

PERSON-CENTERED SERVICE PLAN DEVELOPMENT

For Home and Community Based Services

Leila Norden

February 2018



COLORADO

Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



COLORADO

Department of Health Care
Policy & Financing

OUTCOMES

- Where we are...
 - How to complete Person-Centered Service Plan within current process
- Where we are going...
 - Overview of Final Rule and Federal requirements for Person-Centered Service Plan
- How we will get there...
 - Future of Service Plan process



COLORADO

Department of Health Care
Policy & Financing

PERSON-CENTERED SERVICE PLAN PROCESS IN COLORADO



COLORADO

Department of Health Care
Policy & Financing

LEVEL of CARE (LOC)

- ULTC 100.2** {
- At least every 12 months
 - When individual's circumstances or needs change significantly
 - At the request of the individual

ADDITIONAL INFORMATION

- Supports Intensity Scale (SIS) - HCBS-SLS and HCBS-DD
- IADLs - Adult non-IDD waivers
- PMIP - diagnoses, medications, prognosis, diet, etc.
- Other Assessment Examples:
 - Psycho-Social Evaluations
 - Sex Offender Risk Assessment

INVENTORY OF NEEDS

Inventory Needs

Inventory Num	UserID	Date Entered

Activities of daily living*	HCBS	Non-HCBS	Long-Term Home Health	Natural Supports	Non-Medical Community Resources	Other Insurance	State Plan Benefits	Support Details
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory/Cognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instrumental Activities of daily living*								
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shopping Tool

Drag the cursor around the area you want to capture.

