

Colorado Home and Community Based Services (HCBS) Statewide Transition Plan (STP)

EXECUTIVE SUMMARY

Federal HCBS Settings Rule

In January 2014, the Centers for Medicare & Medicaid Services (CMS) published a rule to ensure that the provision of Home and Community Based Services (HCBS) occurs pursuant to a person-centered planning process and in settings that meet certain criteria. 79 Fed. Reg. 2948 (Jan. 16, 2014). The rule went into effect in March 2014, and states have five years—until March 2019—to ensure that their HCBS settings are compliant with the rule. The new regulations ensure that participants in HCBS programs have access to the benefits of community living, and that services are true alternatives to services provided in an institutional setting and are delivered in the most integrated setting possible.

The final rule requires that all HCBS settings meet specific criteria, including that they:

- Be integrated in and support full access to the greater community,
- Be selected by the participant from among setting options,
- Ensure individual rights of privacy, dignity, and respect, and freedom from coercion and restraint,
- Optimize autonomy and independence in making life choices, and
- Facilitate choice regarding services and who provides them.

In addition, provider-owned or -controlled residential settings must meet additional criteria, including that they:

- Have a lease or other written agreement providing similar protections for the client that address eviction and appeals processes,
- Ensure privacy in the client's unit including lockable doors, choice of roommates, and freedom to furnish and decorate the unit,
- Ensure that individuals have freedom and support to control their own schedules and activities, and have access to food at any time,
- Protect individuals' ability to have visitors of their choosing at any time, and
- Be physically accessible.

Affected Colorado Waivers and Settings

The HCBS Settings Rule affects the following Colorado HCBS waivers:

- Elderly, Blind, and Disabled (EBD)
- Persons with Brain Injury (BI)
- Persons with Spinal Cord Injury (SCI)
- Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses
- Persons with Developmental Disabilities (DD)
- Supported Living Services (SLS)
- Children's Habilitation Residential Program (CHRP)
- ~~Children's Children's~~ Extensive Support (CES)
- As well as the following waivers, under which services are provided in children's homes, professional provider offices, and clinics, which are presumed to be compliant with the federal settings requirements:
 - Children's HCBS (CHCBS)
 - Children with Autism (CWA)
 - Children with Life Limiting Illness (CLLI)

Under the waivers identified above, the following settings are affected:

- Adult day services centers, including basic and specialized adult day services centers, under the BI, EBD, SCI, and CMHS Waivers
- ~~Alternative care facilities (ACFs)/assisted living residences (ALRs)~~
- ~~Day treatment facilities~~ under the HCBS-EBD and CMHS Waivers. The Department plans to delete references to ACFs in the BI waiver Waiver (with ACFs being replaced by SLPs and TLPs, listed below).

- Child Residential Habilitation settings under the CHRP Waiver, including
 - Foster Care Homes
 - Kinship Foster Care
 - Non-certified Kinship Care
 - Specialized Group Facilities (SGFs), including group homes and group centers
 - Residential Child Care Facilities (RCCFs)
- Day ~~habilitation/treatment~~ Habilitation settings for individuals with ~~intellectual~~ Intellectual and ~~developmental disabilities~~ Developmental Disabilities (IDD), including
 - Specialized Habilitation under the SLS and DD Waivers
 - Supported Community Connections -(SCC)/Community Connector under the SLS, DD, CHRP, and CES Waivers
 - Prevocational Services facilities under the SLS and DD Waivers
- Day treatment facilities under the BI waiver
- Group Residential Services and Supports (GRSS) ~~community residential homes~~ Community Residential Homes for four to eight people under the DD Waiver
- Individual Residential Services and Supports (IRSS) ~~homes~~ settings for up to 3 people under the DD Waiver, including
 - Host ~~homes~~ Homes
 - Homes owned or leased by agency
 - Family homes
 - Own homes
 - ~~Apartment settings~~
- Private homes belonging to clients or their families, professional provider offices, and clinics, which are presumed to be compliant with the federal settings requirements, for any waiver
- Supported Employment locations, including group and individual program locations, under the SLS and DD Waivers; individual employment settings are presumed to be compliant with the federal settings requirements
- Supported Living Program (SLP) facilities under the HCBS-BI waiver
- Transitional Living Program (TLP) facilities under the HCBS-BI waiver
- Youth Day ~~service~~ Service settings under the CES waiver, including the child's home, the provider's home, and other ~~child care centers~~ settings in the community

Overview of Statewide Transition Plan (STP)

The Colorado Department of Health Care Policy & Financing (HCPF or "the Department") has developed a Statewide Transition Plan (STP) for bringing Colorado's HCBS services into compliance with the HCBS Settings Rule. The STP is a detailed project plan of Colorado's road to compliance, and it is required by CMS to be subject to public input, be regularly updated, and be submitted for CMS approval and guidance.

The STP is organized *left to right* with: Action Steps that identify the steps necessary for the State of Colorado to come into compliance with the HCBS Settings Rule; projected dates for beginning and ending Action Steps; Key Stakeholders involved with or affected by Action Steps; Progress/Status thus far of Action Steps; and Findings/Results/Outcomes of Action Steps. *Top to bottom*, the STP is organized into three overall Program Components. The first is Stakeholder Engagement and Oversight; this component describes the Action Steps that the Department will take to get input from and provide information to HCBS participants, providers, and other members of the public. The second Program Component is Infrastructure, or ensuring that all the key parts are in place to comply with the HCBS Settings Rule. Within this framework, there are five major endeavors: (1) site-specific assessments of existing HCBS residential and non-residential settings; (2) site-specific remediation for these settings, including creation and implementation of Provider Transition Plans; (3) systemic assessment of existing Colorado statutes, regulations, waivers, and other authorities; (4) systemic updating of these authorities as needed; and (5) enhancing training and technical assistance. The third Program Component is Inclusion of Requirements within the HCBS Quality Framework; this component describes Action Steps to ensure that compliance is measured and monitored in the future.

Completed Work

Since the implementation of the HCBS Settings Rule, the Department has been working with stakeholders to ensure that Colorado is fully compliant by March 17, 2019. The Department created and has been updating the STP. The Department has convened an interagency group, which includes the Colorado Department of Human Services (CDHS) and the Colorado Department of Public Health and Environment (CDPHE), to assist in preparing and taking Action Steps. The Department has solicited waiver participants, providers, and other stakeholders to assist with onsite technical assistance, participation in web-based trainings, and stakeholder workgroups, as well as presentations at various committees and boards to educate and engage in conversation regarding the HCBS Settings Rule. The Department maintains a website for educational materials, Department communications, and CMS communications ~~to ensure accessibility.~~ The Department will continue to provide trainings to stakeholders regarding the HCBS Final Settings Rule to ensure that participants, providers and other stakeholders understand the HCBS Final Setting Rule and its implementation. The Department has completed a crosswalk that systemically assesses current state statutes, regulations, and waivers and identifies where changes may be necessary; this crosswalk is incorporated by reference into the STP. The Department has begun conducting site visits and collecting provider transition plans (PTPs). Other projects completed by the Department are described below.

For more information on the HCBS Settings Rule, you may visit: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>.

For more information on Colorado’s path to compliance with the HCBS Settings Rule, you may visit: <https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition> and <https://www.colorado.gov/pacific/hcpf/home-and-community-based-services-settings-final-rule>.

Please send questions/comments to:

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 Long Term Services and Supports Division Division of Intellectual and Developmental Disabilities
 303-866-~~6873~~6113 303-866-5142

E-mail: STP.PublicComment@state.co.us

Mail: Statewide Transition Plan Team
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STATEWIDE TRANSITION PLAN (STP)

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
Program Component: Stakeholder Engagement and Oversight						
1.	Convene an interagency group to manage the transition planning process.	5/21/2014	Completed 6/1/2014	Colorado Department of Health Care Policy and Financing (“the Department”), the Lewin Group , the Colorado Department of Public Health and Environment (CDPHE), <u>the Colorado Department of Human Services (CDHS), the Lewin Group</u>	An interagency team has been convened and meets weekly. The team will continue to meet to monitor and problem-solve issues that may arise throughout the planning process.	A timeline of prioritized tasks for the Department and key stakeholders was developed as a result of an in-person meeting where the interagency group discussed managing the transition process. This timeline will be included on weekly meeting agendas and leveraged as a guide for next steps. Weekly meetings provide a forum for Department staff, leaders, and other key stakeholders to discuss and work on mapping out processes and how to best support the state’s providers and waiver participants.
2.	Develop a communication strategy to manage the public input required by the rule as well as ongoing communication on the implementation of the transition plan. Adapt the strategy to different audiences (e.g., case management agencies)	7/10/2014	Completed 7/30/2014; <u>Update to be completed by 3/16/17</u>	The Department	Ongoing communication occurs with stakeholders, state agencies, and other community partners. The Department’s written strategy for managing formal public notice is described in Row 6 below. The Department’s written strategy for managing other forms of notice to different audiences is described in Rows 4, 5, 7, and 8 below. The Department carefully considers all the input it receives. The Department’s responses to the comments it has received during formal public notice periods are summarized and made available to the public, as stated in Row 6. The Department considers all input it receives, formal and informal, in developing trainings and in presenting information at meetings. <u>The Department has been presenting and will continue to present updates about the STP and implementation status at regular stakeholder, provider, and case manager meetings. The Department will include updates on its website (https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule).</u>	The Department has received and continues to receive valuable input from the public. <u>From November 2015 through March 2016, the Department hosted several in-person and webinar-based stakeholder workgroups to discuss concerns, best practices, and other issues for implementing the HCBS Settings Rule. The workgroups discussed both residential and non-residential settings. The workgroups focused in particular on</u>

