

# 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 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) under the EBD and CMHS Waivers. The Department plans to delete references to ACFs in the BI 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 settings for individuals with Intellectual and 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 for four to eight people under the DD Waiver
- Individual Residential Services and Supports (IRSS) settings for up to 3 people under the DD Waiver, including
  - Host Homes
  - Homes owned or leased by agency
  - Family homes
  - Own homes
- 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 BI waiver
- Transitional Living Program (TLP) facilities under the BI waiver
- Youth Day Service settings under the CES waiver, including the child’s home, the provider’s home, and other 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. 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:

Phone: Sarah Hoerle, LCSW—Community First Choice Long Term Services and Supports Division 303-866-6113  
 Lori Thompson—HCBS Specialist Division of Intellectual and Developmental Disabilities 303-866-5142

E-mail: [STP.PublicComment@state.co.us](mailto:STP.PublicComment@state.co.us)

Mail: Statewide Transition Plan Team  
 1570 Grant St.  
 Denver, CO 80203

**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 Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Human Services (CDHS), the Lewin Group	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.	<p>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.</p> <p>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.</p>
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 (CMAs), including Single Entry Point (SEPs) and Community Center Boards (CCBs); providers).	7/10/2014	Completed 7/30/2014; Update to be completed by 3/16/17	The Department	<p>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.</p> <p>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 (<a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a>).</p> <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>The Department has received and continues to receive valuable input from the public.</p> <p>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 expanding community integration opportunities, informed choice, and participant rights. The workgroups prepared drafts of best practices that can be shared with other providers. The Department is currently finalizing these drafts.</p>

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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 <a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a> .	Provider Scorecards available and posted to website at <a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a> .
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 Directed Programs Policy Collaborative, Waiver Simplification Workgroup, Brain Injury Stakeholder Workgroup, Mental Health Centers, Behavioral Health Organizations (BHOs), County Directors/CHRP 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 Ranch, Tall Tales Ranch,	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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				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. Currently, the HCBS Waiver-Specific Draft Transition Plans and Amendments are posted at <a href="https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition">https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition</a>. The Department has posted training webinars and other education and outreach materials, as well as Provider Transition Plan (PTP) Templates, at <a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a>.</p> <p>The Department plans to enhance stakeholder involvement by improving the organization and availability of STP-related materials on its website.</p>	<a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a> : 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 will provide public notice of the current version of the STP (STP.4) through the following means:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Publishing a notice on the Department's website at <a href="https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition">https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition</a>, advising the public of the availability of the full STP, the comment period, and the ways to comment.</li> <li>• Emailing a notice to Tribal Consultation recipients advising them of the availability of the full STP, the comment period, and the ways to comment.</li> <li>• 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.</li> <li>• Publishing a notice in the Colorado Register, which is available at <a href="http://www.sos.state.co.us/CCR/RegisterHome.do">http://www.sos.state.co.us/CCR/RegisterHome.do</a>, advising the public of the availability of the full STP, the comment period, and the ways to comment.</li> </ul> <p>The full STP is available on the Department's website at <a href="http://www.colorado.gov/hcpf/hcbs-waiver-transition">www.colorado.gov/hcpf/hcbs-waiver-transition</a>, and individuals may request the full STP in electronic or hard copy format via email at <a href="mailto:STP.PublicComment@state.co.us">STP.PublicComment@state.co.us</a> or <a href="mailto:Lori.Thompson@state.co.us">Lori.Thompson@state.co.us</a> or <a href="mailto:Sarah.Hoerle@state.co.us">Sarah.Hoerle@state.co.us</a>, via phone at 303-866-6113 (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 will be the 30-day period following public notice. The public may provide comments via email at <a href="mailto:STP.PublicComment@state.co.us">STP.PublicComment@state.co.us</a> or <a href="mailto:Lori.Thompson@state.co.us">Lori.Thompson@state.co.us</a> or <a href="mailto:Sarah.Hoerle@state.co.us">Sarah.Hoerle@state.co.us</a>, via phone at 303-866-6113 (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>During the public comment period on the initial STP (STP.1), the Department received 106 questions from eleven different community stakeholders. The 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 <a href="https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition">https://www.colorado.gov/pacific/hcpf/hcbs-waiver-transition</a>.</p> <p>The Department has prepared a separate summary, dated June 30, 2016, of the public notice process employed with the third version of the STP (STP.3), as well as a summary of the comments received and the Department's response to such comments. A more comprehensive summary will be available online by March 16, 2017.</p>
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 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 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</p>