delete add

GOALS

Goal

Support Detail

Active

☐

Support Type

HCBS

☐

Non HCBS

☐

Long Term Home Health

☐

Natural Support

☐

Non Medicaid Community Resources

☐

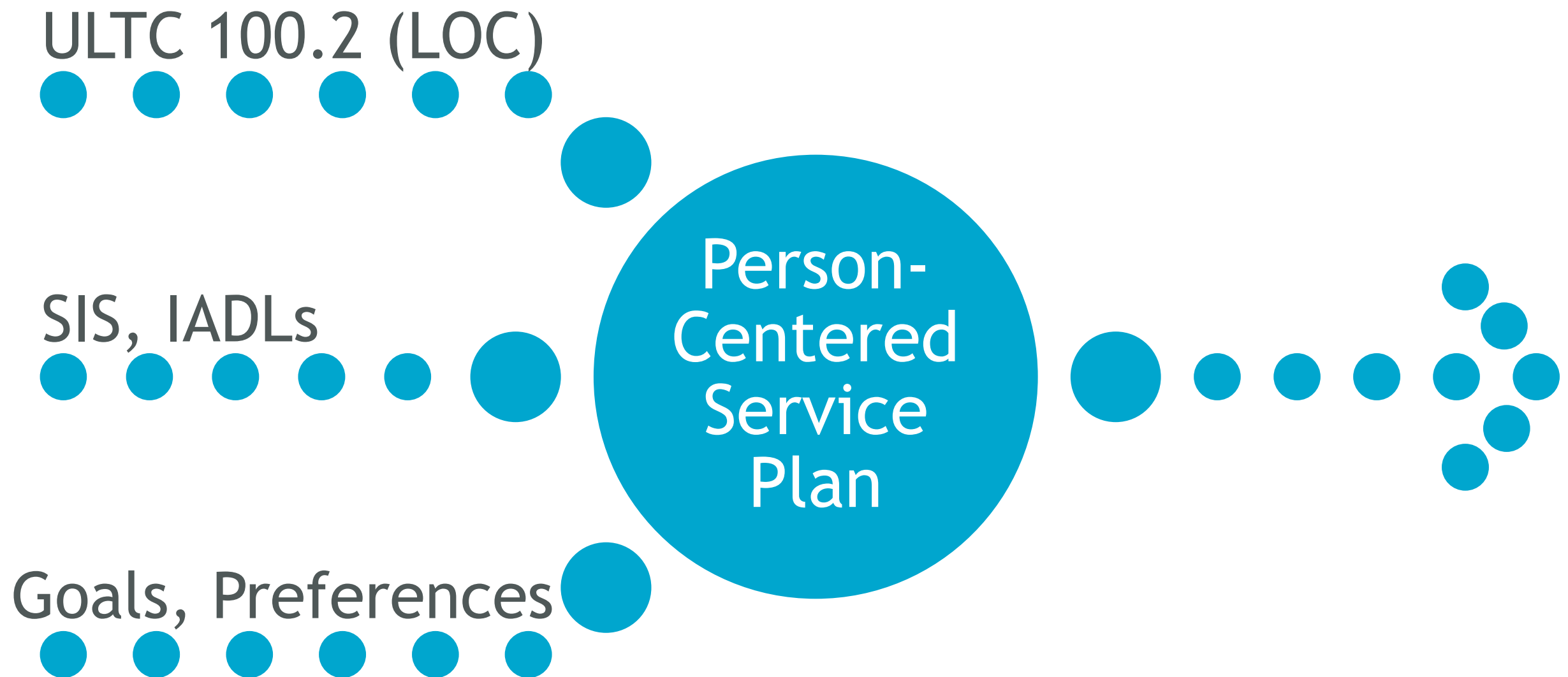
Other Insurance

☐

State Benefit Plan

☐

PROCESS MAP



Medicaid Long Term Care Disclosures

Choice Statements

☐ *Client has been informed that he/she has the right to choose between institutional services or Home and Community Based Services.

Client has been informed of the following Home and Community Based Service (HCBS) Waivers they may be eligible for

- ☐ Brain Injury (BI)
- ☐ Community Mental Health Supports (CMHS)
- ☐ Developmental Disabilities (DD)
- ☐ Elderly, Blind, and Disabled (EBD)
- ☐ Spinal Cord Injury (SCI) LTCO and JEFFCO Only
- ☐ Supported Living Services
- ☐ Children's Home and Community Based Services Waiver
- ☐ Children With Autism (CWA)
- ☐ Children with Life Limiting Illness (CLLI)
- ☐ Children's Extensive Supports (CES)
- ☐ Children's Habilitation Residential Program (CHRP)
- ☐ Colorado Choice Transitions - HCBS-BI
- ☐ Colorado Choice Transitions - HCBS-CMHS
- ☐ Colorado Choice Transitions - HCBS-DD
- ☐ Colorado Choice Transitions - HCBS-EBD/18-64
- ☐ Colorado Choice Transitions - HCBS-EBD/65+
- ☐ Colorado Choice Transitions - HCBS-SLS

Was the client provided with fact sheets for the waivers checked above? ☐ Yes ☐ No



COLORADO

Department of Health Care
Policy & Financing

Medicaid Long Term Care Disclosures

Program Area

☐ Client has been offered/chosen enrollment for the following Home and Community Based Service (HCBS) waiver program:

**Only one program must be selected from the options in the Program Area section.*

- ☐ Brain Injury (BI)
- ☐ Community Mental Health Supports (CMHS)
- ☐ Developmental Disabilities (DD)
- ☐ Elderly, Blind, and Disabled (EBD)
- ☐ Spinal Cord Injury (SCI) LTCO and JEFFCO Only
- ☐ Supported Living Services
- ☐ Children's Home and Community Based Services Waiver
- ☐ Children With Autism (CWA)
- ☐ Children with Life Limiting Illness (CLLI)
- ☐ Children's Extensive Supports (CES)
- ☐ Children's Habilitation Residential Program (CHRP)
- ☐ Colorado Choice Transitions - HCBS-BI
- ☐ Colorado Choice Transitions - HCBS-CMHS
- ☐ Colorado Choice Transitions - HCBS-DD
- ☐ Colorado Choice Transitions - HCBS-EBD/18-64
- ☐ Colorado Choice Transitions - HCBS-EBD/65+
- ☐ Colorado Choice Transitions - HCBS-SLS

☐ Client has been offered services and/or placement in the following programs:

- ☐ CDASS
- ☐ CDASS - 1915(i) State Plan
- ☐ Adult Foster Care
- ☐ Home Care Allowance
- ☐ Hospital Back Up/Nursing Facility
- ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities
- ☐ Long Term Home Health
- ☐ Mesa County Home Connections
- ☐ Nursing Facility
- ☐ PACE
- ☐ Private Case Management

Medicaid Long Term Care Disclosures

Service Planning

- ☐ * Client has been informed that the Services outlined in the service plan shall be consistent with the needs identified in the functional needs assessment (ULTC 100.2).
- ☐ * Client has been informed that:
 1. Long Term Care Medicaid is the payer of last resort
 2. If the client is covered by third party insurance, he/she must disclose the name of that insurance.
 3. Third party insurance, natural/community resources, and the Medicaid State Plan must be utilized prior to accessing Long Term Medicaid benefits.