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	(CMAs), including Single Entry Point (SEPs) and Community Center Boards (CCBs); providers).				<p>The Department has conducted a number of webinar based trainings for service providers and stakeholders, to discuss how to support individuals receiving services be integrated into their community, including discussions on employment and volunteer opportunities that will allow individuals to engage with their community. The topics of these webinars were chosen from the feedback the Department received from service providers about their highest concerns.</p> <p>The Department convened a stakeholder workgroup, which met five times, comprised of service providers, family members, and advocates to work collaborative to create best practices that providers can start to implement to support their work of coming into compliance with the HCBS Settings Rule.</p> <p>The Department has met with numerous providers on an individual basis to provide technical assistance concerning the HCBS Setting Final Rule and has discussed employment and volunteer opportunities that can support individuals receiving services to engage with their community.</p> <p>The Department will develop a more formal and effective communication plan by March 16, 2017.</p>	<p><u>expanding community integration opportunities, informed choice, and participant rights.</u> The workgroups prepared drafts of best practices that can be shared with other providers. The Department is currently finalizing these drafts.</p>
3.	Develop a provider scorecard for assessing the level of support providers need to come into compliance.	10/1/2014	Completed 7/1/2015	The Department, HCBS providers, CDPHE, Communication Department	Completed. A set of provider scorecards is available for review at https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .	Provider Scorecards available and posted to website at https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .
4.	Contact providers and provider associations to increase understanding of the rule and maintain open lines of communication.	6/30/2014	Ongoing through 3/15/2019	The Department, CDPHE, CMAs, including SEPs and CCBs, Program Approved Service Agencies and other providers, disability specific organizations, private case management agencies, Alliance, Assisted Living Residences, Parents of Adults with Disabilities Colorado (PADCO), Self-Advocacy Network, Advocacy Communication Group, Participant	During provider meetings, advisory committees, stakeholder meetings, etc., Department staff have been discussing the rule and how the Department is working to support all providers to become compliant. Communications coming from the Department include information about the requirements with additional information on how to take steps towards compliance. These communications will become more robust as the Department learns more about provider status, needs, and progress in the implementation of the STP.	The Department has actively contacted 580 providers and the organizations listed at left.

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				Directed Programs Policy Collaborative, Waiver Simplification Workgroup, Brain Injury Stakeholder Workgroup, Mental Health Centers, Behavioral Health Organizations (BHOs), County Directors/C HRP Liaison, Guardian at Litem (GAL), Residential Care Collaborative, Arc of Colorado, Arc's, 24 hour Monitoring Unit, Residential Child Care Facility, Permanency Round Table, Foster Home Placements, Policy Advisory Committee (PAC), Sub PAC Family Voices, Parent to Parent, Colorado Cross-Disability Coalition (CCDC), Independent Living Centers, Rooster		

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				Ranch, Tall Tales Ranch, Colorado Legal Services, Leading Age, Alliance, Department of Human Services Division for Regional Center Operations, Ombudsman, Colorado Gerontological Society, and other organizations as identified		
5.	Create a space on an existing Department website to post materials related to settings and person-centered planning.	7/10/2014	Completed 7/10/2014; Update to be completed by 3/16/17	The Department	<p>Completed. The website is located Completed. Currently, the HCBS Waiver-Specific Draft Transition Plans and Amendments are posted at https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition. Currently, the HCBS Waiver Specific Draft Transition Plans and Amendments are posted. The Department has posted training webinars and other education and outreach materials, as well as Provider Transition Plan (PTP) Templates, at https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule.</p> <p>The Department plans to enhance stakeholder involvement by improving the organization and availability of STP-related materials on its website.</p>	https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule : In August 2015: 106/Sept2015: 22 ("hits")
6.	Develop and issue required public notices. Collect comments and summarize for consideration and, where applicable, incorporate changes in the transition plan and within communication tools (e.g., FAQs).	7/30/2014	Ongoing	See Row 4	<p>The Department is providing will provide public notice of the current version of the STP (STP.34) through the following means:</p> <ul style="list-style-type: none"> • Emailing a Communication Brief to the Long Term Services and Supports Stakeholder list; the Division for Intellectual and Developmental Disabilities Stakeholder list; and providers, advising the recipients of the availability of the full STP, the comment period, and the ways to comment. • Publishing a notice on the Department's website at https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition, advising the public of the availability of the full STP, the comment period, and the ways to comment. • Emailing a notice to Tribal Consultation recipients advising them of the availability of the full STP, the comment period, and the ways to comment. • Publishing notices in the newspapers of widest circulation in each city in Colorado with a population of 50,000 or more advising the public of the availability of the full STP, the comment period, and the ways to comment. • Publishing a notice in the Colorado Register, which is available at http://www.sos.state.co.us/CCR/RegisterHome.do, advising the public of the availability of the full STP, the comment period, and the ways to comment. <p>The full STP is available on the Department's website at www.colorado.gov/hcpf/hcbs-waiver-transition, and individuals may request the full STP in electronic or hard copy format via email at STP.PublicComment@state.co.us or Lori.Thompson@state.co.us or caitlin.phillips@state.co.us or Sarah.Hoerle@state.co.us, via phone at 303-866-6873 (Caitlin Phillips—ACF Specialist 6113 (Sarah Hoerle, LCSW—Community First Choice, Long Term Services and Supports Division) or 303-866-5142 (Lori Thompson—HCBS Specialist, Division for Intellectual and Developmental Disabilities), via fax at 303-866-3991 (Attention: Statewide Transition Plan Team), or in person or via U.S. mail at ATTN: Lori Thompson, Statewide Transition Plan Team, 1570 Grant Street, Denver, CO 80203.</p> <p>The comment period is will be the 3530-day period following public notice. The public may provide comments via email at STP.PublicComment@state.co.us or Lori.Thompson@state.co.us or caitlin.phillips@state.co.us or Sarah.Hoerle@state.co.us, via</p>	<p>During the public comment period on the initial STP (STP.1), the Department received 106 questions from eleven different community stakeholders. AtThe questions were clarifying questions that did not require the Department to change the STP. The only changes the Department made were to ensure that all of the community stakeholder groups were listed in the STP.</p> <p>Since the initial public notice period, the Department has implemented a more thorough public notice procedure. The Department has prepared a separate summary, dated November 16, 2015, of the public notice process employed with the second version of the STP (STP.2), as well as a summary of the comment(s) received and the Department's responses to such comment(s). This summary is available at https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition.</p> <p>The Department will make available has prepared a separate summary, dated June 30, 2016, of the comments it receives public notice process employed with the</p>

