDASS clients also pay for the employer-related costs through our allocations. Clients are given a "show me the money" chart to help with budgeting and this chart shows that clients are paying social security, unemployment, workers compensation, and all taxes out of their allocations. This exacerbates the difference in the amount of money clients have to hire workers versus what agencies will have if this is allowed to go through. Clients have a little more than \$13 after the 10.75% is taken and agencies will have \$17. This is a difference of almost 25%. Moreover, agencies bill Medicaid for travel time and clients are not allowed to do this. CDASS clients put in a lot of time and energy to manage our care according to the rules. We take training and do the administrative work—in exchange we get to use the overhead we save for services. We have other costs including advertising that we pay for ourselves. We make these sacrifices in order to have the high quality of care and control over who comes into our homes and who touches our bodies. Our employees should not be penalized because we use this delivery options. They have the same bills to pay as agency employees and do the same hard work. If anything CDASS workers should be paid more as they have lower rates of absenteeism and are often held to higher standards.
- 4) The rate methodology outlined in the waiver amendment makes no sense and was not vetted with the client community. There have been no public meetings about this rate methodology and the proposal gives no data or background explaining how they came up with this process. It seems to just take our current rate and leave it flat forever while agencies get endless increases. It does not address any of the other inequities such as the travel pay or even cap how much agencies can spend for highly paid lobbyists. All changes should have substantial public comment and there is not enough in this request to make adequate comments. There is no reason given in the request to explain why the agencies should receive such a large increase. This information as well as agency cost reports, how they are currently using their money, etc., all must be made public for adequate commenting.

- 5) The separation of personal care and homemaker rates based on service delivery is outside generally accepted practice, and clearly outside CMS guidance. From page 253 the [January 2015 1915\(c\) Waiver application Technical Guide \(Version 3.5\)](#) from CMS: **Participant Direction.** When a service may be participant directed, describe whether the method of rate determination in any way differs from the methodology that is utilized when service is provider managed. A state must have uniform rate determination methods or standards that apply to each waiver service. Rates may be established by the operating agency so long as they are in accordance with methods or standards that have been adopted or approved by the Medicaid agency. The same methods or standards must be applied in all jurisdictions where waiver services are furnished. When local government agencies establish provider payment rates, the rates must be determined employing the uniform methods or standards that have been adopted by the state in order to ensure that payments across all areas of the state are equivalent (differences in rates are based on factors specified in the methodology or formula – e.g., difficulty of care or geographic adjustment factors). The description of rate determination methods must clearly identify the entity (or entities) that perform the rate determination function and the oversight process that is employed to assure the integrity of the rate setting activity (i.e., the methodology is adhered to and any differences in rates for a waiver service are consistent with the methodology). Also, describe the extent to which public comment is solicited concerning rate determination methods.

Also, describe how the state makes information available about payment rates available to waiver participants so that they are aware of the costs of waiver services. The state did not describe how they make information available to participants making comment about the specific methodology impossible.

While we know the technical guide is just a guide and not hard set rules, the intent of fairness is very clear. Since the pilot consumer directed program in Colorado, CDAS, up until this waiver amendment, CDASS personal care and homemaker rates have been based on agency rates for the same services minus 10.75% to help cover the cost of fiscal intermediary services.

In closing we want to acknowledge that the rate for personal care and homemaker needs to be increased we believe that the increase must be for all providers regardless of delivery method. If CMS believes the rationale to do this large increase for agencies there is no reason to deny it to workers of CDASS clients as the service is the same. Colorado has options that are in line with CMS directives and overall philosophy of CMS which focuses on the health and welfare of the client, not to act as a way to funnel resources to providers with the most aggressive lobbyists. The solution is for Colorado to either expand 1915(i) or implement 1915(k). Clients want choice of delivery, and the home care industry is having trouble dealing with increased utilization of consumer direction through Colorado's two models: IHSS and CDASS. If Colorado's Medicaid department is truly committed to person centered care this means ensuring all clients who are eligible for personal care and homemaker services receive those services they need. Traditional agencies are often unable to assure that clients can receive all of the services they need. CMS clearly wants to see more not less consumer direction and options like Community First Choice demonstrate this forward thinking desire. The option to consumer direct and hire family members will ensure clients get served far better than increasing rates for agencies but not CDASS.