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					<p>The Department convened a stakeholder workgroup, which 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>	<p>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.</p>
8.	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	CMS	The Department has begun providing quarterly updates by email to CMS Regional Office and Central Office staff.	
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. The Stage 1 provider self-assessment survey is closed as of January 2016.	See below.
11.	Conduct Stage 2 micro review of provider settings based on the results of Stage 1 (secondary survey).	7/20/2014	Completed 1/21/2016	See Row 9	<p>Completed. The Stage 2 provider self-assessment survey is closed as of January 2016.</p> <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>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.</p>	<p>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 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</p>

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						<p>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 were posted on the Department's website.</p>
12.	Develop and conduct survey for individuals and families to provide input on settings by type and location.	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>Click here for links to the <a href="https://www.research.net/r/ColoradoHCBS?sm=siM2q6TQhRelxbnaicDL%2b0R1oNDQQAE%2bE8GvzAQHv1s%3d">English (https://www.research.net/r/ColoradoHCBS?sm=siM2q6TQhRelxbnaicDL%2b0R1oNDQQAE%2bE8GvzAQHv1s%3d)</a> and <a href="https://www.research.net/r/Z2N3TQM">Spanish (https://www.research.net/r/Z2N3TQM)</a> versions of the survey for online completion.</p> <p>A hard copy version of the survey is available at <a href="https://www.colorado.gov/pacific/sites/default/files/Colorado%20HCBS%20Survey-Individual%20Family%20Advocates-Paper%20version-2015.pdf">https://www.colorado.gov/pacific/sites/default/files/Colorado%20HCBS%20Survey-Individual%20Family%20Advocates-Paper%20version-2015.pdf</a>. Individuals may request that a hard copy version of the survey be sent to them by sending an email to <a href="mailto:Lori.Thompson@state.co.us">Lori.Thompson@state.co.us</a> or <a href="mailto:Sarah.Hoerle@state.co.us">Sarah.Hoerle@state.co.us</a>, by calling 303-866-6113 (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), 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 from survey responses is currently being analyzed.</p>	<p>The Department will keep the IFA Survey open for individuals and their families/advocates to take as often as they like, through at least the end of the five-year transition period.</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 providers to circulate the IFA Survey to their clients and family members when they begin working on the PTP for a given setting. The completed survey is submitted to the Department 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.</p> <p>The Department will continue to periodically remind stakeholders of the IFA Survey by issuing quarterly reminders to stakeholders at stakeholder meetings 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.</p> <p>The Department will also ask case managers to inform their clients about how to take the IFA Survey.</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,	<p>The Department has 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 are being 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, emailed PTP Excel files and PTP User Manuals to the initial set of providers whose settings received an on-site survey. Telligen conducted site visits with these providers.</p>	<p>The <b>Provider Transition Plan (PTP)</b> 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,</p>