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					phone at 303-866-6873 (Caitlin Phillips—ACF Specialist) or 303-866-5142 (Lori Thompson—HCBS Specialist, Division for Intellectual and Developmental Disabilities), via fax at 303-866-3991 (Attention: Statewide Transition Plan Team), or in person or via U.S. mail at ATTN: Lori Thompson, Statewide Transition Plan Team, 1570 Grant Street, Denver, CO 80203.	current third version of the STP (STP.3) and its responses to the comments, as well as a copy of any revised STP it prepares <u>summary of the comments received and the Department's response to the comments such comments. A more comprehensive summary will be available online by March 16, 2017.</u>
7.	Continue ongoing stakeholder engagement for Supported Employment Services and similar programs for non-DIDD waivers.	5/22/2014	3/15/2019	See Row 4	<p>Ongoing discussions regarding Supported Employment occur with the Department and stakeholders. Currently identifying possibilities and areas of concern.</p> <p>The Department is conducting <u>has conducted a number of</u> webinar based trainings for service providers and stakeholders, to discuss how to support individuals receiving services be integrated into their community, including discussions on employment and volunteer opportunities that will allow individuals to engage with their community. The topics of these webinars are were chosen from the feedback the Department is receiving <u>received</u> from service providers about their highest concerns.</p> <p>The Department has convened a stakeholder workgroup, which has met five times, comprised of service providers, family members, and advocates to work collaboratively to create best practices that providers can start to implement to support their work of coming into compliance with the HCBS Settings Rule.</p> <p>The Department has met with 30 providers on an individual basis to provide technical assistance concerning the HCBS Settings Final Rule and has discussed employment and volunteer opportunities that can support individuals receiving services to engage with their community.</p>	The Department has met with many residential and non-residential providers and expressed the importance of community integration and meaningful community roles for individuals. This has included individuals seeking competitive employment, volunteer opportunities, and other activities of their choosing. The Department is currently reviewing regulations to identify and eliminate barriers to meaningful community integration; as an example, the Department is reviewing a possible disincentive to work when in an Alternative Care Facility, given that payments to the facility increase as income increases.
8.	Develop and update on a regular basis an external stakeholder communication plan. Provide quarterly updates to CMS on status of systemic assessment and site-specific assessment projects.	9/30/2014 <u>31/2016</u>	Ongoing until projects are completed or <u>3/15/2019</u>	CMS <u>See Row 4</u>	<p>The Department is talking to lead staff about adding a standing agenda item to the regular stakeholder meeting and has started to give updates at the Monthly Advocates Communication meeting and the Alternative Care Facility Stakeholder meeting. The Department will begin to provide a quarterly e-mail blast to stakeholders. The Department will include all updates on the website (https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule).</p> <p>The Department is conducting webinar based trainings for service providers and stakeholders, to discuss how to support individuals receiving services be integrated into their community, including discussions on employment and volunteer opportunities that will allow individuals to engage with their community. The topics of these webinars are chosen from the feedback the Department is receiving from service providers about their highest concerns.</p> <p>The Department has convened a stakeholder workgroup, which has met five times, comprised of service providers, family members, and advocates to work collaborative to create best practices that providers can start to implement to support their work of coming into compliance with the HCBS Settings Rule.</p> <p>The Department has met with 30 providers on an individual basis to provide technical assistance concerning the HCBS Setting Final Rule and has discussed employment and volunteer opportunities that can support individuals receiving services to engage with their community. The Department has begun providing quarterly updates by email to CMS Regional Office and Central Office staff.</p>	Since November 2015, the Department has hosted several in-person and webinar based stakeholder workgroups to discuss concerns, best practices, and other issues for implementing the HCBS Settings Rule. The workgroups have discussed both residential and non-residential settings. The workgroups focused in particular on expanding community integration opportunities, informed choice, and participant rights. The workgroups are currently preparing drafts of best practices that can be shared with other providers. The workgroups will continue to meet virtually (by phone/webinar) every month through March 2016.
Program Component: Infrastructure						
1. Site-specific assessments of existing HCBS residential and non-residential settings						
9.	Create a two-stage provider survey process to assess settings where HCBS participants live and/or receive services.	5/21/2014	Completed 6/30/2014	The Department, the Lewin Group	Completed.	See below.
10.	Conduct Stage 1 macro review of provider settings (initial survey of existing providers).	6/30/2014	Completed 1/21/2016	See Row 9	Completed. <u>Completed. The Stage 1 provider self-assessment survey is closed as of January 2016.</u>	See below.
11.	Conduct Stage 2 micro review of provider settings based on the results of	7/20/2014	Completed 1/21/2016	See Row 9	Completed. <u>Completed. The Stage 2 provider self-assessment survey is closed as of January 2016.</u>	As of January 21, 2016, 211 residential providers scored a Support Level 1, meaning that their responses to the Initial and/or Secondary Provider Self-Assessment Surveys

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	Stage 1 (secondary survey).				<p>As of January 21, 2016, 613 unique providers completed the Initial and/or Secondary Provider Self-Assessment Surveys. Some providers offer multiple services and/or participate in multiple waivers, and hence completed multiple surveys, yielding 1,602 completed surveys. 145 providers did not complete the self-assessment survey, or their response submissions could not be linked to a provider.</p> <p><u>Providers that did not complete the self-assessment survey, like all other providers, will have to complete Provider Transition Plans (PTPs) and may be selected for site visits. See Rows 14 and 15 below.</u></p>	<p>yielded an indicators of isolation score less than 25% and a score less than 50% on concerns relating to "Rights, Autonomy, and Choice." 146 residential providers scored a Support Level 2 or higher, meaning that their responses to the Initial and/or Secondary Provider Self-Assessment Surveys fell within one of the following categories: Support Level 4 (any indication of a setting located on the grounds of or immediately adjacent to a public institution or an indicators of isolation score greater than 50%), Support Level 3 (indicators of isolation score less than 50% and greater than 25%), or Support Level 2 (indicators of isolation score less than 25% and a score greater than 50% on concerns relating to "Rights, Autonomy, and Choice").</p> <p>Residential providers' self-assessment survey responses indicate that they have practices that promote empowerment and community inclusion, and that they tend to ensure that residents have access to food at all times. Key areas for improvement include promoting residents' interactions with people who are not disabled, Medicaid-only residents, and/or paid staff; increasing individuals' control over their finances; and protecting residents' ability to leave the property.</p> <p>As of January 21, 2016, the majority of nonresidential providers appear to need support in complying with the rule. 142 nonresidential providers scored a Support Level 2 or higher, and 58 scored a Support Level 1. (Some providers may appear in both the residential and nonresidential categories.) Nonresidential providers' self-assessment survey responses indicate that they respect individuals' ability to choose to engage or not in various activities based on their own interests and preferences. The main area for improvement for nonresidential providers is to address the prevalence of segregated settings where the majority of individuals do not work in integrated competitive employment and/or do not engage in activities with the general community.</p> <p>Updated scorecards summarizing the survey data for providers serving particular waiver populations will be posted on the Department's website.</p>
12.	Develop and conduct survey for individuals and families to provide input	10/1/2014	Development completed 6/30/2014. Survey data collection is ongoing.	See Row 9	<p>Completed the development of the survey.</p> <p><u>Click here for links to the English</u> (https://www.research.net/r/ColoradoHCBS?sm=sIM2g6TQhRelxbnalcDL%2b0R1oNDQQAe%2bE8GvzAQHv1s%3d) and the</p>	<p>The survey is ongoing <u>Department will keep the IFA Survey open for all individuals and their families/advocates to take as often as needed as it pertains to their individual needs/person centered care. they like,</u></p>

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	on settings by type and location.				<p>development of a Spanish languageSpanish (https://www.research.net/r/Z2N3TQM) versions of the survey for online completion.</p> <p>A hard copy version of the survey. Currently collecting data is available at https://www.research.net/s/ColoradoHCBShttps://www.colorado.gov/pacific/sites/default/files/Colorado%20HCBS%20Survey-Individual%20Family%20Advocates-Paper%20version-2015.pdf. Individuals may request that a hard copy version of the survey be sent to them by sending an email to Lori.Thompson@state.co.us or Sarah.Hoerle@state.co.us, by calling 303-866-6113 (Sarah Hoerle, LCSW—Community First Choice, Long Term Services and via hard copy—Supports Division) or 303-866-5142 (Lori Thompson—HCBS Specialist, Division for Intellectual and Developmental Disabilities), by faxing 303-866-3991 (Attention: Statewide Transition Plan Team), or by visiting in person or sending U.S. mail to ATTN: Lori Thompson, Statewide Transition Plan Team, 1570 Grant Street, Denver, CO 80203. Individuals may return their completed hard copy surveys by emailing, faxing, or mailing the same recipients.</p> <p>Data <u>from survey responses</u> is currently being analyzed.</p>	<p><u>through at least the end of the five-year transition period.</u></p> <p>Results will inform processes and providers and/or locations that need additional support. Results will also inform stakeholder engagement agenda items, as well as training topics. As of April 22, 2016, 389 individual surveys have been completed. Many survey respondents have elected to identify the particular setting at which they or their family member receive services, which allows their responses to be used in the site-specific assessment process.</p> <p>The Department is asking all providers to work with<u>circulate</u> the individuals receiving waiver services IFA Survey to complete<u>complete</u> their clients and family members when they begin <u>working on the PTP for a given setting. The completed survey. The is submitted to the Department has started and directly by the person who completes the survey. Site visit teams will confirm that providers circulated the survey and will directly interview individuals and their family members at settings selected for a site visit.</u></p> <p><u>The Department will continue to inform periodically remind stakeholders of the survey through IFA Survey by issuing quarterly reminders to stakeholders at stakeholder meetings, webinars, and official publications, and in notices sent to the DIDD Communication Brief recipient list, the LTSS notice recipient list, and the list of stakeholders that have been participating in the conflict-free case management project.</u></p> <p><u>The Department will also ask case managers to inform their clients about how to take the IFA Survey.</u></p>
13.	Prepare for on-site surveys.	3/1/2015	Completed 4/8/2016	The Department, the Lewin Group, Telligen, CDPHE, CMAs, including SEPs and CCBs, providers that own or operate affected settings, clients that receive	<p>The Department has finalized the<u>created a</u> Provider Transition Plan (PTP) Excel file; the PTP User Manual; the Protocol for Site Visits and Heightened Scrutiny; and a Checklist for site visitors. These materials will be<u>being</u> used to support providers in coming into compliance with the HCBS Settings Rule and to guide the site visit process.</p> <p>The Department's prior contractor, Telligen, has emailed PTP Excel files and PTP User Manuals to the initial set of providers whose settings will receive<u>received</u> an on-site survey. Telligen is currently beginning to conduct<u>conducted</u> site visits with these providers.</p> <p><u>The Department's current partner, CDPHE, is emailing PTPs and User Manuals to more providers and conducting site visits with these providers.</u></p> <p><u>PTP templates are available on the Department's website at https://www.colorado.gov/pacific/hcpf/home-and-community-based-services-settings-final-rule.</u></p> <p><u>The Department is currently working with CDPHE to update the PTP templates, the PTP User Manual, and the Protocol for Site Visits and Heightened Scrutiny. The Department plans to post these materials online once the updates are completed.</u></p>	<p>The Provider Transition Plan (PTP) is an Excel document that the provider completes in order to assess its compliance with the HCBS Settings Rule, assess the potential application of heightened scrutiny, and set out a remedial action plan and timeline. When submitting its PTP, the provider attaches relevant evidence (e.g., leases, photographs). The completed PTP and attached evidentiary materials are subject to review and approval by the Department.</p> <p>The PTP User Manual is a Word document that guides providers in completing the PTP.</p> <p>The Protocol for Site Visits and Heightened Scrutiny (Protocol) is a Word document that guides site visitors in conducting site visits</p>