Roles and Responsibilities

Client Roles and Responsibilities

☐ *Client has been informed of the roles and responsibilities for participation in an HCBS program.

I agree to participate in the coordination of my services and will be responsible to:

- Give accurate information to my case manager regarding my ability to complete activities of daily living.
- Assist in promoting my own independence.
- Cooperate with my providers and case management agency.
- Notify my case manager of changes in my support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements or Intermediate Care Facility for the Mentally Retarded (ICF/MR) placements.
- Notify my case manager if I have not received Home and Community Based Services for 30 days or 1 calendar month.
- Notify my case manager of any changes in my care needs and/or problems with services.
- Notify my case manager of any changes that may affect Medicaid eligibility.

Case Manager Roles and Responsibilities

☐ *Client has been informed of the HCBS case manager's roles and responsibilities.

The Case Manager agrees to:

- Coordinate needed services.
- Communicate with service providers regarding service delivery, and concerns.
- Review and revise services, as necessary.
- Notify clients regarding any change in services.
- Notify clients when services are denied, suspended, terminated, or reduced.
- Document, report, and resolve client complaints and concerns.
- Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.

Complaint Process

- ☐ * Client has been informed of his/her right to file a complaint regarding Medicaid HCBS services.
- ☐ * Client has been provided contact information to file this complaint. While it is encouraged for a client to begin the process with contacting his/her case manager, he/she has been informed that he/she has the right to file a complaint with any of the contacts provided.

Contact Information

Case Manager: Victor Robertson
Phone: 303-866-5567
Email: victor.robertson@state.co.us

Supervisor Name: * Svenningsen, Joanne
Supervisor Phone: 303-866-5161
Supervisor Email: joanne.svenningsen@state.co.us

Agency Administrator Name: Terry Burnham
Agency Administrator Phone: 303-764-6820
Agency Administrator Email: ganga.thota@state.co.us

Facility Address: Health Care Policy and Financing 1570 Grant St Denver, CO 80203

Department of Healthcare Policy and Financing (State Medicaid Agency)
1570 Grant Street
Denver, CO 80203
1-800-221-3943

(DD, SLS, CES Waivers only)
Division for Developmental Disabilities
1570 Grant St
Denver, Colorado 80203
303-866-2993

Centers for Medicare and Medicaid Services (CMS):
Division of Medicaid and Children's Health
303-844-7111



Appeal Rights

- ☐ * Client has been informed that during the course of each long term care certification and Service Planning period, if there is a reduction, termination or denial of services, he/she will be provided a Notice of Action form with his/her appeal rights and instructions for filing an appeal for a Medicaid Fair Hearing with the Office of Administrative Courts.
- ☐ * Client has been informed that if there has been a reduction, termination, or denial of a service(s), and he/she did not receive a Notice of Action, he/she may ask for the notice with his/her appeal rights.
- ☐ * Client has been informed of the contact information for the Office of Administrative Courts: 1525 Sherman Street, 4th Floor, Denver, CO 80203. Phone Number (303) 866-2000.

Service and Provider Choice

☐ *Client has been informed of:

- His/Her choice of available long term care programs and services
- The availability and right to select among qualified providers
- His/Her right to change providers at any time
- Providers have the right to accept or deny the request for services
- Any potential conflict of interest

☐ *Client has been offered or given a resource list of qualified providers.

- ☐ Referral given by case manager
- ☐ Client self-selected a provider
- ☐ Resource list of qualified providers given (only)
- ☐ Other action taken (specify):

Statement of Agreement

☐ *Client/Guardian indicates that he/she is in agreement with the information in the Service Plan and agrees to receive services accordingly.

OR

☐ *Client/Guardian acknowledges that they are choosing not to sign the Service Plan agreement. A Notice of Action will be provided as a result of not signing the Service Plan.
* Only check this box if the Client/Guardian does not sign the Service Plan. A Notice of Action must be generated.

* CCBs - C.R.S. 27-10.5-102 (20)(b)

* SEPs - 10 CCR 2505-10, 8.526 and 8.552.6

Check the following that apply.

- ☐ Legal Guardian Signature on file.
- ☐ Clients Signature on file.
- ☐ Additional Legal Guardian Signature on file.
- ☐ Case Manager Signature on file.

* At least two signatures are required. One signature must be the Case Manager.