For all of these reasons we respectfully request CMS denies only this aspect of the waiver amendments and allows the other amendments to go through. If that is impossible for some reason then unfortunately the entire waiver amendment should be denied and both the legislature and HCPF should be cautioned against allowing something like this to happen in the future. If this must happen it is out hope that HCPF can simply remove the targeted rate increase and resubmit the other amendments for a speedy approval as they are all important for our community.

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7	10/12/15	1:15pm	Home Care Association of Colorado	EBD, SCI, BI, CMHS	Professional Home Health Care Inc. on “__Front Range__” supports the department’s HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible.” It has been ten years since any raise for our HCBS providers and clients suffer from our inability to hire PCP help due to low reimbursement.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
8	10/12/15	2:23pm	All the Comfort of Home, Inc.	EBD, SCI, BI, CMHS	All the Comfort of Home, a Denver, Colorado home health care agency, supports the department’s HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible. The current rate makes it impossible to pay caregivers a competitive wage resulting in a tremendous competitive advantage to private duty/private pay agencies and facilities. Both private duty/private pay agencies and facilities have the ability to offer prospective employees higher wages because the HCBS rates are simply too low to pay a fair wage and run a viable business.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
9	10/12/15	5:26pm	All State Home Health	EBD, SCI, BI, CMHS	All State Home Health in Englewood, CO supports the department’s HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible. It is disappointing that our elected officials evaluated and approved the increase to begin July 1, 2015, and now it is tied up in “red tape”.  Our agency prides itself in providing outstanding care and client service to our clients and we need the best caregivers to be able to accomplish this goal. With the added costs associated with the loss of the caregiver exemption, the increase costs associated with the Affordable Care Act and our requirement to provide health insurance for employees, the low unemployment rates with climbing wages for jobs, increased regulation, and the competition for caregivers with private pay agencies that are averaging much high reimbursement rates we find it very difficult to find and retain quality caregivers. The ability to pay a higher wage to our employees would be immensely helpful.  Thank you for your attention to this matter.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
10	10/12/15	6:15pm	All State Home Health	EBD, SCI, BI, CMHS	All State Home Health in Englewood, CO supports the department’s HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible. It is disappointing that our elected officials evaluated and approved the increase to begin July 1, 2015, and now it is tied up in “red tape”.  Comments continued next page...	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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					<p>Our agency prides itself in providing outstanding care and client service to our clients and we need the best caregivers to be able to accomplish this goal. With the added costs associated with the loss of the caregiver exemption, the increase costs associated with the Affordable Care Act and our requirement to provide health insurance for employees, the low unemployment rates with climbing wages for jobs, increased regulation, and the competition for caregivers with private pay agencies that are averaging much high reimbursement rates we find it very difficult to find and retain quality caregivers. The ability to pay a higher wage to our employees would be immensely helpful.</p> <p>Thank you for your attention to this matter. Best regards, Sheri Goff</p>	
11	10/12/15	7:31pm	All State Home Health	EBD, SCI, BI, CMHS	<p>All State Home Health in Englewood, CO supports the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible. It is disappointing that our elected officials evaluated and approved the increase to begin July 1, 2015, and now it is tied up in "red tape".</p> <p>Our agency prides itself in providing outstanding care and client service to our clients and we need the best caregivers to be able to accomplish this goal. With the added costs associated with the loss of the caregiver exemption, the increase costs associated with the Affordable Care Act and our requirement to provide health insurance for employees, the low unemployment rates with climbing wages for jobs, increased regulation, and the competition for caregivers with private pay agencies that are averaging much high reimbursement rates we find it very difficult to find and retain quality caregivers. The ability to pay a higher wage to our employees would be immensely helpful.</p> <p>Thank you for your attention to this matter. Best regards, Darren J Cesmat   Director of Personal Care Home Health Investment- All State Home Health &amp; Agape Care</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
12	10/12/15	8:27pm	HCAC	EBD, SCI, BI, CMHS	<p>The Home Care Association of Colorado supports the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible. Thank you for your consideration of our support. -- Ellen Caruso, HCAC Director of Govt. Relations</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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13	10/13/15	12:29pm	Centura Health at Home	EBD, SCI, BI, CMHS	<p>Good afternoon, Centura Health at Home in Durango, Frisco, Denver, Colorado Springs, and Pueblo Colorado areas support the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible.</p> <p>Warm Regards, Barbara McGinn, RN, COS-C</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
14	10/13/15	2:27pm	TOC, Inc	EBD, SCI, BI, CMHS	<p>TOC, Inc. dba Touch of Care in the counties of Chaffee, Delta, Fremont, Montrose, Ouray, Gunnison, Hinsdale, Lake, Park, Mesa, and San Miguel, supports the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 for home care and IHSS agencies, beginning as soon as possible.</p> <p>We have been providing services to indigent clients in these counties for almost 15 years. We strive to provide the highest quality care to the clients we serve while also providing worthwhile employment opportunities in our communities.</p> <p>This has not been an easy endeavor. We need this higher reimbursement to be able to stay in business. Our costs have increased over the years. We pay more unemployment taxes as the ceiling for wages has raised. Since 2005, we have offered our employees health care insurance but the group rates have skyrocketed. We pay fees to be licensed and now we will pay fees to be enrolled in the Medicaid program. These are just a few examples.</p> <p>We are continually hit with additional expenses. We have seen agencies come and go, we do not want to be an agency that has to close.</p> <p>Please help us continue to provide the highest quality of care to the Indigent populations we serve while providing worthwhile employment opportunities for our communities BY ALLOWING THE WAIVER AMMENDMENT TO INCREASE THE PERSONAL CARE / HOMEMAKER RATE TO \$17.00 PER HOUR.</p> <p>Thank you for your consideration. Tracy Martinez Owner</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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15	10/13/15	2:37pm	Touch of Care	EBD, SCI, BI CMHS	<p>To Whom It May Concern,</p> <p>Touch of Care in Montrose, CO supports the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17 /hour for home care and IHSS agencies, beginning as soon as possible."</p> <p>Thanks, Tyler Martinez Accounts Receivable Manager</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