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				services at or reside in affected settings, and other community stakeholders		<p>and determining whether a setting may be subject to heightened scrutiny. The Protocol includes a Checklist for site visitors to use when assessing particular settings.</p> <p>Under the HCBS Settings Rule, CMS will apply heightened scrutiny where a setting</p> <ul style="list-style-type: none"> • is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; • is in a building located on the grounds of, or immediately adjacent to, a public institution; or • has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.
14.	Conduct on-site surveys.	4/13/2016	4/4/30/2017	See Row 13	<p>As noted above, the Department's <u>prior</u> contractor, Telligen, is currently beginning to conduct<u>conducted</u> site visits with the initial set of providers whose settings will to receive an on-site survey. <u>The Department's current partner, CDPHE, is continuing to conduct site visits.</u></p> <p>The Department will conduct<u>is conducting</u> site visits to verify survey responses and to further assess particular settings. A statistically significant number of randomly selected site visits will be completed. During site visits, PTPs will be updated and completed for providers that are being visited.</p> <p>Sampling Approach (based on recommendations and analysis by the Department's contractor, the Lewin Group)</p> <p>This sampling approach includes a 95% confidence interval (CI) sample of all providers as the sample total. For each setting type, Lewin calculated the 95% CI for the provider universe, and used that sample size to proportionally allocate site visit amounts by setting type. Thus, the sample total is stratified by setting type, and the setting type samples are representative of the provider universe. For example, ACFs comprise 25.6% of the provider universe, and 25.6% of the sample. Within ACFs, the particular providers selected for a site visit are randomly selected. As a result, this approach includes 231 providers expected to receive site visits.</p> <p>Methodology</p> <ul style="list-style-type: none"> • Sample drawn from provider universe (n=1,222) • Within setting type, site visits are made to a randomly selected set of providers • Total of site visits across all setting types yields 95% CI overall • Unique providers in sample (for deduplication purposes) are determined with reference to Support Level (from provider self-assessment surveys) <p>After the preparation of STP.3, the Department created an updated, comprehensive registry of settings at which HCBS services were provided and for which Medicaid reimbursement was paid in Fiscal Year 2015-2016. This list is more accurate than the one than the one used in preparing STP.3 in that it (a) contains more current information, and (b) identifies all settings where services are rendered rather than all providers who are offering services. Using this updated registry, the Department used a probability proportional to size sampling strategy to randomly select settings, stratified by setting type, for site visits.</p> <p>The overall setting universe, based on the number of settings in the updated registry, is N = 3811 settings. In order to select settings for site visits, the Department did not de-duplicate this figure by consolidating settings at which agencies provide more than one service, as doing so would interfere with the proportional allocation of site visits across setting types.</p> <p>The Department used a validated sample size calculator (https://www.surveymonkey.com/mp/sample-size-calculator/) to select a statistically significant sample size (n=350) of the population (N=3811), using a 95% confidence level, 5% margin of error, and 50% response distribution.</p>	<ul style="list-style-type: none"> • The selected approach most closely follows available guidance, which states that "[s]tates may . . . perform on-site assessments of a statistically significant sample of settings"; "[s]tatistically valid sampling means the number of providers selected for review is proportionally representative of the total number of settings OF THAT TYPE in the state"; "the sampling should be stratified - a statistically representative number of settings FOR EACH type of setting should be visited"; and "[s]tratifed sample means X% of adult foster homes, X% of group homes, X% of sheltered work facilities, X% Adult Day services, etc." Slide Deck on Assessment of State Systems (presented by Sharon Lewis, Senior Advisor to the Secretary on Disability Policy and Principal Deputy Administrator for the Administration on Community Living (ACL), on CMS-hosted Sept. 23, 2015 SOTA call). • The selected approach ensures that "the number of providers selected for review is proportionally representative of the total number of settings OF THAT TYPE in the state." <i>Id.</i> • While an approach the Department considered in the prior STP is also generally consistent with CMS's guidance, it may go too far: by providing for a 95% confidence level within each setting type, it yields a disproportionately high number of site visits—as many as 100% of providers—within setting types that have relatively few providers (e.g., Adult Day; Supported Living Program). Visiting 100% of any setting type defeats the