Date Service Plan was signed. *

(mm/dd/yyyy)

Plan Participants

The following individuals participated in the development of this plan:

NAME*

TITLE*

* You must address service planning participants, both name and title required. Case Manager must be listed as a plan participant.

HEALTH AND SAFETY RISKS

- Currently addressed in Contingency Plan on BUS
- Identifies:
 - Health and safety needs
 - Who provides the necessary support
 - Plan to address those needs in an emergency

Contingency Plan

Identify a back-up plan to address contingencies such as "emergencies" that put a participant's health and welfare at risk.

Emergencies include the failure of a family member, support worker, or caregiver to appear when scheduled to provide necessary services when the absence of the services presents a risk to the participant.

* You must complete the contingency plan.

WAIVER SERVICES

- Identify services (meets needs and goals)
- Identify individual's preferences for delivery of services
- Referral for service provider
- Identify service provider(s)
- Monitor services
- Revise, as necessary

Line

Rendering Provider ID

Provider Name

Service

Service Description

Additional Service Description

Units

Dollars

Eff Date

End Date

Balance Units

Balance Dollars

Quantity Used Dollars

Quantity Used Units

Claims First Paid Date

Claims Last Paid Date

Receive Alert?

Alert Threshold

Status

Payment Method

Claims Activity

Search

Activities Of

Daily Living :

Bathing

Dressing

Toileting

Mobility

Transferring

Eating

Supervision

Memory/Cognition

Instrumental Activities of

Daily Living :

Hygiene

Medication Management

Transportation

Money Management

Shopping

Meal Preparation

Laundry

Accessing Resources

House Work

Frequency Calculator

Unit Value

No. Days/Hrs/Trips

Days/Wk

No. of Weeks

No. of Months

Recommended Units

Max Amount

Goal1

Goal2

Goal3

Goal4

Goal5

delete

add

UTILIZATION

- CMS expectation is 100% utilization
- QIS results for Fiscal Year 2016-2017 show low utilization to authorized amount across all waivers

HCBS-BRAIN INJURY

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17	171	N/A
<50% of services authorized in the Service Plan	47	27%
>=50% and <75% of services authorized in the Service Plan	31	18%
>=75% and <100% of services authorized in the Service Plan	51	30%
>=100% of services authorized in the Service Plan	42	25%

HCBS-ELDERLY, BLIND and DISABLED

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17	313	N/A
<50% of services authorized in the Service Plan	110	35%
>=50% and <75% of services authorized in the Service Plan	33	11%
>=75% and <100% of services authorized in the Service Plan	102	33%
100% of services authorized in the Service Plan	35	11%
>100% of services authorized in the Service Plan	33	19%

HCBS-CHILDREN with LIFE LIMITING ILLNESS

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17		N/A
<50% of services authorized in the Service Plan		75%
>=50% and <75% of services authorized in the Service Plan		
>=75% and <90% of services authorized in the Service Plan		
>=90% and <100% of services authorized in the Service Plan		
100% of services authorized in the Service Plan		
>100% of services authorized in the Service Plan		



HCBS-COMMUNITY MENTAL HEALTH SUPPORTS

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17	312	N/A
<50% of services authorized in the Service Plan	95	30%
>=50% and <75% of services authorized in the Service Plan	40	13%
>=75% and <90% of services authorized in the Service Plan	50	16%
>=90% and <100% of services authorized in the Service Plan	53	17%
>=100% of services authorized in the Service Plan	74	24%

HCBS-CHILDREN'S WAIVER

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17	257	N/A
<50% of services authorized in the Service Plan	75	29%
>=50% and <75% of services authorized in the Service Plan	88	34%
>=75% and <90% of services authorized in the Service Plan	44	17%
>=90% of services authorized in the Service Plan	50	19%

HCBS-SPINAL CORD INJURY

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a Service Plan Ending during FY16-17		N/A
<50% of services authorized in the Service Plan		30%
>=50% and <75% of services authorized in the Service Plan		
>=75% and <90% of services authorized in the Service Plan		
>=90% and <100% of services authorized in the Service Plan		
100% of services authorized in the Service Plan		
>100% of services authorized in the Service Plan		

HCBS-CHILDREN'S EXTENSIVE SUPPORT

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a PAR Ending during FY16-17	293	N/A
<50% of services authorized in the PAR	119	40.61%
>=50% and <75% of services authorized in the PAR	81	27.65%
>=75% and <90% of services authorized in the PAR	57	19.45%
>=90% of services authorized in the PAR	36	12.29%