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes								
				clients that receive services at or reside in affected settings, and other community stakeholders	<p>The Department's current partner, CDPHE, is emailing PTPs and User Manuals to more providers and conducting site visits with these providers.</p> <p>PTP templates are available on the Department's website at <a href="https://www.colorado.gov/pacific/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/pacific/hcpf/home-and-community-based-services-settings-final-rule</a>.</p> <p>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.</p>	<p>photographs). The completed PTP and attached evidentiary materials are subject to review and approval by the Department.</p> <p>The <b>PTP User Manual</b> is a Word document that guides providers in completing the PTP.</p> <p>The <b>Protocol for Site Visits and Heightened Scrutiny</b> (Protocol) is a Word document that guides site visitors in conducting site visits and determining whether a setting may be subject to heightened scrutiny. The Protocol includes a <b>Checklist</b> for site visitors to use when assessing particular settings.</p> <p>Under the HCBS Settings Rule, CMS will apply <b>heightened scrutiny</b> where a setting</p> <ul style="list-style-type: none"> <li>is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;</li> <li>is in a building located on the grounds of, or immediately adjacent to, a public institution; or</li> <li>has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.</li> </ul>								
14.	Conduct on-site surveys.	4/13/2016	6/30/2017	See Row 13	<p>As noted above, the Department's prior contractor, Telligen, conducted site visits with the initial set of providers to receive an on-site survey. The Department's current partner, CDPHE, is continuing to conduct site visits.</p> <p>The Department is conducting 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>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 (<a href="https://www.surveymonkey.com/mp/sample-size-calculator/">https://www.surveymonkey.com/mp/sample-size-calculator/</a>) 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> <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><b>Table 1. Sample Setting Sites Stratified by Setting Type</b></p> <table border="1" data-bbox="1153 1689 2402 1759"> <thead> <tr> <th data-bbox="1153 1689 1665 1759">Setting Type</th> <th data-bbox="1665 1689 1920 1759">Setting Population (N)</th> <th data-bbox="1920 1689 2169 1759">Proportion of Population (%)</th> <th data-bbox="2169 1689 2402 1759">Settings in Sample (n)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Setting Type	Setting Population (N)	Proportion of Population (%)	Settings in Sample (n)					<ul style="list-style-type: none"> <li>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).</li> <li>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></li> <li>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</li> </ul>
Setting Type	Setting Population (N)	Proportion of Population (%)	Settings in Sample (n)											