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				<p>The sample of 350 sites to be surveyed was determined using a probability proportional to size sampling methodology (see Table 1). Under this methodology, the Department allocated the 350 site visits proportionately across setting types, and then randomly within setting type. For example, ACFs comprise 8.9% (n=340) of the setting universe (N=3811), and so they receive 8.9% (n=31) of the total site visits (350). The sample sites, stratified by setting type, were then randomly selected from the updated registry of settings using the random number generator function in Microsoft Excel.</p> <p>Table 1. Sample Setting Sites Stratified by Setting Type</p> <table border="1"> <thead> <tr> <th>Setting Type</th> <th>Provider Universe</th> <th>Setting Population (N)</th> <th>Sampling Metric</th> <th>Proportion of Population (%)</th> <th>Providers in Sample (n)</th> <th>Settings in Sample (n)</th> </tr> </thead> <tbody> <tr> <td>Adult Day</td> <td>6</td> <td>95% CI of universe</td> <td>1</td> <td>Support Level 4</td> <td>14</td> <td></td> </tr> <tr> <td>Adult Day—Basic Adult Day Services Centers (basic & specialized—now combined into a single category for sampling purposes)</td> <td></td> <td>45105</td> <td></td> <td>95% CI of universe 2.8</td> <td>110</td> <td></td> </tr> <tr> <td>Adult Day—Specialized</td> <td>59</td> <td>95% CI of universe</td> <td>14</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Alternative Care Facility Facilities (ACFs)</td> <td>313</td> <td>340</td> <td></td> <td>95% CI of universe 8.9</td> <td>7</td> <td>31</td> </tr> <tr> <td>CHRP settings</td> <td>55</td> <td>33</td> <td></td> <td>95% CI of universe 0.9</td> <td>1</td> <td>3</td> </tr> <tr> <td>Day Habilitation - Specialized Day Habilitation settings</td> <td>126</td> <td>194</td> <td></td> <td>95% CI of universe 5.1</td> <td>3</td> <td>18</td> </tr> <tr> <td>Day Habilitation - Supported Community Connections (SCC)</td> <td>170</td> <td>181</td> <td></td> <td>95% CI of universe 4.7</td> <td>4</td> <td>17</td> </tr> <tr> <td>Prevocational Services centers</td> <td>32</td> <td>43</td> <td></td> <td>95% CI of universe 1.1</td> <td>1</td> <td>8</td> </tr> <tr> <td>Day Treatment facilities under BI waiver</td> <td>4</td> <td></td> <td></td> <td>0.1</td> <td></td> <td>0</td> </tr> <tr> <td>Residential Habilitation (GRSS) - Group Homes</td> <td>55</td> <td>150</td> <td></td> <td>95% CI of universe 3.9</td> <td>1</td> <td>14</td> </tr> <tr> <td>Residential Habilitation (IRSS) - Host Home Homes</td> <td>101</td> <td>1971</td> <td></td> <td>95% CI of universe 51.7</td> <td>24</td> <td>181</td> </tr> <tr> <td>Residential Habilitation (IRSS) - Other</td> <td>104</td> <td>540</td> <td></td> <td>95% CI of universe 14.2</td> <td>25</td> <td>50</td> </tr> <tr> <td>Supported Employment - Group settings</td> <td>66</td> <td>177</td> <td></td> <td>95% CI of universe 4.6</td> <td></td> <td>16</td> </tr> <tr> <td>Supported Employment—Individual Living Program (SLP) Facilities</td> <td>84</td> <td>10</td> <td></td> <td>95% CI of universe 0.3</td> <td>2</td> <td>1</td> </tr> <tr> <td>Supported Transitional Living Program (TLP) Facilities</td> <td>64</td> <td></td> <td></td> <td>0.1</td> <td></td> <td>0</td> </tr> <tr> <td>Total CES Youth Day Service settings</td> <td>59</td> <td></td> <td></td> <td>1,222.5</td> <td>N/A</td> <td>5</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>3811</td> <td></td> <td>-</td> <td></td> <td>350</td> </tr> </tbody> </table> <p>Figures in this table are subject to change as providers open and close settings in particular categories, and as the Department receives additional information from providers.</p> <p>Where this process did not lead to at least two settings within a setting type being selected for a site visit, the Department randomly selected additional settings to yield at least two site visits per setting type. Specifically, the Department randomly selected two Day Treatment facilities, one Supported Living Program (SLP) facility, and two Transitional Living Program (TLP) facilities under BI waiver. These additional selections increased the sample size from 350 to 355 setting sites.</p>	Setting Type	Provider Universe	Setting Population (N)	Sampling Metric	Proportion of Population (%)	Providers in Sample (n)	Settings in Sample (n)	Adult Day	6	95% CI of universe	1	Support Level 4	14		Adult Day—Basic Adult Day Services Centers (basic & specialized—now combined into a single category for sampling purposes)		45105		95% CI of universe 2.8	110		Adult Day—Specialized	59	95% CI of universe	14				Alternative Care Facility Facilities (ACFs)	313	340		95% CI of universe 8.9	7	31	CHRP settings	55	33		95% CI of universe 0.9	1	3	Day Habilitation - Specialized Day Habilitation settings	126	194		95% CI of universe 5.1	3	18	Day Habilitation - Supported Community Connections (SCC)	170	181		95% CI of universe 4.7	4	17	Prevocational Services centers	32	43		95% CI of universe 1.1	1	8	Day Treatment facilities under BI waiver	4			0.1		0	Residential Habilitation (GRSS) - Group Homes	55	150		95% CI of universe 3.9	1	14	Residential Habilitation (IRSS) - Host Home Homes	101	1971		95% CI of universe 51.7	24	181	Residential Habilitation (IRSS) - Other	104	540		95% CI of universe 14.2	25	50	Supported Employment - Group settings	66	177		95% CI of universe 4.6		16	Supported Employment—Individual Living Program (SLP) Facilities	84	10		95% CI of universe 0.3	2	1	Supported Transitional Living Program (TLP) Facilities	64			0.1		0	Total CES Youth Day Service settings	59			1,222.5	N/A	5	TOTAL		3811		-		350	<p>purpose of sampling, and is probably not what CMS has in mind.</p> <ul style="list-style-type: none"> The Department reserves the right—but not the obligation—to add site visits if it believes a particular provider may be out of compliance. For example, if the Department develops concerns based on the provider self-assessment survey responses, any client or family responses to the Individual and Family Survey that are identifiable to a particular setting, or public input, it could decide that it would be worthwhile to visit the setting in question (even if the setting is not part of the randomly selected 231 settings). Compared to the other approaches considered, the selected approach makes the most efficient use of state time and resources by providing for the smallest total number of site visits. The smaller the number of site visits, the more likely it is that Colorado will be able to complete them within its proposed timeframe (aiming to complete all initial site visits by January 4 June 30, 2017) and within budget. The other approaches would generate a far greater—and probably unrealistic—burden in terms of time and effort. Even though it provides for a smaller number of site visits, the selected approach still provides for a very significant number of site visits, amounting to 37.7% of the total number of unique providers. Because such a large proportion number of providers settings will receive direct, in-person contact with site visitors, it is questionable whether the other, more burdensome, approaches provide any appreciable value to CMS, the Department, and stakeholders. <p>The outcomes of the site visits will inform providers' next steps and will be acted upon as described below.</p>
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					<p>After proportionately allocating site visits across setting types and randomly selecting specific sites for visits, the Department de-duplicated nonresidential settings (e.g., settings that provide both Specialized Habilitation and SCC) and adult residential settings (e.g., settings that provide both IRSS-HH and IRSS-Other). This process yields a de-duplicated total of over 3,000 PTPs and approximately 314 site visits to be completed.</p> <p>For adult day service centers and ACFs, the Department is counting site visits already selected and conducted under its prior sampling methodology toward the total site visits called for under the new methodology, because the prior sampling was random within a similarly sized population (n), and the site visits for these setting types were conducted in random order.</p> <p>For purposes of site-specific assessments (e.g., Provider Transition Plans and site visits), Colorado plans to draw on its understanding of the way most private homes, professional provider offices, and clinics, and Supported Employment - Individual settings operate in presuming that they are compliant with these the applicable federal requirements. Anyone may seek to rebut this presumption by providing information about a particular setting to the Department. <u>For situations where a family caregiver is a provider and owns the home in which he or she provides services to a family member, Colorado plans to test its presumption by conducting site visits at a random selection of family-caregiver-owned homes; assuming the presumption holds, Provider Transition Plans will not be required for all family-caregiver-owned homes. Supported Employment - Group settings will be subject to the same PTP and site visit process as other settings.</u></p> <p><u>Providers that did not complete the self-assessment survey, like all other providers, may be selected for site visits.</u></p>	
2. Site-specific remediation for existing HCBS residential and non-residential settings						
15.	<p>Provider Transition Plans (PTPs) will be completed with by all HCBS providers (including those not subject for all settings at which they provide HCB Services, except for private homes belonging to site visits clients or their families, professional provider offices, clinics, and Supported Employment - Individual settings (unless anyone seeks to rebut the presumption of compliance as to a particular setting)). PTPs will include determinations of whether providers are potentially subject to heightened scrutiny and whether they need to make any changes to attain compliance and/or to be put forward to CMS for heightened scrutiny.</p>	4/13/2016	4/16/30/2017	See Row 13	<p>As noted above, the Department has finalized the created a Provider Transition Plan (PTP) Excel file; the PTP User Manual; the Protocol for Site Visits and Heightened Scrutiny; and a Checklist for site visitors. These materials will be <u>are being</u> used to support providers in coming into compliance with the HCBS Settings Rule and to guide the site visit process.</p> <p>The Department's prior contractor, Telligen, has emailed PTP Excel files and PTP User Manuals to the initial set of providers whose settings will <u>to</u> receive an on-site survey.</p> <p><u>The Department's current partner, CDPHE, is emailing PTPs and User Manuals to the remaining providers. Providers need not complete PTPs for their settings until they are contacted by the Department or CDPHE with information on how to complete their PTPs.</u></p> <p>In addition to the guidance contained within the PTP, Department assistance with remedial actions may include: conducting an additional site visit; meeting with the provider to identify potential solutions for compliance; sharing information from stakeholder action groups to identify innovations and problem-solve challenges; and providing in-person training, webinar training, fact sheets, frequently asked questions documents, slide decks, and a website with an innovation corner for provider feedback and comments.</p> <p><u>Providers that did not complete the prior self-assessment surveys, like all other providers, will have to complete PTPs. The PTP requirement applies regardless of whether a setting has been selected for a site visit.</u></p>	
16.	Updated PTPs will be submitted, along with evidence supporting changes made by the provider to come into compliance.	10/13/2016	12/31/2017	See Row 13	<p>Providers will be asked to <u>must</u> submit an update to their PTP within six <u>three</u> months of their site visit or initial submission of their PTP without a site visit (if the provider was only asked to complete a PTP), with evidence of any changes made (e.g., new leases or resident agreements). The Department may request further six-month updates or <u>Providers must continue to update their PTP every three months, demonstrating the remedial actions they have taken, until they are notified by the Department that they are in compliance with the federal rule or the Department determines that they cannot meet the federal requirements, in which case they must prepare to transition their HCBS participants to other settings. The Department may</u> conduct additional site visits as necessary, including to better understand how individuals are experiencing any changes made by the provider.</p>	
17.	Determine whether each provider has made any	10/13/2016	12/31/2017	See Row 13	The Department will use the data from the two Provider Self-Assessment Surveys, the on-site surveys, the PTPs, and any updates to PTPs (with evidence of any changes made by the provider) to sort settings into the following categories:	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	required changes (including any necessary to be put forward to CMS for heightened scrutiny) or whether the provider needs to begin the process of transitioning clients from the impacted setting to another setting.				<ul style="list-style-type: none"> Setting is not subject to heightened scrutiny and is compliant with the HCBS Settings Rule; no further action needed. Setting is not subject to heightened scrutiny and will become compliant with remediation that it will complete in a reasonable timeframe. Setting is not subject to heightened scrutiny, cannot meet the federal requirements, and will be removed from HCBS program; setting must prepare to transition clients elsewhere. Setting is presumptively non-HCBS, and state will submit evidence to CMS to overcome the presumption of institutional or isolating qualities. This category includes: <ul style="list-style-type: none"> (a) Setting is subject to heightened scrutiny and is able to overcome institutional presumption, and evidence will be put forward to CMS; and (b) Setting is subject to heightened scrutiny and is not yet able to overcome institutional presumption, but will be able to do so in a reasonable timeframe. Setting is institutional or is subject to heightened scrutiny and not timely able to overcome institutional presumption; setting must prepare to transition clients elsewhere. 	
18.	Publicly notice final outcomes of site-specific assessments (including which providers will be put forward to CMS for heightened scrutiny).	12/31/2017	1/31/2018	See Row 13		
19.	Submit updated STP with site-specific assessments to CMS (including which providers are being put forward for heightened scrutiny).	1/31/2018	3/5/2018	See Row 13		
20.	Develop a process to support a stable transition for individuals to new settings as appropriate.	1/1/2017 10/13/2016	1/1/2018	See Row 4	<p><u>Key elements of this process are described in the next several rows.</u></p> <p>The Department will develop a framework similar to that currently used by the Colorado Choice Transitions (CCT)/Community Transition Services (CTS) program. While this program focuses on transitioning from institutional to community settings, the lessons and processes can be adapted for what is needed to comply with the HCBS Settings Rule. The Department will require service providers that are not compliant with the <u>HCBS Final Setting Rule to utilize use of an Individual Transition Plan (ITP)</u> to support the individual(s) being served in the transition.</p>	<p>Individual Transition Plan (ITP) is a plan developed with an individual to identify the services and supports needed if their current setting is not going to timely come into compliance and the individual needs to transition to a new setting. The ITP will include assurances that the beneficiary received reasonable notice and due process in their transition; that the beneficiaries are given the opportunity, information, and supports to make informed choice of an alternate setting; and that critical services/supports are in place in advance of the individual's transition. The timeline for relocation and the number of affected beneficiaries impacted have not yet been determined.</p> <p><u>The ITP will be documented in the individual's existing person-centered service plan and log notes; it will not be a separate document.</u></p>
<p><u>The Department expects the individual transition process to include the following steps:</u></p>						