HCBS-DEVELOPMENTAL DISABILITIES

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a PAR Ending during FY16-17	351	N/A
<50% of services authorized in the PAR	45	12.82%
>=50% and <75% of services authorized in the PAR	102	29.06%
>=75% and <90% of services authorized in the PAR	133	37.89%
>=90% of services authorized in the PAR	71	20.23%

HCBS-SUPPORTED LIVING SERVICES

FISCAL YEAR 2016-17 HCBS SAMPLE CLIENTS	UNIQUE CLIENTS	Percentage of Clients
Clients with a PAR Ending during FY16-17	340	N/A
<50% of services authorized in the PAR	87	25.59%
>=50% and <75% of services authorized in the PAR	94	27.65%
>=75% and <90% of services authorized in the PAR	102	30.00%
>=90% of services authorized in the PAR	57	16.76%

SCENARIOS



COLORADO

Department of Health Care
Policy & Financing

BETTY

- Enrolling into HCBS-SLS
- Meets with case manager for ULTC 100.2 assessment
- Meets LOC criteria:
 - Score of 2 for Mobility
 - Score of 2 for Supervision / Memory
- After assessment completed, Betty and case manager discuss Betty's personal goal(s)

BETTY (cont'd)

- Betty's goal(s):
 - To buy her own house
 - To increase her money-management skills
- Betty's Supervision / Memory needs:
 - Assistance with major decision-making
 - Assistance with money management
 - Assistance with scheduling, attending, and participating in appointments and meetings
 - Assistance with accessing community supports
 - Assistance with accessing unfamiliar locations

BETTY (cont'd)

- Needs:
 - LOC: Mobility; Supervision/Memory
 - SIS - Support Level - 1
 - PMIP - Intellectual Disability, no meds
- Goal(s):
 - To buy a house
 - To increase her independent money-management
- Services discussed and authorized:
 - Mentorship (navigating system)
 - Personal Care (money management)

BETTY (cont'd)

- Betty's Natural Support - her cousin:
 - Provides assistance with paying bills
 - Will assist Betty in attending orientation, etc. for affordable housing program
- Home and Community Based Services:
 - Mentorship
 - Personal Care

VERONICA

- Enrolling into HCBS-EBD
- Meets with case manager for ULTC 100.2 assessment
- Meets LOC criteria:
 - Score of 2 for Bathing
 - Score of 2 for Mobility and Transferring
- After assessment completed, Veronica and case manager discuss Veronica's personal goal(s)

VERONICA

- Veronica's goal(s):
 - To enroll in a program at an art school where she can take a series of oil painting and pastel classes
- Veronica's Bathing, Mobility, Transferring needs:
 - Hands-on assistance with Bathing
 - Utilizes a walker for Mobility
 - Requires a walker or hands-on assistance for all Transferring

VERONICA

- Needs:
 - LOC: Bathing, Mobility, Transferring
 - PMIP-Depression, Peripheral Neuropathy, Obesity; medication - Prozac
 - IADLs - Transportation - moderate
- Goal(s):
 - Take oil painting and pastel classes at art school
- Services discussed and authorized:
 - Personal Care (assistance with bathing)
 - Non-Medical Transportation (to access community)

VERONICA

- Veronica's Natural Support - her daughter:
 - Provides assistance with bathing twice a week
 - Unable to provide additional support due to work / family schedule and needs.
- Home and Community Based Services:
 - Personal Care
 - Non-Medical Transportation

VERONICA

- Monitoring:
 - Case manager contacts Veronica
 - Discusses services and utilization
- Revision:
 - Increase Personal Care authorized units

FINAL RULE



COLORADO

Department of Health Care
Policy & Financing

HISTORY

- Final Rule - effective March 2014
- Specifies person-centered planning requirements for individuals receiving Home and Community Based Services
- Intent is for individuals enrolled in Home and Community Based Services to have:
 - Full access to their community
 - Ability to receive services in integrated settings

CODE OF FEDERAL REGULATIONS

As noted in the Code of Federal Regulations, a state's request for a waiver must include the following:

1. Person-Centered Planning Process
2. Person-Centered Service Plan
3. Review of the Person-Centered Service Plan

42 CFR 441.301



COLORADO

Department of Health Care
Policy & Financing

Each individual receiving Home and Community Based Services (HCBS) is required to have a person-centered service plan