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes																																																																
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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> <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, clinics, and Supported Employment - Individual settings operate in presuming that they are compliant with the applicable federal requirements. Anyone may seek to rebut this presumption by providing information about a particular setting to the Department. 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.</p> <p>Providers that did not complete the self-assessment survey, like all other providers, may be selected for site visits.</p>	Adult Day Services Centers (basic & specialized—now combined into a single category for sampling purposes)	105	2.8	10	Alternative Care Facilities (ACFs)	340	8.9	31	CHRP settings	33	0.9	3	Day Habilitation - Specialized Day Habilitation settings	194	5.1	18	Day Habilitation - Supported Community Connections (SCC)	181	4.7	17	Prevocational Services centers	43	1.1	4	Day Treatment facilities under BI waiver	4	0.1	0	Residential Habilitation (GRSS) - Group Homes	150	3.9	14	Residential Habilitation (IRSS) - Host Homes	1971	51.7	181	Residential Habilitation (IRSS) - Other	540	14.2	50	Supported Employment - Group settings	177	4.6	16	Supported Living Program (SLP) Facilities	10	0.3	1	Transitional Living Program (TLP) Facilities	4	0.1	0	CES Youth Day Service settings	59	1.5	5	<b>TOTAL</b>	<b>3811</b>		<b>350</b>	<b>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.</b>				<p>100% of any setting type defeats the purpose of sampling, and is probably not what CMS has in mind.</p> <ul style="list-style-type: none"> <li>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 settings).</li> <li>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 June 30, 2017) and within budget. The other approaches would generate a far greater—and probably unrealistic—burden in terms of time and effort.</li> <li>Even though it provides for a smaller number of site visits, the selected approach still provides for a very significant number of site visits. Because such a large number of 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.</li> </ul> <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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	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
2. Site-specific remediation for existing HCBS residential and non-residential settings						
15.	Provider Transition Plans (PTPs) will be completed by <u>all</u> HCBS providers for <u>all</u> settings at which they provide HCB Services, except for private homes belonging to 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.	4/13/2016	6/30/2017	See Row 13	<p>As noted above, the Department has 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 are being 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, emailed PTP Excel files and PTP User Manuals to the initial set of providers to receive an on-site survey.</p> <p>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.</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>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.</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	Providers must submit an update to their PTP within three 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). 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 conduct additional site visits as necessary, including to better understand how individuals are experiencing any changes made by the provider.	
17.	Determine whether each provider has made any 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.	10/13/2016	12/31/2017	See Row 13	<p>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:</p> <ul style="list-style-type: none"> <li>Setting is not subject to heightened scrutiny and is compliant with the HCBS Settings Rule; no further action needed.</li> <li>Setting is not subject to heightened scrutiny and will become compliant with remediation that it will complete in a reasonable timeframe.</li> <li>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.</li> <li>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"> <li>(a) Setting is subject to heightened scrutiny and is able to overcome institutional presumption, and evidence will be put forward to CMS; and</li> <li>(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.</li> </ul> </li> <li>Setting is institutional or is subject to heightened scrutiny and not timely able to overcome institutional presumption; setting must prepare to transition clients elsewhere.</li> </ul>	
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	1/31/2018	3/5/2018	See Row 13		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	(including which providers are being put forward for heightened scrutiny).					
20.	Develop a process to support a stable transition for individuals to new settings as appropriate.	10/13/2016	1/31/2018	See Row 4	Key elements of this process are described in the next several rows.  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 the use of an Individual Transition Plan (ITP) to support the individual(s) being served in the transition.	<b>Individual Transition Plan (ITP)</b> 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 number of affected beneficiaries has not yet been determined.  The ITP will be documented in the individual's existing person-centered service plan and log notes; it will not be a separate document.
The Department expects the individual transition process to include the following steps:						
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		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
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		
<b>3. Systemic assessment of existing Colorado statutes, regulations, waivers, and other authorities</b>						
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 and recommending any changes necessary to achieve compliance.	5/21/2014	Completed 4/15/2016; Updated 12/16/16	The Department, CDPHE, CDHS, the Lewin Group	The systemic assessment crosswalk is being submitted to CMS with, and is incorporated by reference in, the current version of the STP.	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 as a roadmap for preparing a more detailed and comprehensive set of recommended redlines to relevant statutes, regulations, and waivers.  The Department is collecting best practices relevant to potential rule changes as part of the Stakeholder Engagement Workgroups (November 2015-March 2016).
30.	Publicly notice crosswalk.	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.	Submit amended STP with crosswalk to CMS.	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.	
32.	Update crosswalk to account for any revisions to and renumbering of cited authorities.	6/1/2017	12/31/2017 and 12/31/2018	See Row 29	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.	
33.	To the extent not already addressed in Row 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 requirements, both for current providers and new/potential providers.	4/1/2015	12/30/2017	See Row 29	The Department is working with CDPHE to modify survey requirements and to review survey cycles.  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.  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/segreated settings."	
34.	To the extent not already addressed in Row 29, work with	4/1/2015	12/30/2017	The Department, CDHS, County	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	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<p>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"> <li>• Strengthening the person-centered planning processes in group homes, group centers, and RCCFs</li> <li>• Expanding financial and dietary rights in group homes, group centers, and RCCFs when appropriate by age or court order</li> <li>• 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</li> <li>• 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.</li> <li>• Identifying where educational supports are provided within the residential setting and moving toward integration within the public school system.</li> </ul>			<p>Departments of Social Services (DSS), County Directors/CHRP 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</p>	<p>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.</p>	
Determining and responding to cost impacts						
35.	Provide sample PTPs to CMS	5/15/2016	1/1/2017	See Row 13, plus CMS	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.	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
36.	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.	1/1/2017	2/29/2017	See Row 29, plus Governor's Office and General Assembly	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.	
<b>4. Systemic updating of existing Colorado statutes, regulations, waivers, and other authorities</b>						
If a budget change request or a change to state statute is necessary:						
37.	Internal departmental preparation of budget request and/or state statute change	1/1/2017	10/31/2017	See Row 36		
38.	Governor's Office includes request in budget provided to Joint Budget Committee (JBC) and/or approves Department Bills	11/1/2017	11/1/2017	See Row 36		
39.	JBC staff and Department explain request to JBC during briefings and hearings; Legislative Team secures legislative sponsors for non-budget bills	11/2/2017	1/31/2018	See Row 36		
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.	
If any substantive amendments to waivers are necessary and can proceed prior to legislative approval of budget/statutory changes (see Rows 51-58 below for changes to rate methodology in waivers):						
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)	7/21/2017	8/1/2017	See Row 36		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	notice); Department staff post notice on Department website and email it to various stakeholder lists					
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 amendment(s) as appropriate	9/11/2017	10/11/2017	See Row 36		
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).	
If any changes to rate methodology in waivers (or other changes that are contingent on legislative approval) are necessary:						
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).	