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
21.	Reach out to providers that need to begin the process of transitioning clients from the impacted setting to another setting.	1/31/2018	2/28/2018	See Row 4	As stated above (see Row 18), the Department will publicly notice its determinations of which providers cannot meet the federal requirements or cannot timely overcome the institutional presumption and must prepare to transition clients elsewhere by 1/31/2018.	
22.	Providers that believe their settings are compliant or will timely comply with the HCBS Settings Rule may submit relevant evidence to the Department.	3/1/2018	3/31/2018	See Row 4	The Department will use an informal process by which individuals and providers can submit their objections, with relevant evidence, by email or other appropriate means.	
23.	The Department will complete its reassessment of any settings as to which providers have submitted evidence of compliance.	4/1/2018	4/30/2018	See Row 4		
24.	The Department will publicly notice any revisions to its site-specific determinations.	5/1/2018	5/31/2018	See Row 4		
25.	The Department will submit any revised site-specific determinations to CMS.	6/1/2018	6/30/2018	See Row 4		
26.	Case managers will prepare an ITP with each individual that resides or receives services at a setting that has been finally determined noncompliant/not able to timely comply.	7/1/2018	7/30/2018	See Row 4	Individuals who do not object to a determination of noncompliance can begin this process with their case managers as early as 1/31/2018. If necessary, funding for individual transition assistance should be available by July 1, 2018. See Row 42, below.	
27.	ITPs will be implemented, such that clients no longer receive services from noncompliant settings.	8/1/2018	12/31/2018	See Row 4		
28.	Transition assistance and weekly check-ins by case manager continue for 30 days after individual's transition to ensure a stable relocation.	9/1/2018	1/31/2019	See Row 4		
3. Systemic assessment of existing Colorado statutes, regulations, waivers, and other authorities						
21-29	Review Colorado statutes, regulations, and waivers to determine whether these authorities are compliant with, silent on, or in conflict with the HCBS Settings requirements; prepare crosswalk summarizing this analysis	5/21/2014	Completed 4/15/2016; Updated 12/16/16	The Department, CDPHE, CDHS, the Colorado Department of Human Services	The systemic assessment crosswalk is being published submitted to CMS with, and is incorporated by reference in, the current version of the STP-(STP.3). The Department invites public comment on the crosswalk.	The Lewin Group provided the Department with an initial set of recommended redlines to relevant statutes, regulations, waivers, and other authorities. The Department has since conducted a more detailed and comprehensive review of potentially relevant statutes, regulations, and waivers, and it has prepared a more detailed crosswalk as described at left. The crosswalk will be used