COLORADO

Department of Health Care
Policy & Financing

PERSON-CENTERED PLANNING PROCESS



COLORADO

Department of Health Care
Policy & Financing

PLANNING PROCESS

- Where possible, led by individual
- Participatory role by individual's representative
 - As needed
 - As defined by individual
 - UNLESS - State law confers decision-making authority to the legal representative
- References to individuals include role of individual's representative

PLANNING PROCESS (cont'd)

- Timely
- Includes people chosen by the individual
- Provides necessary information and support to ensure that the individual
 - Directs the process to the maximum extent possible
 - Is enabled to make informed choices and decisions

PLANNING PROCESS (cont'd)

- Occurs at times and locations of convenience to the individual
- Reflects cultural considerations of the individual
- Information provided in plain language and in a manner that is accessible to:
 - Individuals with disabilities
 - Persons who are limited English proficient

PLANNING PROCESS (cont'd)

- Offers informed choices regarding services and supports received and from whom
- Includes method for requesting updates to the plan as needed
- Records alternative home and community-based settings considered by the individual

PLANNING PROCESS (cont'd)

- Includes strategies for solving conflict or disagreement within the process
 - Including clear conflict-of-interest guidelines for all planning participants

PERSON-CENTERED SERVICE PLAN



COLORADO

Department of Health Care
Policy & Financing

SERVICE PLAN

The service plan must reflect the individual's:

- Strengths
- Preferences
- Individually identified goals
- Desired outcomes

And, as identified through level of care determination:

- Clinical needs
- Support needs

SERVICE PLAN (cont'd)

Must be understandable to:

- Individual receiving services and supports
- People important in supporting the individual

At minimum it must be written:

- In plain language
- In a manner accessible to individuals with disabilities and persons who are limited English proficient

SERVICE PLAN (cont'd)

Must:

- Identify individual and/or entity responsible for monitoring the plan
- Be finalized and agreed to:
 - with the informed consent of the individual in writing
 - signed by all individuals and providers responsible for its implementation
- Be distributed to the individual and other people involved in the plan

SERVICES and SUPPORTS

Must be:

- Commensurate with individual's level of need
 - Prevent the provision of unnecessary or inappropriate services and supports
- Within the scope of the HCBS waiver
- Include those services, the purpose or control of which the individual elects to self-direct

SERVICE PLAN MUST REFLECT

Services and supports:

- Important for individual to meet identified needs
- Delivery preferences, as specified by individual
- That will assist individual achieve identified goals (paid and unpaid)
- Providers (including natural supports)

SERVICE PLAN MUST REFLECT

- Risk factors
- Measures in place to minimize risk factors
 - Including individualized back-up plans
 - Strategies, when needed

REVIEW OF THE PERSON-CENTERED SERVICE PLAN



COLORADO

Department of Health Care
Policy & Financing

REVIEW of SERVICE PLAN

Person-centered service plan must be reviewed, and revised upon reassessment of level of care and assessed needs:

- At least every 12 months
- When individual's circumstances or needs change significantly
- At the request of the individual

NEXT STEPS IN PERSON-CENTERED SERVICE PLANNING



COLORADO

Department of Health Care
Policy & Financing

SENATE BILL 16-192

- Enacted by Colorado General Assembly and signed by the governor on June 8, 2016
- Directs Department of Health Care Policy and Financing to develop or select a needs assessment tool for all individuals receiving Home and Community Based Services



COLORADO

Department of Health Care
Policy & Financing

INTAKE/ASSESSMENT

- Department redesigning Intake/Assessment process
- Series of modules gathering:
 - Required information (e.g. Level of Care)
 - Voluntary information (e.g. Personal Story)
 - Entire module
 - Sections of modules
- Redesigning Support Plan:
 - Resource allocation process

