

# *QIS Program Review Tool Training*

July 2016



**COLORADO**

Department of Health Care  
Policy & Financing

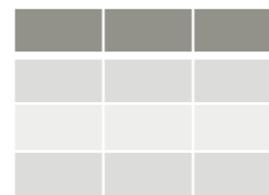
# Today's Objectives



Background  
Information



Tools of the  
Trade



Program Tool

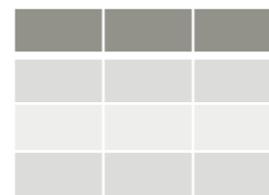
# Today's Objectives



Background  
Information



Tools of the  
Trade



Program Tool

# *Why are we doing this?*

- Ensure clients are receiving the services and supports they need
- CMS requirement
  - Annual and periodic reports
- Guide training development



# *What are we looking for?*

- Six Federal Assurances

- Level of Care
- Service Plan
- Health and Welfare
- Qualified Provider
- Administrative Authority
- Financial Accountability



# There won't be any dings!



# *Role of the QIS Reviewer*

- QIS Reviewers **cannot** review his or her own work
  - Okay if the client is or has been on the reviewer's caseload, as long as the reviewer is not case manager of record during the review period
- Review **only** the provided certification spans for the client
- QIS Reviewers should **not** make **any** changes to client records



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# *What if I find something that needs to be changed?*

- QIS Reviewers should **not** make **any** changes to client records
- Note **minor** changes, **wait** for CSR or remediation
- For **major** concerns or unmet needs identified, do full Service Plan **Revision**

# *NEW for 2016*

- All agencies will review all clients in their sample they are listed as the “**Current Case Management Agency**” in the BUS at the time the sample was created
- Review the client’s information in the BUS and note deficiencies where applicable
- Ensure clients are safe, receiving services they need, and any issues can be addressed by the current case management agency



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# Process

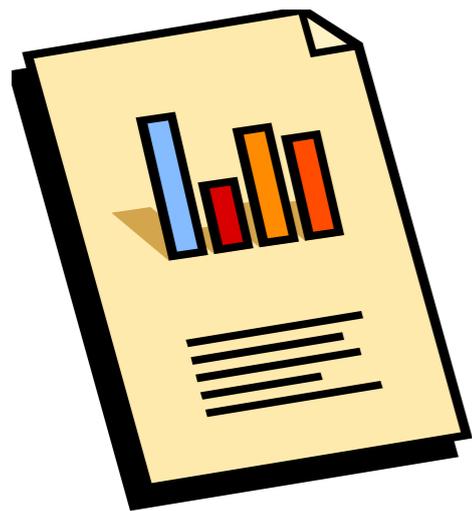
Data Pull



Super  
Aggregate



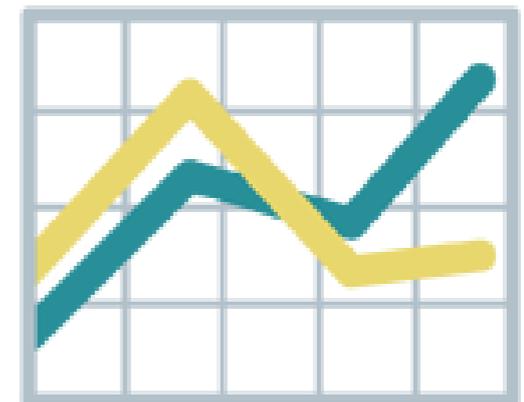
Super  
Aggregate



Analyze



Deficiency  
Report



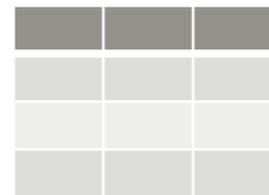
# Today's Objectives



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Tools of the  
Trade



Program Tool

# What your agency receives

Case Management Agency		ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE	
Number	MEDICAID ID	WAIVER	SERVICE PLAN EVENT NUMBER
1	G123456	PLWA	5
2	Y987654	PLWA	11

**Client Sample**

Review Period		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
Program Area		0
Review Date		
Certification Span (provided)		
Program Tool		
<b>Assurance: Level of Care (LOC)</b> Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF-MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.		
<b>LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and a</b>		
<b>QIS Program Tool</b>		
Instructions for line 22: present at the interview client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
A) All "Due To" scores are sufficiently justified in the comment section.		No
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
3) Toileting "Due To" score is sufficiently justified in the comment section.		
4) Mobility "Due To" is sufficiently justified in the comment section.		
5) Transferring "Due To" score is sufficiently justified in the comment section.		
6) Eating "Due To" score is sufficiently justified in the comment section.		
7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		
Instructions for lines 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.		