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<p>and recommending any changes necessary to achieve compliance.</p> <p>As part of the crosswalk or in addition to it, flag places to make changes necessary to:</p> <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. <p>Ensure that Group Residential Services and Supports (GRSS) settings are more home-like and less isolating (see policies for Individual Residential Support Services (IRSS) settings).</p>			(CDHS), the Lewin Group		<p>as a roadmap for preparing a more detailed and comprehensive set of recommended redlines to relevant statutes, regulations, and waivers.</p> <p>The Department is collecting best practices relevant to potential rule changes as part of the Stakeholder Engagement Workgroups (November 2015-March 2016).</p>
30.	<u>Publicly notice crosswalk.</u>	4/15/2016	Completed 5/5/2016; update 12/30/16	See Row 4, plus CDHS	The Department has revised the crosswalk in light of CMS's August 30, 2016 feedback and the public comments it has received.	
31.	<u>Submit amended STP with crosswalk to CMS.</u>	5/5/2016	Completed 6/30/2016; Updated 12/16/16	See Row 29	As noted above, the updated systemic assessment crosswalk is being submitted to CMS with, and is incorporated by reference in, the current version of the STP.	
22-32	<u>Update crosswalk to account for any revisions to and renumbering of cited authorities. Publicly notice crosswalk.</u>	4/15/2016/1/2017	5/5/2016/12/31/2017 and 12/31/2018	See Row 4, plus CDHS and potentially other agencies ²⁹	As noted above, the systemic assessment crosswalk is being published with, and is incorporated by reference in, the current version of the STP (STP.3). The Department invites public comment on the crosswalk. Because Colorado's statutes, regulations, and waivers are always being revised and renumbered to some extent, the Department plans to update the crosswalk by the end of 2017 and the end of 2018 to ensure that it cites and analyzes the current versions of the relevant authorities. As part of this annual update process, the Department plans to ask CDPHE and CDHS whether these agencies have made any changes to their regulations that should be reflected in the crosswalk. The Department will make the updated crosswalk available on its website but does not plan to employ the full public notice process in Row 6.	
23.	Submit amended STP with crosswalk to CMS.	5/5/2016	6/30/2016	See Row 22		
24-33	To the extent not already addressed in Row 21 ²⁹ , work with other agencies as appropriate to analyze existing provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency; and to determine where changes could be made to promote and monitor ongoing compliance with HCBS Settings	4/1/2015	4/1 12/30/2017	See Row 22 ²⁹	<p>The Department is working with CDPHE to modify survey requirements and to review survey cycles.</p> <p>The Department is gathering data, evaluating, and discussing with other stakeholders potential changes to existing provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency.</p> <p>The Department has developed a list of modifications to quality assurance documents. This action step will include deleting references to "non-integrated work services programs [that] provide paid work in sheltered/segregated settings."</p>	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	requirements, both for current providers and new/potential providers.					
25-34	<p>To the extent not already addressed in Row 2429, work with CDHS to analyze existing policies for CHRP settings and to determine where changes could be made to promote compliance with HCBS Settings requirements, potentially including:</p> <ul style="list-style-type: none"> Strengthening the person-centered planning processes in group homes, group centers, and RCCFs Expanding financial and dietary rights in group homes, group centers, and RCCFs (similar to DD waiver) when appropriate by age or court order Ensuring informed choice of settings, including providers available within waiver (and not just choice between waiver and institutional/other options), and choice of roommates, when consistent with court orders Expanding Individual Choice Statement described in the waiver to include additional flexibility in choosing persons who attend team meetings, 	4/1/2015	4-4 12/30/2017	The Department, CDHS, County Department s of Social Services (DSS), County Directors/C HRP Liaison, Educational settings, GAL, Residential Care Collaborative, Arc of Colorado, 24 hour Monitoring Unit, Residential Child Care Facility, Permanency Round Table, Foster Home Placements, PAC, Sub PAC	The Department is working with the Colorado Department of Human Services (CDHS), which administers the CHRP waiver, to review setting and setting requirements. This work includes analysis of the interface between the HCBS Settings Rule and current CHRP operations and the restrictions in place due to the statutes that govern the Colorado Foster Care system, along with the legal authorities that restrict choices youth can make.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<p>roommates when applicable, and setting type when such an option is available through a court order.</p> <ul style="list-style-type: none"> Identifying where educational supports are provided within the residential setting and moving toward integration within the public school system. 					
<u>Determining and responding to cost impacts</u>						
35.	<u>Provide sample PTPs to CMS</u>	<u>5/15/2016</u>	<u>1/1/2017</u>	<u>See Row 13, plus CMS</u>	<u>The Department has sent sample PTPs to CMS, and may send additional samples in the future, to ensure the plans are compliant with the federal rule. CMS has stated that it will review providers' proposed remedial action plans to ensure that they are compliant with the federal rule. The Department will use this process to ensure that remedial action plans without cost impacts can be sufficient in some cases, and to better understand the need in CMS's mind for any changes that have significant cost impacts.</u>	
36.	<u>Calculate the potential cost impacts of provider remediation strategies, individual transition planning, and potential Interchange programming to prevent payments for HCBS services rendered at noncompliant settings; determine (a) whether a budget action is necessary and (b) whether any waiver amendments are necessary.</u>	<u>1/1/2017</u>	<u>2/29/2017</u>	<u>See Row 29, plus Governor's Office and General Assembly</u>	<u>The Department has received and will continue to seek relevant information from the site-visit process, public comments on the STP and crosswalk, CMS's expected feedback on PTPs, and stakeholder/provider/case manager meetings.</u>	
4. Systemic updating of existing Colorado statutes, regulations, waivers, and other authorities						
<u>If a budget change request or a change to state statute is necessary:</u>						
37.	<u>Internal departmental preparation of budget request and/or state statute change</u>	<u>1/1/2017</u>	<u>10/31/2017</u>	<u>See Row 36</u>		
38.	<u>Governor's Office includes request in budget provided to Joint Budget Committee (JBC) and/or approves Department Bills</u>	<u>11/1/2017</u>	<u>11/1/2017</u>	<u>See Row 36</u>		
39.	<u>JBC staff and Department explain request to JBC during briefings and hearings; Legislative Team secures legislative</u>	<u>11/2/2017</u>	<u>1/31/2018</u>	<u>See Row 36</u>		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	sponsors for non-budget bills					
40.	JBC staff makes recommendations on the request to the JBC during figure setting	3/1/2018	3/31/2018	See Row 36		
41.	Bills proceed through and are passed by General Assembly, then signed by Governor	1/16/2018	5/30/2018	See Row 36	Once Long Bill (budget) is passed, see Rows 51-58 below for process of amending rate methodology in waiver(s), if necessary.	
42.	Funding is available; enacted bills become effective	7/1/2018	Ongoing	See Row 36	If necessary, funding should be available by July 1, 2018 so that providers can make changes to come into compliance by March 2019.	
<p>Prepare new/amended Departmental regulations and proposed if any substantive amendments to waivers (using crosswalk as a roadmap); request that other affected agencies do the same for their regulations.</p> <p>In connection with this process, prepare changes are necessary and can proceed prior to:</p> <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. <p>Ensure that GRSS settings are more home-like and less isolating. legislative approval of budget/statutory changes (see policies for IRSS settings)-Rows 51-58 below for changes to rate methodology in waivers):</p>						
43.	Using crosswalk as a roadmap, draft substantive waiver amendments and public notice, and submit same for internal clearance	3/1/2017	7/1/2017	See Row 36		
44.	Email cleared public notice to Medical Services Board (MSB) Coordinator	7/2/2017	7/20/2017	See Row 36		
45.	MSB Coordinator submits public notice to Colorado Register (1st and 15th of each month); Department staff submit notice to newspapers (unless Department's website meets CMS's criteria for web-only notice); Department staff post notice on Department website and email it to various stakeholder lists	7/21/2017	8/1/2017	See Row 36		
46.	Colorado Register publishes notice (posts on the 10th and 25th of each month); newspapers publish notice	8/2/2017	8/10/2017	See Row 36		
47.	Tribal Consultation process and public comment period	8/10/2017	9/10/2017	See Row 36		
48.	Review public and tribal comments; revise waiver	9/11/2017	10/11/2017	See Row 36		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	amendment(s) as appropriate					
49.	Submit proposed waiver amendment(s) to CMS	10/12/2017	10/15/2017	See Row 36		
50.	Waiver amendment(s) effective with CMS approval	10/16/2017	1/15/2018	See Row 36	Effective date may be delayed in the event of CMS Requests for Additional Information (RAIs).	
<u>If any changes to rate methodology in waivers (or other changes that are contingent on legislative approval) are necessary:</u>						
51.	Draft public notice and waiver rate methodology amendment(s) and submit for internal clearance	5/1/2018	7/1/2018	See Row 36	This process begins as soon as the General Assembly and Governor have authorized any necessary appropriations increases; see Rows 37-42 above.	
52.	Email cleared public notice to MSB Coordinator	7/2/2018	7/20/2018	See Row 36		
53.	MSB Coordinator submits public notice to Colorado Register (1st and 15th of each month); Department staff submit notice to newspapers (unless Department's website meets CMS's criteria for web-only notice); Department staff post notice on Department website and email it to various stakeholder lists	7/21/2018	8/1/2018	See Row 36		
54.	Colorado Register publishes notice (posts on the 10th and 25th of each month); newspapers publish notice	8/2/2018	8/10/2018	See Row 36		
55.	Tribal Consultation process and public comment period	8/10/2018	9/10/2018	See Row 36		
56.	Review public and tribal comments; revise rate methodology amendment(s) as appropriate	9/11/2018	10/11/2018	See Row 36		
57.	Submit proposed rate methodology amendment(s) to CMS	10/12/2018	10/15/2018	See Row 36		
58.	Rate methodology change(s) effective with CMS approval	10/16/2018	1/15/2019	See Row 36	Effective date may be delayed in the event of CMS Requests for Additional Information (RAIs).	
<u>Publicly notice and finalize new/amended Departmental/For changes to Department/Medical Services Board (MSB) regulations and proposed amendments to waivers (using crosswalk;</u>						
<u>This schedule sets out the approximate last date(s) by which rule changes must be moved forward. In reality, some rule changes (such as a roadmap); request those being developed by the ACF workgroup) are already in progress or may begin in advance of the schedule below. To the extent that changes to other affected agencies do the same for their agencies' regulations.</u>						