16	10/13/15	4:10pm	PeopleCare Health Services	EBD, SCI, CMHS	<p>PeopleCare Health Services in Aurora, Pueblo, and Delta, Colorado supports the department's HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hour for home care and IHSS agencies, beginning as soon as possible.</p> <p>PeopleCare Health Services is a Medicaid-certified home care agency licensed to provide health maintenance and personal care services in all 64 counties throughout the State of Colorado. Currently, PeopleCare serves 407 Medicaid-eligible men, women, and children across the State and employs a workforce of 426 Colorado citizens.</p> <p>Colorado Medicaid's HCBS Waiver programs are instrumental in supporting the dignity, health, and wellbeing of low-income Coloradans who struggle with significant healthcare needs. Among the many important HCBS Waiver benefits, the personal care and homemaker benefit is critical for keeping eligible individuals safe at home in their communities and out of institutional facilities.</p> <p>However, for years, Colorado Medicaid's HCBS Waiver reimbursement for personal care and homemaker services have significantly lagged market rates and failed to keep up with home care agencies' increasing costs to provide these much needed services.</p> <p>The current \$15.36/hr. reimbursement rate for personal care and homemaker services has limited licensed and certified home care agencies to paying minimum wage, or very close to it, to the trained personal care workers entrusted with the responsibility for providing personal care and homemaking services under Colorado's HCBS Waivers. Generally, this reimbursement rate must be high enough to allow home care agencies to cover personal care workers' base wages, payroll taxes, workers compensation, employee health insurance, training costs, and operational overhead, all of which continue to increase in cost.</p> <p>Comments continued next page...</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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					<p>The following recent labor market changes have now made it virtually impossible for home care agencies to cover these costs at the current \$15.36/hr. reimbursement rate:</p> <ul style="list-style-type: none"> <li>• New requirements for all but the smallest employers to provide employee health insurance pursuant to the federal Patient Protection and Affordable Care Act.</li> <li>• New U.S. Department of Labor rules that go into effect this month (October 2015) that eliminate the long-standing "Companionship Exemption" and require new overtime payments to personal care workers who work long assignments.</li> <li>• Increases to the Colorado minimum wage.</li> <li>• Wage competition with employers outside the home care industry for trained personal care workers (e.g., personal care workers deciding to leave the home care field in lieu of recently increased base starting wages at Walmart and Target).</li> <li>• Increasing difficulty, especially in rural parts of the State, meeting the increasing demand for personal care workers to support the State's expanded Medicaid enrollment.</li> </ul> <p>These rising costs are taking a big toll on certified and licensed home care agencies and their ability to continue to provide high quality care for Colorado Medicaid HCBS Waiver benefit recipients. Now more than ever, it's imperative that the department take the steps necessary to obtain CMS authorization to expedite implementation of the statutory personal care / homemaker rate increase to \$17/hr. for home care and IHSS agencies!</p>	
17	10/14/15	10:58am	Home Care of the Grand Valley	EBD, SCI, CMHS	<p>Home Care of the Grand Valley in Mesa County, Colorado supports the department's HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hour for home care and IHSS agencies, beginning as soon as possible."</p> <p>We appreciated the legislation making this raise effective on July 1, 2015. Anything that can be done to facilitate the effective date of the raise for our agency and others who provide this critical service for Colorado citizens will be greatly appreciated.</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
18	10/15/15	12:14pm	Argus Home Health Care	EBD, SCI, CMHS	<p>Argus Home Health Care serving up and down the Front Range, supports the department's HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17.00 per hour for home care and IHSS agencies, beginning as soon as possible.</p> <p>All agencies that serve clients under the HCBS Waiver, Per the Single Entry Point, are having problems staffing with the present rate and turning away clients. Comments continued next page...</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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					<p>We are not only challenged to hire PCW's due to continued increases in minimum wage, but we are competing for entry level employees with other business types.</p> <p>Thank you for your assistance in this matter. Sincerely, Iva Lou Bailey CEO/Owner</p>	
19	10/15/15	5:03pm	Professional Home Health Care, Inc.	EBD, SCI, CMHS	<p>The purpose of this email is to express my support for the department's HCBS Waiver Amendment to allow the Personal Care / Homemaker rate to increase to \$17.00 per hour for home care and IHSS agencies, beginning as soon as possible.</p> <p>Professional Home Health Care has provided HCBS services to beneficiaries along the Front Range of Colorado for over 30 years. During that time we have seen the HCBS program struggle to meet its purpose, succeed, and fall back into a time of struggle. These periods are always directly related to the amount of reimbursement for the program which drives the wage amount we can afford to pay to the employees for the HCBS services. We are now again in a period of time where the reimbursement and therefore the wages have fallen far below the community standard.</p> <p>Please move quickly to submit this rate increase. Thank you.</p> <p>Sheryl Bellinger President Professional Home Health Care, Inc.</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
20	10/14/15	4:21 pm	Argus Home Health Care	EBD, SCI, CMHS	<p>Argus Home Health Care serving up and down the front range, supports the department's HCBS waiver amendment to allow the personal care/ homemaker rate increase to \$17 per hour for home care and IHSS agencies, beginning as soon as possible. All agencies that serve clients under the HCBS waiver, are having problems staffing with the present rate and turning away clients. We are not only challenged to hire PCW's due to continued increase in minimum wage, but we are competing for entry level employees with other business types. - Iva Lou Bailey</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
21	10/21/15	11:57am	Advocate	EBD, SCI, BI, CMHS	<p>These comments are in response to the Colorado Department of Health Care Policy and Financing's 1915(c) waiver amendment to the Elderly, Blind, and Disabled waiver as well as to the BI, SCI, and CMHC waiver renewals.</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

