



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>DEPARTMENT CONTACT INFORMATION FOR SIS AND SUPPORT LEVEL ISSUES AND REQUESTS</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>AUGUST 19, 2020</b>
<b>DIVISION AND OFFICE:</b>	<b>CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING</b>
<b>PROGRAM AREA:</b>	<b>CASE MANAGEMENT UNIT</b>
<b>KEY WORDS:</b>	<b>SUPPORTS INTENSITY SCALE, SIS, HCBS-DD, HCBS-SLS, SUPPORT LEVEL, SUPPORT LEVEL REVIEW, SIS RE-ASSESSMENT</b>
<b>OPERATIONAL MEMO NUMBER: HCPF OM 20-088</b>	
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<b>APPROVED BY: MICHELLE TOPKOFF</b>	

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*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Operational Memo is to inform Community Centered Boards (CCBs) of operational instructions on contacting the Department of Health Care Policy & Financing (Department) with questions or requests regarding Supports Intensity Scale (SIS) and Support Level related topics.

### **Information:**

CCBs' questions and requests regarding SIS and Support Level topics are managed within the Office of Community Living's Case Management Unit. Due to the increased volume of CCB contacts, two general delivery email boxes have been established. CCBs are asked to send emails as indicated:

[sis\\_sl@state.co.us](mailto:sis_sl@state.co.us): This email should be used exclusively for:

- CCB submission of Support Level Review and SIS Re-Assessment requests.
- CCB submission of documents meant to supplement a Support Level Review or SIS Re-Assessment request.

[hcpf\\_hcbs\\_casemanagement@state.co.us](mailto:hcpf_hcbs_casemanagement@state.co.us): This email should be used for all other SIS and Support Level related inquiries, including but not limited to:

- CCB staff seeking an update or information on a Support Level Review or SIS Re-Assessment request or decision
- CCB Staff reporting issues with SIS Online
- CCB Staff reporting issues the Support Level in the Bridge
- CCB Staff requesting a Regional Center override
- Members, legal guardians, authorized representative, or family member as appropriate, wishing to file a complaint regarding the administration of the SIS assessment pursuant to 10 CCR2505-10 8.612.2.E
- Members enrolled in HCBS-SLS, legal guardians, authorized representative, or family member as appropriate, requesting a review of a Support Level Review Panel decision pursuant to 10 CCR2505-10 8.612.4.D.2
- General information requests or technical assistance in regard to SIS and Support Level issues.

**Attachment(s):**

None

**Department Contact:**

Victor Robertson

[Victor.Robertson@state.co.us](mailto:Victor.Robertson@state.co.us)