Client Name	Medicaid ID	Waiver/Program	QIS assigned to:
Current CM	CM during Cert Period being reviewed		
Event #	LTC Certification Span Start Date	LTC End Date	
Conducted in the client residence	Yes / No	Was the client present	Yes / No
Needs Identified		Contains HOW info obtained	Need addressed in SP?
ADLs	Score	Comments Justify Score	
Bathing			
Dressing			
Toileting			
Mobility			
Transfer			
Eating			
Sup. Beh.			
Sup. Mi			
Mental			
Service	Yes / No	Third Party Resources	Yes / No
Natural Supports	Yes / No	Home Health Benefits	Yes / No
State Plan Benefits			
Service Goals: Individual services include service goals that are individualized and commensurate with ULTC Assessment and client's personal goal: Individualized and completed?			
Contingency plan: Individualized and addresses client's health and welfare when services are not available?			

**Data Info Sheet (optional)**

Review Period		1/1/2012 - 12/31/12
Agency Name		
Reviewed By		
Medicaid ID		
Program Area		
Review Date		
Certification Span (provided)		
Program Tool		
<b>Assurance: Level of Care (LOC)</b> LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.		
<b>Performance measure C: ULTC supports LOC</b> (2) Assessment was completed face-to-face in client residence. (22)		
(3) All "Due To" scores are sufficiently justified in the comment section. (26 includes 27-34)		
<b>Assurance: Service Plan (SP)</b> Sub assurance: safety risk factors means.		
<b>Performance</b> Performance (1) Service Goal (2) Personal Goal		
<b>Sub assurance and procedure</b> Performance Sub assurance changes in #		
<b>Performance</b> (1) Revision Completed (85) (2) Revisions Justified (86) (3) Revision Delivered (87) (4) Revision Signed (89)		
<b>Assurance: Health and Welfare</b> Sub assurance: The State on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.		
<b>Performance measure: Client experienced a critical incident (113)</b> Any and all incidents of reportable abuse, neglect and exploitation were reported in a CRS (115)		
Client record indicates a need for a Notice of Action (803 form) (121)		
The Notice of Action (803 form) was sent according to Department Rules and Regulations (123)		
<b>Case Closure/Termination</b> Client record indicate that a Case Closure/Termination was needed (125)		
Client record indicates the case was closed according to Department Rules and Regulations. (127)		

**Aggregation Sheet**



# Client Sample

Case Management Agency		ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE				
Clients in Sample		2				
Number	MEDICAID ID	WAIVER	SERVICE PLAN EVENT NUMBER	SERVICE PLAN EVENT TYPE	100.2 EVENT NUMBER	100.2 EVENT TYPE
1	Y123456	EBD	5	CSR	12	CSR
2	G654321	EBD	11	CSR	16	CSR

- Check for:
  - are the clients listed with our agency **currently**
  - are the clients listed on the correct waiver
  - are there 100.2 and Service Plans selected for review for each client
- If not, notify Elaine Osbment or Lisa Neveu immediately
- Confirm you have completed this basic review



# Program Tool and Instructions

<i>Review Period</i>		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
Program Area		0
Review Date		
Certification Span (provided)		
<b>Program Tool</b>		
<p><b>Assurance: Level of Care (LOC)</b>            Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF-MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.</p>		
<p><b>LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.</b></p>		
2) The ULTC Assessment was completed face-to-face in the client's residence.		
<p>Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).</p>		
A) All "Due To" scores are sufficiently justified in the comment section.		No
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
3) Toileting "Due To" score is sufficiently justified in the comment section.		
4) Mobility "Due To" is sufficiently justified in the comment section.		
5) Transferring "Due To" score is sufficiently justified in the comment section.		
6) Eating "Due To" score is sufficiently justified in the comment section.		
7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		
<p>Instructions for lines 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.</p>		