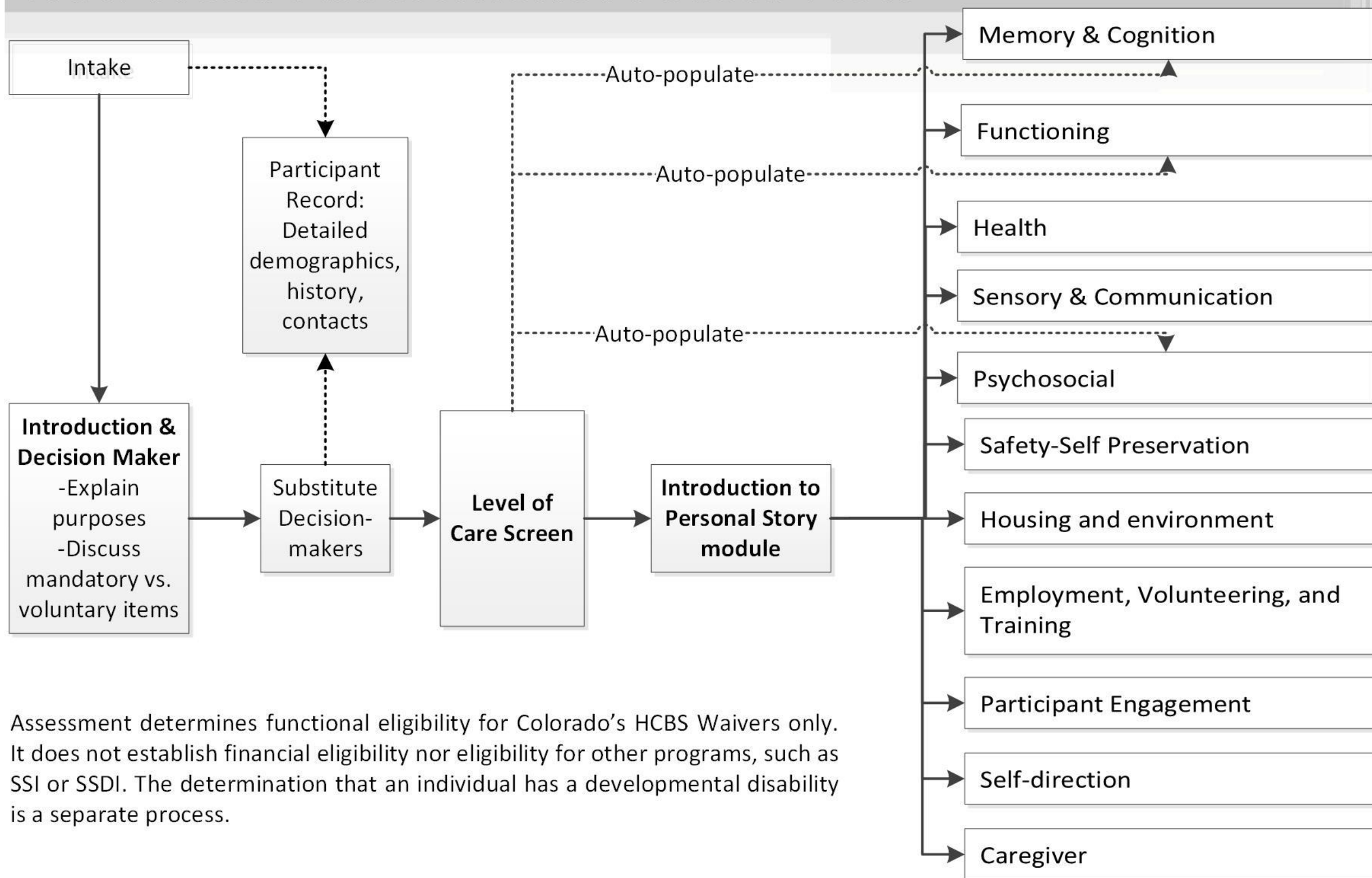
INTAKE/ASSESSMENT (cont'd)

Ensures:

- Individual's Preferences and Goals addressed at beginning
- Goals and Preferences are integral part of service planning
- Automation of assessment and support plan

New HCBS Assessment Process Flow

Revised 4/27/17



Assessment determines functional eligibility for Colorado's HCBS Waivers only. It does not establish financial eligibility nor eligibility for other programs, such as SSI or SSDI. The determination that an individual has a developmental disability is a separate process.

IMPLEMENTATION

- 2019
 - Pilot of Intake/Assessment process
- 2020-2021
 - Phased rollout of Intake/Assessment process
- 2021
 - Full implementation of Intake/Assessment process

NEXT STEPS (cont'd)

Colorado Assessment Tool Development Blog:

<http://coassessment.blogspot.com/>



COLORADO

Department of Health Care
Policy & Financing

ANY QUESTIONS?



CONTACT INFORMATION

Leila Norden

Case Management Training Coordinator

Leila.Norden@state.co.us



COLORADO

Department of Health Care
Policy & Financing

Thank You!



COLORADO

Department of Health Care
Policy & Financing