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
For changes to Department/Medical Services Board (MSB) regulations:						
This schedule sets out the approximate last date(s) by which rule changes must be moved forward. In reality, some rule changes (such as 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 agencies' regulations are necessary, the timeline will be similar to that described below.						
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.	
60.	Prepare and clear initial draft of new/amended rules	4/2/2018	7/1/2018	See Row 36	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.	
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		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
Systemic updating of authorities, policies, and procedures other than statutes, regulations, and waivers						
73.	Issue Q&A on HCBS settings requirements relating to leases and landlord/tenant law	12/1/2016	5/1/2017	See Row 4	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.	
74.	Publish/implement revisions to Departmental manuals, provider agreements, and other materials to promote compliance with HCBS Settings requirements.	6/30/2016	12/31/2017	See Row 4		
75.	To the extent not already addressed in Row 29, 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 34		
76.	To the extent not already addressed in Row 29, work with CDHS to implement changes to CHRP policies to promote compliance with HCBS Settings requirements, potentially including: <ul style="list-style-type: none"> <li>Strengthening the person-centered planning processes in group homes, group centers, and RCCFs</li> <li>Expanding financial and dietary rights in group homes, group centers, and RCCFs when appropriate by age or court order</li> <li>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</li> </ul>	1/1/2017	3/15/2019	See Row 34		

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	<ul style="list-style-type: none"> <li>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</li> <li>Identifying where educational supports are provided within the residential setting and moving toward integration within the public school system.</li> </ul>					
77.	Design and implement procedures so that the Department does not pay for HCBS services rendered at noncompliant settings	1/1/2017	3/15/2019		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.	
<b>5. Enhancing training and technical assistance</b>						
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	<p>Webinar trainings regarding PCP requirements have been conducted. Training slide decks are published on the Colorado State Transition website (<a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a>) so this information can be utilized by stakeholders when it is needed. Trainings will be ongoing.</p> <p>In addition, the Department worked with a contractor to conduct statewide trainings for approximately 500 people regarding person-centered planning.</p>	<p>Webinars have been well-attended.</p> <p>The Department has conducted seven webinars since September of 2015, with the average attendance being 221:</p> <p>September 28, 2015-CO HCBS Settings Rule Overview-228 participants</p> <p>October 20, 2015-Person Centered Planning and HCBS Settings Final Rule-178 participants</p> <p>January 29, 2016-The HCBS Settings Rule effect on Residential Services-261 participants</p> <p>February 23, 2016-The HCBS Settings Rule effect on Non-Residential Services-217 participants</p> <p>March 31, 2016-Guardianship and the HCBS Final Rule-200 participants (approx.)</p> <p>April 28, 2016-Balancing Individual Rights and Provider Liability-200 participants (approx.)</p> <p>May 18, 2016-Residency Agreements and the HCBS Final Rule</p>
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	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, balancing individual rights and provider liability, and residency agreements. Trainings will be ongoing. Slides will be posted online at <a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a> .	See Row 78.

	Action Item	Start Date	Projected End Date	Key Stakeholders	Progress/Status	Findings/Results/Outcomes
	person-centered planning, and implementation.					
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 transition plan (action steps, timelines, and available technical assistance).	8/1/2014	Ongoing	See Row 4	The Department has posted guidance documents on its website at <a href="https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule">https://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule</a> . 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.	
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, as described in Rows 33 and 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.	
82.	Provide training to quality improvement staff on new settings outcomes measures.	1/1/2017	11/1/2018	See Row 29		
83.	Provide training to enrollment staff regarding review and potential heightened scrutiny of new providers/facilities.	1/1/2016	11/1/2018	See Row 29		
84.	Provide training to case managers through CMAs, including SEPs & CCBs, & County Departments of Social Services to support informed choice of setting, identify areas of non-compliance, and support implementation of STP	31/2015	3/1/2017	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 78.
Program Component: Inclusion of Requirements within the HCBS Quality Framework						
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		
88.	Monitor data from Quality of Life and National Core Indicators (NCI) related to outcomes (e.g., opportunities for informed choice, choice of roommate and setting, freedom from coercion).	1/1/2016	3/15/2019	The Department		