## QIS Instructions for the HCBS Program Review Tool

The Quality Improvement Strategy (QIS) Reviewer shall **review** the following for **each HCBS client** for the certification span/event number provided by the Department of Health Care Policy and Financing:

- ULTC 100.2 assessment
- Service Plan
- Any/all service plan revisions
- All log notes
- Any/all critical incident reports
- 803s provided due to a reduction, termination or suspension of services

### Before You Begin

- **Open** the QIS Program Review Tool Template
- Select **Save As**
- Name file by: **waiver-Medicaid ID**
  - Example 1: DD-Z121212
  - Example 2: PLWA-Q654321

### Systems you will need:

- Benefits Utilization System (BUS)
- For CCBs – DDD Web Application Portal
- For State Staff – Cognos/MMIS for billing

Revised for 2016



# Data Information Sheet

## Optional!

Client Name		Medicaid ID		Waiver/Program	
Current CM		CM during Cert Period being reviewed			QIS assigned to:

ULTC Assessment (100.2)	Event #	LTC Certification Span Start Date			LTC End Date		
	Conducted in the client residence		Yes / No	Was the client present		Yes / No	
	ADLs	Score	Comments Justify Score	Needs Identified		Contains HOW info obtained	Need addressed in SP?
	Bathing						
	Dressing						
	Toileting						
	Mobility						
	Transfers						
	Eating						
	Sup. Behavioral						
Sup. Memory							
Mental Health Diagnosis:							



# Aggregation Sheet

Review Period		1/1/2012 - 12/31/12	0
Agency Name			
Reviewed By			
Medicaid ID			
Program Area			
Review Date			
Review Period (provided)			

36	Case Closure/Termination	
37	Client record indicate that a Case Closure/Termination was needed (125)	0
38	Client record indicates the case was closed according to Department Rules and Regulations. (127)	0
39		
40		
41		

Navigation tabs: EBD Waiver Scoring Aggregation (selected), BI Waiver Scoring Aggregation

safety risk factors) and personal goals, either by provision of waiver services or through other means.		
Performance measure A: SP aligns with ULTC (40)		0
Performance measure B: Needs addressed through non-waiver services (43 includes 45-48)		0
Performance measure C: SP addresses Personal Goals (49 includes 51-53)		0
1) Service Goals under "HCBS Services" have been completed (51)		0
2) Personal Goal (client's goal for this year) has been documented (53)		0
Sub assurance 2: The State monitors Service with its policies		
Performance measure B: SP addresses health		0
Sub assurance 3: Service Plan is complete		
changes in the client's needs.		
Performance measure B: SP required revisions warranted by		0
1.) Revision Completed in BUS (83)		0
2.) Revisions Justified (85)		0
3.) Revision Delivered (87)		0
4.) Revision Signed (89)		0

**Due by  
September  
6th!**



# *Find Tools Online*

[Colorado.gov/hcpf/long-term-services-and-supports-training#QIS](https://colorado.gov/hcpf/long-term-services-and-supports-training#QIS)

For Our Providers

Provider Services

Training

Long-Term Services and Supports Training



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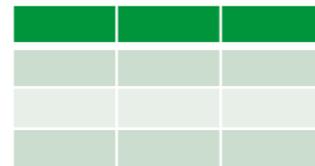
# Today's Objectives



Background  
Information



Tools of the  
Trade



Program Tool

# Program Tool Template

Review Period		CY 2012
Agency Name		0
Reviewed By		
Medicaid ID		
Program Area		0
Review Date		
Certification Span (provided)		
Program Tool		
<b>Assurance: Level of Care (LOC)</b> Evaluation of need: The State must provide for an initial evaluation (and periodic reevaluations) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is a reasonable indication that service may be needed in the future. The assessment itself must be the same as those used to determine level of care for Nursing Facility/hospital/ICF-MR and the qualifications for persons performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.		
<b>LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.</b>		
2) The ULTC Assessment was completed face-to-face in the client's residence.		
Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
A) All "Due To" scores are sufficiently justified in the comment section.		No
1) Bathing "Due To" score is sufficiently justified in the comment section.		
2) Dressing "Due To" score is sufficiently justified in the comment section.		
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7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		
Instructions for lines 27-34: Mark "Yes" if no comment was necessary because the score for the ADL was zero OR if the comments support the score indicated in the "Due to's" in each ADL and Area of Supervision. The comments must include how the information was obtained (e.g. observation, client report, staff report, collateral information, etc.) and must be relevant to the current assessment.		

