



**COLORADO**

Department of Health Care  
Policy & Financing

# Home and Community Based Services Waiver for Persons with a Spinal Cord Injury Renewal Summary

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The Colorado Department of Health Care Policy and Financing (the Department) intends to re-submit the renewal application for the Home and Community Based Services Waiver for Persons with Spinal Cord Injury (SCI) to the Centers for Medicare and Medicaid Services (CMS) on October 29, 2015. A summary of these changes is provided below.

## **Public Comment Opportunity**

The Department will have a draft of the SCI Waiver Renewal and SCI Waiver Transition Plan posted on the Department's website for public comment.

[www.colorado.gov/hcpf/hcbs-waiver-transition](http://www.colorado.gov/hcpf/hcbs-waiver-transition)

To request a paper or electronic copy of any materials, including the full draft waiver and/or provide public comment please contact Lana Mutters at 303-866-2050,

Email: [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us)

In Person/Mail: 1570 Grant Street, Denver, Colorado 80203

Fax: 303-866-2786

Public comments will be accepted from September 15 – October 28, 2015.

## **Summary of Changes in Waiver Renewal**

### **Updated Terminology**

This renewal changes the terminology of "Alternative Therapies" to "Complementary and Integrative Health" to align with language used in Legislation (SB15-011) and national standards. Complementary and Integrative Health services on the SCI waiver include Acupuncture, Massage, and Chiropractic care.

### **Unduplicated Client Count**

This renewal increases the number of clients that may enroll on the SCI waiver from 67 individuals to 120 individuals.

### **Complementary and Integrative Health Provider Model**

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- Changes to the current provider model to allow individual acupuncturists, chiropractors, and massage therapists to enroll as Complementary and Integrative Health service providers for SCI clients. Center-based providers will still be able to provide services.
- The new provider model also allows for clients to receive Complementary and Integrative Health services in their residence.

### **Complementary and Integrative Health Service Limitations**

Changes the limits on amount, frequency or duration of alternative therapy services. Previously the amount of service limits were higher in the client's initial 90 days of receiving services. The renewal sets the amount of service limits for an entire year without a specific limit of services for any specific period of time. The total limit of yearly services will remain the same.

### **Chiropractic Care Rate Increase**

This renewal includes a rate increase for Chiropractic care.

### **Eligibility Criteria**

In addition to Nursing Facility level of care, this renewal adds Hospital level of care to the eligibility criteria.

### **ICD-10 Codes**

Removes language around the specific ICD-9 codes to account for the transition to ICD-10 codes. Eligibility for the waiver has not changed; rather than listing ICD codes, regulation references specific diagnosis.

### **Home Modification Increase**

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

### **In-Home Support Services (IHSS)**

The Colorado Legislature passed House Bill 14-1357 that requires the Department to implement the following programmatic changes to IHSS:

1. Allow IHSS to be provided in the community.
2. Clarify that the client or the client's authorized representative is responsible for directing their care, including scheduling, managing, and supervising attendants.
3. Allow clients or the client's authorized representative to work with the IHSS agency to determine the amount of oversight by a licensed health care professional.
4. Add a spouse as an eligible family member who may act as an attendant providing IHSS.



5. Removes the 444 hour per year family member reimbursement limit for personal care and establishing a new 40 hour per week family member reimbursement limit for personal care.

### **Home Modification Interagency Agreement Language**

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

### **0.5% Provider Rate Increases**

Legislation was passed during the 2015 session approving Across the Board Rate Increases on many HCBS waiver services.

### **Quality Performance Measures**

Included in the renewal are changes to the Quality Improvement Strategy (QIS) performance measures for new/revised CMS Home and Community-Based Services (HCBS) waiver assurances and sub-assurances. In order to operate a 1915(c) Home and Community Based Waiver, the state must address how it intends to meet specific CMS requirements known as the HCBS waiver assurances. In March 2014, CMS added/revised several assurances and sub assurances, the renewal reflects these changes.

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

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

### **Fiscal Management System (FMS) Change**

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

### **In-Home Respite Targeted Rate Increase**

The Department is including an increase for the In-Home Respite service as legislation was passed during the legislative 2015 session authorizing a rate increase.



**Spousal Impoverishment**

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

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

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

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

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

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

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

**CDASS Rate Methodology Change**

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

**Guidelines for Submitting Comments**

- The Department will have a draft of the Waiver Renewal and Waiver Specific Transition Plan open for 30-day public comment from September 15 – October 28, 2015. The renewal and transition plan will be posted on the Department's website here: [www.colorado.gov/hcpf/hcbs-waiver-transition](http://www.colorado.gov/hcpf/hcbs-waiver-transition)
- Individuals may request a copy of the full waiver renewal and/or transition plan by email, phone, fax, postal mail or in-person.
- Comments regarding the draft waiver Renewal and Waiver Specific Transition Plans can be emailed directly to [HCBS\\_Rules\\_Submission@state.co.us](mailto:HCBS_Rules_Submission@state.co.us); submitted by phone at 303-866-2050; submitted by fax at 303-866-2786 ATTN: HCBS Waiver Amendments; or in-person at 1570 Grant Street, Denver CO 80203.



- Comments can also be addressed by mail to:  
Department of Health Care Policy and Financing  
ATTN: HCBS Transition  
1570 Grant Street  
Denver, CO 80203
- All comments and responses will be recorded in a listening log that will be published after the public comment period ends.

The Department commits to incorporating comments, concerns, and suggestions when possible.