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					<p>I am asking that CMS deny the proposed separating of rate methodologies for personal care and homemaker services based on delivery methodology because it is detrimental to clients.</p> <p>Specifically:</p> <ol style="list-style-type: none"> <li>1) Equity in rate structures is in best interest of all clients.</li> <li>2) Creating a different rate methodology for one delivery option is a dramatic policy change that should not be treated as a budget item.</li> <li>3) The rate methodology outlined in the waiver amendment was not vetted with the client community.</li> <li>4) The separation of personal care and homemaker rates based on service delivery is outside generally accepted practice, and clearly outside CMS guidance. From page 253 the January 2015 1915(c) Waiver application Technical Guide (Version 3.5) <a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf">www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf</a> from CMS: *Participant Direction. *</li> </ol> <p>In closing, I want to acknowledge that the rate for personal care and homemaker needs to be increased and that the increase must be for all providers regardless of delivery method.</p> <p>For all of these reasons I respectfully request CMS deny approval the proposed separating of rate methodologies for personal care and homemaker services.</p> <p>Sincerely, Randy Kilbourn</p>	
22	10/21/15	12:22pm	Advocate	EBD, SCI, BI, CMHS	<p>To Whom It May Concern:</p> <p>This email is in response to the Colorado Department of Health Care Policy and Financing's 1915(c) waiver amendment to the Elderly, Blind, and Disabled waiver as well as the BI, SCI and CMHC waiver renewals.</p> <p>We are asking that CMS deny the proposed separation of rate methodologies for personal care and homemaker services based on delivery methodology. If this proposal is approved it would be detrimental to not only our son, but all CDASS clients.</p> <p>Equity in rate structures is in the best interest of all clients. Creating a different rate methodology for one deliver options is a dramatic policy change that should not be treated as a budget item.</p> <p>Comments continued next page...</p>	<p>HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.</p>