- One template...  
...many clients

- Rename file by waiver and Medicaid ID

➤ DD-Z121212

➤ EBD-Q654321



# Why are there lines missing?

9	<p><b>Assurance: Level of Care (LOC)</b>  <b>Evaluation of need: The State must provide for an initial evaluation (and periodic re-evaluation) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is an indication that service may be needed in the future. The assessment itself must be used to determine level of care for Nursing Facility/hospital/ICF-MR and the person performing assessments must be as high as those assessing need for Nursing Facility/hospital/ICF-MR.</b></p>
13	<p><b>LOC Sub assurance 3: The process and instruments described in the approved application must be used appropriately and according to the approved description to determine client's level of care.</b></p>
22	<p>2) The ULTC Assessment was completed face-to-face in the client's residence.</p>
23	<p>Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's present at the interview. The client's residence is defined as where the client currently resides, the client's private residence, or their parent's home if this is where the client lives, an Alternate Care Facility (e.g., a Nursing Facility, etc.).</p>
26	<p>A) All "Due To" scores are sufficiently justified in the comment section.</p>



# Client/Agency Information Lines 1-7

1	<i>Review Period</i>		FY 2015-16
2	Agency Name		0
3	Reviewed By		
4	Medicaid ID		
5	Program Area		0
6	Review Date		
7	Certification Span (provided)		

MM/DD/YY - MM/DD/YY  
ex. 03/01/15 - 02/28/16

# Level of Care Lines 22-34

22	2) The ULTC Assessment was completed face-to-face in the client's residence.		
23	Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's residence and 2) the client was present at the interview. The client's residence is defined as where the client currently resides (this may include the client's private residence, or their parent's home if this is where the client lives, an Alternative Care Facility, a hospital, a Nursing Facility, etc.).		
26	A) All "Due To" scores are sufficiently justified in the comment section.	No	
27	1) Bathing "Due To" score is sufficiently justified in the comment section.		
28	2) Dressing "Due To" score is sufficiently justified in the comment section.		
29	3) Toileting "Due To" score is sufficiently justified in the comment section.		
30	4) Mobility "Due To" is sufficiently justified in the comment section.		
31	5) Transferring "Due To" score is sufficiently justified in the comment section.		
32	6) Eating "Due To" score is sufficiently justified in the comment section.		
33	7) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		
34	8) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.		

Client's Residence = where the client currently resides, which may include: the client's private home or their parent's home if this is where the client lives; an Alternative Care Facility; a Hospital; a Nursing Facility; etc.

**0 score = YES**



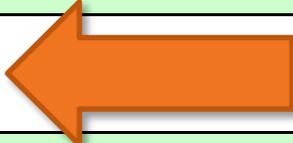
# Service Plan Lines 40-48

40	<b>Performance measure A:</b> The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.	
41	Instructions for line 40: Mark "Yes" only if all needs identified in the ADLs, Supervision, IADL's (EBD, BI, PLWA, and MI only) and Medical sections of the ULTC Assessment are addressed through the services listed in the Service Plan. Example: if a client scores one or more on the ULTC Assessment the client's need must be addressed through a waiver/state plan service or by a third party (i.e. natural supports, other state program, private health insurance or private pay). Mark "No" if any area on the ULTC Assessment identifies a need not supported in the Service Plan regardless of funding source.	
43	<b>Performance measure B:</b> Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)	No
44	Instructions for line 43: The response will auto populate with "Yes" if at least one of the following four non-waiver services has been identified and/or completed in the Service Plan, otherwise the response will auto populate "No"	
45	1) Natural Supports	
46	2) Third Party Resources	
47	3) State Plan Benefits	
48	4) Home Health Benefits	

No supports = No

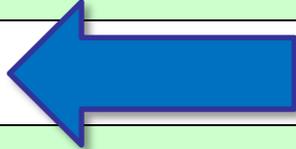
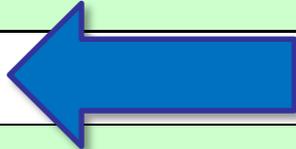
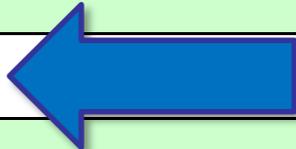