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
<p>In connection with this process, propose changes are necessary, the timeline will be similar to:</p> <ul style="list-style-type: none"> Expand community integration opportunities for participants using adult day health, and include desired or required outcomes within regulations. <p>Ensure that GRSS settings are more home-like and less isolating (see policies for IRSS settings), described below.</p>						
59.	Complete and clear Rule Revision Timeline and Rule Initiation Form (RIF)	3/1/2018	4/1/2018	See Row 36	The Rule Revision Timeline and Rule Initiation Form (RIF) are internal documents used to initiate an informal stakeholder engagement process.	
26-60	ProposePrepare and finalizeclear initial draft of new/amended statutes (using crosswalk as a roadmap)-rules	6/30/20164/2/2018	7/31/2017 (target to propose); 3/15/2019 (deadline to finalize)7/1/2018	See Row 2236	The Department will prepare its initial draft of new/amended rules using the crosswalk as a roadmap, and drawing on feedback received to date from CMS and the public.	
61.	Release draft rules for informal public comment period	7/2/2018	9/1/2018	See Row 36	The Department will initiate an informal stakeholder engagement period by emailing a Communication Brief to the Long Term Services and Supports Stakeholder list; the Division for Intellectual and Developmental Disabilities Stakeholder list; and providers. The Communication Brief will explain to stakeholders how they can comment on the draft rules. The Department will also make announcements about the draft rules on its website and at stakeholder meetings.	
62.	Submit Rule Work Order and Executive Order 05 Worksheet (regarding impact on local government) to MSB Coordinator	9/2/2018	9/12/2018	See Row 36	MSB Coordinator will provide correctly formatted Word version of the current official rule text and make available the remaining rule packet documents (e.g., notice of proposed rulemaking). The Word version is to be edited in Track Changes. MSB Coordinator's office will consult with local governments about impact on local governments and get written notice of compliance from OSPB.	
63.	Prepare and clear final rules, MSB Rule Packet, and response to public comments; submit cleared materials to MSB Coordinator	9/13/2018	11/12/2018	See Row 36	Once the packet has been cleared through Office Director, it is sent to Budget and Program Integrity for their review and approval. After all appropriate reviewers have approved, a rule packet is sent to the Office Director for final approval, then forwarded to the MSB Coordinator.	
64.	MSB Preview	11/9/2018	11/9/2018	See Row 36	MSB hearings are held on the second Friday of the month. The Department will provide the MSB with an overview of its new/amended regulations and the crosswalk used to draft them in order to allow the MSB to more efficiently review the actual proposals down the road.	
65.	Notice of proposed rulemaking issued to public; draft of proposed rules/amendments submitted to Department of Regulatory Agencies (DORA)	11/14/2018	11/25/2018	See Row 36	Notice of proposed rulemaking will be published in Colorado Register (if submitted by 1st of month, will post on the 10th of the month; if submitted by 15th of month, will post on the 25th of month), circulated to Department's list of people who have requested notification of proposed rulemakings, and emailed to LTSS and DIDD stakeholder lists. The Department will also engage in a Tribal Consultation process.	
66.	Public Rule Review Meeting (PRRM)	11/19/2018	11/19/2018	See Row 36	The Department will seek feedback from interested members of the public and update its list of interested stakeholders.	
67.	Final version of rule prior to Medical Services Board (MSB) hearing made available	11/27/2018	12/3/2018	See Row 36	The Department will make available to the MSB the actual proposed rule, together with a proposed statement of basis, specific statutory authority, purpose, and any requested regulatory analysis. The MSB Coordinator will obtain the Attorney General's confirmation of the constitutionality and legality of the rule and will submit the rule with this feedback to the Office of Legislative Counsel.	
68.	MSB Initial Approval	12/14/2018	12/14/2018	See Row 36	MSB hearings are held on the second Friday of the month.	
69.	MSB Final Adoption	1/11/2019	1/11/2019	See Row 36	MSB hearings are held on the second Friday of the month.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
70.	Rule filed with Secretary of State	1/12/2019	1/31/2019	See Row 36	The MSB Coordinator will file the rule and Attorney General's opinion with Secretary of State.	
71.	Rule published in Colorado Register	2/1/2019	2/10/2019	See Row 36		
72.	Rule becomes effective	3/2/2019	3/2/2019	See Row 36		
Systemic updating of authorities, policies, and procedures other than statutes, regulations, and waivers						
27-73	Work with the Colorado Division of Housing (CDOH) to develop template leases, written agreements, or addendums to support residential providers in documenting protections regarding evictions and appeals comparable to those provided under Colorado landlord-tenant law. Issue Q&A on HCBS settings requirements relating to leases and landlord/tenant law	5/12/1/20152016	125/1/20162017	The Department, the Colorado Department of Housing (CDOH), and stakeholders in Row 4 See Row 4	Currently working with the Colorado Department of Housing (CDOH), stakeholders, and CDPHE to identify options and develop implementation. A draft template with minimum requirements for a residential agreement has been compiled by Department staff. It includes information from the Colorado Residential model lease, a model lease from the Department of Housing and Urban Development, as well as an existing comprehensive residential agreement from a residential provider. This document is being reviewed by the Department's legal staff. The Department is drafting a Q&A to explain its interpretation of the federal requirement of an agreement that provides the individual with at least the same eviction and appeals rights that tenants have under the landlord/tenant law of the jurisdiction. The Q&A will specify what must be included in a lease/residency agreement, and will also go further by addressing questions that have arisen about the application of the federal requirement to various scenarios. The Q&A will be more useful than a draft lease (which the Department had initially planned to provide), by itself, would be.	
28-74	Publish/implement revisions to Departmental manuals, provider agreements, and other materials to promote compliance with HCBS Settings requirements.	6/30/2016	7/12/31/2017	See Row 4		
29-75	To the extent not already addressed in Row 2629, work with other agencies as appropriate to implement changes to provider enrollment/re-enrollment, validation, survey, quality assurance, licensure, and certification standards, processes, and frequency to promote and monitor ongoing compliance with HCBS Settings requirements, both for current providers and new/potential providers.	1/1/2017	3/15/2019	See Row 2434		
30-76	To the extent not already addressed in Row 2729, work with CDHS to implement changes to CHRP policies to promote compliance with HCBS	1/1/2017	3/15/2019	See Row 2534		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<p>Settings requirements, potentially including:</p> <ul style="list-style-type: none"> • Strengthening the person-centered planning processes in group homes, group centers, and RCCFs • Expanding financial and dietary rights in group homes, group centers, and RCCFs (similar to DD waiver) when appropriate by age or court order • Ensuring informed choice of settings, including providers available within waiver (and not just choice between waiver and institutional/other options), and choice of roommates, when consistent with court orders • Expanding Individual Choice Statement described in the waiver to include additional flexibility in choosing persons who attend team meetings, roommates when applicable, and setting type when such an option is available through a court order • Identifying where educational supports are provided within 					

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	the residential setting and moving toward integration within the public school system.					
77.	<u>Design and implement procedures so that the Department does not pay for HCBS services rendered at noncompliant settings</u>	<u>1/1/2017</u>	<u>3/15/2019</u>		<u>The Department will consider possible changes to Interchange (the new Medicaid Management Information Systems (MMIS)) as well as other avenues of ensuring that payments are not made for services at noncompliant settings.</u>	
5. Enhancing training and technical assistance						
31-78	Require provider and CMA (including SEP and CCB) staff training on person centered planning (PCP) philosophy and practice.	3/1/2015	3/15/2019	The Department, the Lewin Group, CMAs, including SEPs and CCBs	Webinar trainings regarding PCP requirements have been conducted. Training slide decks are published on the Colorado State Transition website (https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule) so this information can be utilized by stakeholders when it is needed. Trainings will be ongoing. In addition, the Department has contracted <u>worked with a contractor</u> to conduct statewide trainings for approximately 500 people regarding person-centered planning.	Webinars have been well-attended. The Department has conducted six <u>seven</u> webinars since September of 2015, with the average attendance being 221: September 28, 2015-CO HCBS Settings Rule Overview-228 participants October 20, 2015-Person Centered Planning and HCBS Settings Final Rule-178 participants January 29, 2016-The HCBS Settings Rule effect on Residential Services-261 participants February 23, 2016-The HCBS Settings Rule effect on Non-Residential Services-217 participants March 31, 2016-Guardianship and the HCBS Final Rule-200 participants (approx.) April 28, 2016-Balancing Individual Rights and Provider Liability-200 participants (approx.) <u>May 18, 2016-Residency Agreements and the HCBS Final Rule</u>
32-79	Provide clarity on the need for all settings to comply with home and community based settings requirements, and conduct a webinar series to highlight the settings requirements (residential, non-residential, adults, children), principles of person-centered planning, and implementation.	3/1/2015	12/1/2015 and ongoing thereafter	See Row 4 and the Lewin Group	Webinar trainings have been conducted for all stakeholders focusing on an overview of the final rule, person centered planning, details of the rule as applicable to residential and non-residential settings, guardianship, and -balancing individual rights and provider liability. A planned future training will address leases and residential, and residency agreements. Trainings will be ongoing. Slides will be posted online at https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule .	See Row 33 <u>78</u> .
33-80	Provide strategic technical assistance to all key stakeholders by issuing fact sheets and FAQs and responding to questions related to the implementation of the	8/1/2014	Ongoing	See Row 94	The Department has posted guidance documents on its website at https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule . The Department will continue to update these documents. Additional FAQs and other messaging documents are expected over the course of the next year to further inform and update providers, individuals, and other stakeholders on ongoing rule compliance. Department staff are also meeting regularly with providers around the state to provide technical assistance.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	transition plan (action steps, timelines, and available technical assistance).					
34-81	Provide training to licensure/certification staff on new settings requirements.	1/1/2016	11/1/2018	The Department, the Lewin Group, CDPHE	Webinar trainings have been administered for all stakeholders involving person-centered planning, as described in Rows 33 and clarification regarding the final rule for residential and non-residential settings 34 . More targeted training and support to licensure/certification staff is expected over the course of the next year. Although there has not yet been formal training specifically for licensing and certification staff, representatives from licensure and certification staff have been in attendance for many of the trainings held to date, and a representative was present at an in-person event in June 2015 held by the Department.	
35-82	Provide training to quality improvement staff on new settings outcomes measures.	1/1/2017	11/1/2018	See Row 3629		
36-83	Provide training to enrollment staff regarding review and potential heightened scrutiny of new providers/facilities.	1/1/2016	11/1/2018	See Row 3629		
37-84	Provide training to case managers through CMAs, including SEPs and CCBs, and County Departments of Social Services to support an -informed choice of setting, identify areas of non-compliance, and support implementation of the transition plan-STP	31/2015	13 /1/2017	The Department, CDPHE, CDHS, County DSS, CMAs, including SEPs and CCBs	Webinar trainings have been administered for all stakeholders involving person centered planning and clarification regarding the final rule for residential and non-residential settings. More targeted training and support to case managers is expected over the course of the next year.	See Row 3378 .
Program Component: Inclusion of Requirements within the HCBS Quality Framework						
38-85	Include setting-related outcomes measures within the current 1915(c) waiver quality improvement system.	6/1/2017	1/1/2018	The Department, CDPHE, CDHS	-	
86.	Develop process(es) for case managers to confirm with individuals that the settings at which they receive services are compliant	6/1/2017	1/1/2018	See Row 84		
87.	Identify and publicize process(es) for waiver participants, case managers, and others to report potential violations of settings criteria	6/1/2017	1/1/2018	See Rows 4 and 86		
39-88	Monitor data from Quality of Life and National Core Indicators (NCI) related to outcomes (e.g.,	1/1/2016	3/15/2019	The Department		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	opportunities for informed choice, choice of roommate and setting, freedom from coercion).					
40--	Provide quarterly updates to CMS on status of systemic assessment and site specific assessment projects.	9/31/2016	Ongoing until projects are completed or 3/15/2019	See Row 9	The Department plans to provide quarterly updates by email to CMS Regional Office and Central Office staff.	-