Comment Number	Date Received	Time	Organization Name	Waiver	Comment Synopsis	Response
					<p>The rate methodology outlined in the waiver amendment was not vetted with the client community. The separation of personal care and homemaker rates based on service delivery is outside generally accepted practice, and clearly outside CMS guidance.</p> <p>We feel that the rate for personal care and homemaker services needs to be increased and that the increase must be for all providers regardless of delivery method. We respectfully request CMS DENY approval for the proposed separation of the rate methodologies for personal care and homemaker services. Thank you.</p> <p>Jim and Jane Bloise</p>	
23	10/21/15	1:11pm	Advocate	EBD, SCI, BI, CMHS	<p>To Whom It May Concern:</p> <p>These comments are in response to the Colorado Department of Health Care Policy and Financing's 1915(c) waiver amendment to the Elderly, Blind, and Disabled waiver as well as to the BI, SCI, and CMHC waiver renewals.</p> <p>*I am asking that CMS deny the proposed separating of rate methodologies for personal care and homemaker services based on delivery methodology because it is detrimental to clients.*</p> <p>Specifically:</p> <ol style="list-style-type: none"> <li>1) Equity in rate structures is in best interest of all clients.</li> <li>2) Creating a different rate methodology for one delivery option is a dramatic policy change that should not be treated as a budget item.</li> <li>3) The rate methodology outlined in the waiver amendment was not vetted with the client community.</li> <li>4) The separation of personal care and homemaker rates based on service delivery is outside generally accepted practice, and clearly outside CMS guidance. From page 253 the January 2015 1915(c) Waiver application Technical Guide (Version 3.5) <a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf">www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Technical-Guidance.pdf</a></li> </ol> <p>In closing, I want to acknowledge that the rate for personal care and homemaker needs to be increased and that the increase must be for all providers regardless of delivery method.</p> <p>For all of these reasons I respectfully request CMS deny approval the proposed separating of rate methodologies for personal care and homemaker services.</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

Comment Number	Date Received	Time	Organization Name	Waiver	Comment Synopsis	Response
24	10/21/15	mail	Argus Home Health Care	EBD, SCI, BI, CMHS	Supports the departments HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hr.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
25	10/21/15	mail	Advocate?	EBD, SCI, BI, CMHS	Supports the departments HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hr.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
26	10/21/15	mail	Touch of Care	EBD, SCI, BI, CMHS	Supports the departments HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hr., the agency budgeted the year with the projected increase in place.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
27	10/21/15	mail	Touch of Care	EBD, SCI, BI, CMHS	Supports the departments HCBS Waiver Amendment to allow the Personal Care/Homemaker rate to increase to \$17/hr., the agency budgeted the year with the projected increase in place.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
28	10/21/15	mail	Touch of Care	EBD, SCI, BI, CMHS	Supports the personal care/home maker rate increase to \$17/hr. for home care and IHSS agencies. Higher reimbursement is needed to stay in business.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
29	10/21/15	mail	Peach Valley Hops	EBD, SCI, BI, CMHS	In support of the HCBS waiver amendment to allow the personal care/homemaker rate to increase to \$17/hr. Many agencies are under the impression the increase will take effect and they need it.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