# Goals and Contingency Plan Lines 49-66

49	<b>Performance measure C:</b> All Service Plan(s) applicable during the review period appropriately address personal goals as identified in the Service Goals and Personal Goals section of the Service Plan. (Service Plans adequately addresses the client's desired outcomes as identified in the HCBS Service Section and Personal Goals sections.)	No
50	Instructions for line 49: The reviewer is to look at the Annual Service Plan and any amendments/revisions during the certification period provided. The response will auto populate with "Yes" only if the response to 1) and 2) below are also marked "Yes". The response will auto populate with "No" if the response to 1) or 2) is "No".	
51	1) Service Goals under "HCBS Services" have been completed.	
52	Instructions for line 51: Mark "Yes" only if each authorized service has a Service Goal that is individualized and commensurate with the information obtained from the ULTC Assessment including ADLs, Supervision, IADL's (EBD, BI, PLWA, and MI only) and Medical sections.	
53	2) Personal Goal (client's goal for this certification span) has been documented.	
54	Instructions for line 53: Mark "Yes" only if the Personal Goal section is completed and the narrative is individualized.	
55	<b>Sub assurance 2: The State monitors Service Plan development in accordance with its policies and procedures.</b>	
66	<b>Performance measure B:</b> The Service Plan addresses health and safety risks through the Contingency Plan.	

# Service Plan Revisions

## Lines 81-89

81	<b>Performance Measure B:</b> Review of record indicated the Service Plan required revision.	
82	Instructions for line 81: Mark "Yes" if documentation indicated a client's changing needs or any significant event (hospitalization, injury, change in cognitive capacity, change in functional ability, critical incident, loss of natural support, etc.) should have prompted a Service Plan Revision. If more than one revision was needed, for questions 1-4 below, the QIS Reviewer should mark "No" if any one of the Service Plan Revisions did not meet the requirement. Mark "No" if the client record does not indicate a Service Plan Revision was needed, and mark "N/A" for questions 1-4 below (lines 83, 85, 87 and 89).	
83	1) Revisions to the Service Plan were completed in the BUS.	
84	Instructions for line 83: Mark "Yes" if a Service Plan Revision was completed on the BUS. Mark "No" if documentation review indicated a Service Plan Revision was needed but the revision was not completed on the BUS. Mark "N/A" if a Service Plan Revision was not needed.	
85	2) Revisions are justified by documentation and address all service changes in accordance with Department policy.	
86	Instructions for line 85: Mark "Yes" if the following two statements are true 1) changes to the Service Plan are supported by documentation in the applicable areas of the ULTC Assessment including ADL's, IADL's, PMIP, log notes or CIRS and 2) the "Service Goals" section of the Service Plan Revision includes documentation to justify the need for a revision. Mark "No" if the changes in the Service Plan were not justified by documentation or if the "Service Goals" section of the revision does not include justification for the revision. Mark "N/A" if a Service Plan Revision was not needed.	
87	3) Service Plan Revision was delivered to client/representative/legal guardian.	
88	Instructions for line 87: Mark "Yes" if the box is checked indicating that a copy of the revised Service Plan was delivered/mailed to the client/representative/legal guardian. Mark "No" if the box is not checked. Mark "N/A" if a revision to the Service Plan was not needed.	
89	4) Service Plan Revision is signed by client or legal guardian as appropriate for each waiver.	

# Critical Incidents

## Lines 113-115

113	<b>Performance Measure:</b> Review indicates the client experienced a Critical Incident during the certification span provided.	
114	Instructions for line 113: Mark "Yes" if documentation review (e.g. log notes, ULTC Assessment, Service Plan, etc.) indicated the client experienced a reportable Critical Incident. Mark "No" if the client's record does not indicate a reportable Critical Incident, and mark "N/A" for the next question (line 115).	
115	Any and all Critical Incidents involving abuse, neglect or exploitation were reported in CIRS.	
116	Instructions for line 115: Mark "Yes" if there is an indication that a reportable event involving abuse, neglect or exploitation occurred and the case manager submitted a formal report through CIRS. Mark "No" if there is an indication that an abuse, neglect or exploitation event occurred and the case manager DID NOT submit a formal report through CIRS. Mark "N/A" if there is no indication a Critical Incident involving abuse, neglect or	

# NOA and Case Closure Lines 121-128

121	Does the client record indicate a Notice of Action (803 form) was sent or should have been sent during the certification span provided due to a reduction, termination or suspension of services?	
122	Instructions for line 121: Mark "Yes" if the client record indicated that a Notice of Action (803 form) should have been sent due to a reduction, termination or suspension of services during the certification span provided. Mark "No" if a Notice of Action (803) form was not needed during the certification span provided, and mark "N/A" for the next question on line 123. Note: QIS Reviewers are not required to review Notice of Action (803 forms) for actions that increased services and should Mark "No" if the only Notice of Action (803 forms) are for actions that increased services.	
123	If record review indicated a Notice of Action (803 form) was needed due to a reduction, termination or suspension of services, was it completed on the BUS and in accordance with Department Rules and Regulations?	
124	Instructions for line 123: Mark "Yes" if the client record indicated that a Notice of Action (803 form) was needed due to a reduction, termination or suspension of services and was completed correctly. Mark "No" if a Notice of Action (803) form was needed due to a reduction, termination or suspension of services during the certification span provided but was not completed correctly. Mark "N/A" if a Notice of Action (803 form) was not needed or if the Notice of Action (803 form) was provided for actions that increased services. See the instruction packet for detailed information regarding Department Rules and Regulations regarding Notice of Action (803 form) requirements.	
125	<b>Case Closure/Termination</b>	
126	Does the client record indicate that a Case Closure/Termination was needed during the certification span being reviewed?	
127	Instructions for line 126: Mark "Yes" if the client record indicates that Case Closure/Termination was needed during the certification span being reviewed. Mark "No" if the client record indicates that Case Closure/Termination was NOT needed, and mark "N/A" for the next question on line 128.	
128	Documentation in the client record indicates the case was closed according to Department Rules and Regulations.	

# Timeline

- Receive sample and tools via email
- Confirm receipt of the sample and tools via email
- Confirm all clients in your sample are **currently being served** by your agency and are on correct waiver - contact Elaine or Lisa either way - no changes after that
- September 6th - Completed Aggregate Due back to [elaine.osbment@state.co.us](mailto:elaine.osbment@state.co.us) or [lisa.neveu@state.co.us](mailto:lisa.neveu@state.co.us) or [nancy.harris1@state.co.us](mailto:nancy.harris1@state.co.us)



**COLORADO**

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# Contacts

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<p data-bbox="260 547 864 664"><b>Long-Term Services and Supports Waivers</b></p> <ul data-bbox="178 705 946 1430" style="list-style-type: none"><li>• Brain Injury Waiver (BI)</li><li>• Children's Home and Community Based Services Waiver (CHCBS)</li><li>• Children With Life-Limiting Illness (CLLI)</li><li>• Community Mental Health Services Waiver (CMHS)</li><li>• Elderly, Blind or Disabled Waiver (EBD)</li><li>• Spinal Cord Injury Waiver (SCI)</li></ul> <p data-bbox="214 1543 905 1604"><a href="mailto:Elaine.Osbment@state.co.us">Elaine.Osbment@state.co.us</a></p>	<p data-bbox="1029 547 1715 664"><b>Division for Intellectual and Developmental Disabilities</b></p> <ul data-bbox="987 705 1687 1113" style="list-style-type: none"><li>• Children's Extensive Supports Waiver (CES)</li><li>• Persons with Developmental Disabilities Waiver (DD)</li><li>• Supported Living Services Waiver (SLS)</li></ul> <p data-bbox="1083 1543 1660 1604"><a href="mailto:Lisa.Neveu@state.co.us">Lisa.Neveu@state.co.us</a></p>	<p data-bbox="1907 547 2455 664"><b>Department of Human Services</b></p> <ul data-bbox="1797 705 2428 889" style="list-style-type: none"><li>• Children's Habilitation Residential Program Waiver (CHRP)</li></ul> <p data-bbox="1852 1543 2510 1604"><a href="mailto:Nancy.Harris1@state.co.us">Nancy.Harris1@state.co.us</a></p>



*Thank You for  
attending!*



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