Comment Number	Date Received	Time	Organization Name	Waiver	Comment Synopsis	Response
30	10/21/15	fax	Given' Home Health PC	EBD, SCI, BI, CMHS	Supports the departments HCBS waiver amendment to allow the personal care/home maker rate to be increased to \$17/hr. for home care and IHSS agencies, beginning as soon as possible.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
31	10/21/15	fax	Advocate	EBD, SCI, BI, CMHS	<p>I am asking that CMS deny the proposed separating of rate methodologies for personal care and homemaker services based on delivery methodology because it's detrimental to clients.</p> <p>Specifically:</p> <ol style="list-style-type: none"> <li>1) Equity in rate structure is in best interest of all clients</li> <li>2) Creating a different rate methodology for one delivery option is a dramatic policy change that should not be treated as a budget item</li> <li>3) the rate methodology outlined in the waiver amendment was not vetted with the client community</li> <li>4) The separation of personal care and homemaker rates based on service delivery is outside generally accepted practice, and clearly outside CMS guidance. See page 253 of Jan 2015 CMS Technical Guide.</li> </ol> <p>In closing, the rate for personal care and homemaker needs to be increased and that the increase must be for all providers, regardless of delivery method.</p> <p>- Pamela Latham</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.
32	10/25/15	7:07pm	Stakeholder	EBD, SCI, BI, CMHS	<p>I am writing to comment upon the Colorado Department of Health Care Policy and Financing's 1915(c) waiver amendment to the Elderly, Blind, and Disabled waiver as well as to the BI, SCI, and CMHC waiver renewals.</p> <p>I am asking that CMS deny the proposed separating of pay rates a higher rate for health care agencies services and a lower rate for C.D.A.S services) because paying lower rates for in-home services managed and controlled by a consumer could easily lead to poorer service provided by less qualified or poorly trained providers.</p> <p>It seems to me that the argument that consumer directed care should be paid for at a lower rate because a person's home is less expensive to administer than a Health Care Agency is not a sound argument. In the agency office (often smaller than the average home) care-givers are already employed, usually with little down time in between patients. When a C.D.A.S. care-giver goes to a private home he/she must travel from place to place, often without another person to visit, thereby seeing fewer people each day and having less opportunity to be paid.</p> <p>Comments continued next page...</p>	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.

Comment Number	Date Received	Time	Organization Name	Waiver	Comment Synopsis	Response
					<p>That alone makes in-home care-givers more difficult to find. If care-givers know that they are going to be paid less for coming to a personal home and more working for a health care agency, guess where they're going to seek employment?</p> <p>Why should the location of the service being delivered have any relationship to the amount paid for that service? In fact, where I live, people who do homemaker services in private homes are paid more than the \$12 to \$15 per hour that they are paid as CAN or housekeepers in our local nursing home or health care agency. I know this by personal experience. Not qualifying for Medicaid, I had to pay out-of-pocket for in-home care for my husband who suffered from Alzheimer's Disease.</p> <p>Was there a public meeting to allow stakeholders to give input regarding this proposed policy change? Has the department thought through this proposed change? Is there any concern for the effect this change might have on consumers or is it simply a way that HCPF has thought of in order to save money? How much money will you save if the inability to get adequate care forces people into nursing homes?</p> <p>In conclusion, I will just say that I believe that Equity in rate structures is in the best interest of all clients no matter where they reside.</p> <p>Sincerely, Evelyn Tileston</p>	
33	10/2/15	12:00pm	SCI Advisory Committee	SCI	Comment was in support of IHSS being provided in the community.	Thank you for your comment.
34	10/2/15	12:00pm	SCI Advisory Committee	SCI	Comment requested clarification around the ICD-9 to ICD-10 transition effective date.	HCPF stated that ICD-10 codes are effective 10/1/15. This waiver renewal removes reference to all ICD-9 and ICD-10 codes. ICD-10 codes for HCBS-SCI eligibility are effective in rule.
35	10/28/15	8:10 p.m.	Josh Winkler Atlantis ADAPT	EBD, BI, SCI, CMHS	CCDC has stated the concerns with the un-linking of personal care rates in these waiver renewals as clearly as it can be stated, please consider this a ditto from Atlantis ADAPT as well as me personally. These funds, already allocated by the Colorado Joint Budget Committee, would better serve Coloradoans with disabilities by using them to fund Community First Choice.	HCPF has provided a response to all comments regarding rate increases in a separate document. Thank you for your comment.