

Proposed Rates & an Overview of Other Changes to the SLS and CES Waivers

To be Effective: July 1, 2009

March 10, 2009 Presentation Slides
Division For Developmental Disabilities
Colorado Department of Human Services

1

Purpose of Presentation & Teleconference

LIST OF TOPICS TO BE COVERED TODAY:

- Explain Why Changes are Needed to SLS and CES Waivers
 - SLS – Supported Living Services waiver
 - CES – Children’s Extensive Supports waiver
- Provide a Summary of Proposed Changes for SLS and CES:
 - Uniform rates
 - Service Category Changes (breakouts, annual unit limits)
 - Spending limits.
 - Operational and Provider Changes
- Explain the Timeframes for Implementation
- Provide an Opportunity for Input and Questions.

NOTE – all proposed changes are subject to approval by HCPF (Colorado Department of Health Care Policy & Financing) and then by federal CMS (Centers for Medicare & Medicaid Services)

2

Why Changes were Needed to the Waivers

- Federal audit by CMS identified some financial issues with the HCBS-DD waiver.
 - CMS = Centers for Medicare & Medicaid Services
 - Audit findings resulted in Plans of Correction required by the State
 - First for the HCBS-DD/Comprehensive Services waiver (completed)
 - Then similar changes to the SLS & CES waivers by their July 1, 2009 renewal date
- Financial requirements focused on accountability and uniformity:
 - Reimburse individual services based on fee-for-service billings
 - Billing by each service and units
 - Adhere to standardized service procedure codes under HIPAA
 - No overlap with Medicaid State Plan
 - Uniform Rates and Limits must apply to all providers equally (statewide)
 - Service breakouts needed if underlying costs were different
 - Waiver providers must have a choice to contract/bill directly via the State or via CCBs

3

Timeframes for SLS & CES Waiver Changes

- Timeframes are extremely tight
 - Authorizations for Current SLS & CES Waiver EXPIRE June 30, 2009
 - New Approved Waivers Required by July 1, 2009 to meet federal CMS issues & to renew
 - CMS requires a minimum of 90 day review period for new waivers/renewal reviews
 - THIS MEANS SLS & CES WAIVER APPLICATIONS MUST BE SUBMITTED TO CMS BY APRIL 1, 2009
- To achieve these aggressive timelines, the following steps were taken:
 - DDD/HCPF set Framework – Guidelines that must be followed to Address Federal Requirements (next chart)
 - Much of the work on the HCBS-DD waiver served as a model for the SLS and CES waiver
 - Widespread input on that work through Medicaid Steering Committee, Technical Advisory Committee, Rate Workgroup, Support Level workgroup
 - Presentations and teleconferences, Dec. 2007, Sept. 2008, Dec. 2008
 - DDD formed several Workgroups:
 - Sub groups – Focus on service definitions, services unit maximums, policy issues (Families, Advocacy, CCBs, Providers, DDD, HCPF)
 - SLS & CES Rate Workgroup – Focus on rates (CCB, Providers, DDD, HCPF, CDHS representatives)
 - DDD hired a contractor (HSRI) to develop spending limit recommendations for SLS

4

Financial Changes Already Accomplished

- For all Waivers – claims by services and units started July 1, 2006 or earlier
 - This change was only needed for HCBS-DD/Comp and SLS
 - CES already had fee-for-service billing in place prior to that date
- For HCBS-DD Comprehensive Services Waiver:
 - HCBS-DD providers bill/contract separately with State or CCBs (July 1, 2006)
 - Detailed PARs (Prior Authorization Requests) enable automated checking of billing claims against service plan authorizations by consumer & service (Oct. 2007)
 - Uniform rates and Support Levels
 - Interim Rate & Tiers Implemented July 1, 2006
 - Final Rates & Support Levels Implemented January 1, 2009
- Similar changes are needed for the SLS and CES waivers as those listed under HCBS-DD

5

State Guidelines for Workgroups

- CCBs will continue to be OHCDs (Organized Health Care Delivery Systems)
 - CCBs will continue to provide Targeted Case Management
 - CCBs will no longer be the Support Coordinating Agency (SCA) for SLS and CES
- Providers must have the option to contract & bill directly via the State (HCPF/DDD) or via CCBs starting July, 2009
- All providers must have Medicaid provider numbers by July 2009
 - Some exceptions may be made for generic providers, DDD will issue more detailed instructions later.
 - HCPF website Link for new provider enrollment:
<http://www.colorado.gov/cs/Satellite?c=Page&cid=1214992377067&pagename=HCPF%2FHCPFLayout>
 - Do NOT need the NPI (national provider identification) number, but can get at your option
 - Providers must be certified by DDD, instructions will be issued by DDD.
- Family Members who are paid to provide DD waiver services, must either:
 - Meet IRS requirements of an independent contractor
 - If so, families must get Medicaid provider number and then contract with State or via CCBs
 - OR - If not, must be an employee of a Medicaid provider (I.e. ASA - approved service agency)

6

Additional State Guidelines for Workgroups

- Uniform Rates
 - Framework of Rate Model from HCBS-DD (Comp) waiver will be used
 - Statewide uniform rates based on underlying cost components of services
 - Rates will be the same for services that are offered in more than one DD waiver
 - For services also in HCBS-DD/Comp – then same use the HCBS-DD rates:
 - SLS - Day Habilitation, Supported Employment, Transportation to/from Day programs
 - SLS & CES - Behavioral Services
- Spending Limits
 - Caps must be developed to Stay within Appropriations
 - Some services will have annual unit or \$ maximums that apply to all consumers
 - Caps on total \$ across all services will be required

7

Uniform Rates

- What is Meant by Uniform Rates?
 - Rates will no longer be negotiated and will be the same for most services, as well as the same for all CCBs, providers and regions of the state.
 - Some “Generic” services will continue to be billed at cost (such as dental and vision services, home modifications, etc.)
- How were Uniform Rates Developed?
 - Based on a Rate Model Developed by Navigant (a sub-contractor to HSRI)
 - The same Rate Model as used HCBS-DD/Comp Waiver will be used for SLS & CES
- Rate model captures underlying cost factors for each service.
 - Staff Wages & Benefits, Staffing ratios, Staff time related to consumer but not directly billable, Supervisor wage and ratio, Non-direct cost allocation factors (such as facility costs, payroll activities, billing activities, vehicles, telephones, utilities, administrators, and other overhead)
 - Values based on industry standards, survey of CCBs and providers, data from other states or other waivers in Colorado, and Technical Advisory Committee.
- SLS & CES Rate Workgroup updated rate model
 - For services which were only in SLS and CES (I.e. not services in HCBS-DD/Comp)

8

Personal Assistance

- Will be broken into the following separately billed services.
- **Personal Care** – performing, assisting, cuing for tasks such as hygiene, bathing, eating, dressing, grooming, etc.
- **Mentorship** - promote self-advocacy through instructing, providing experiences, modeling and advising. May also include training in child and infant care for parent(s) who themselves have a developmental disability.
- **Home Maker** – Ex: cleaning, laundry, or household care & maintenance related to the participant's disability including habilitation
 - With habilitation and/or hardship
 - Without habilitation or hardship
- **Respite** - short-term supervision due to absence or need for relief of those persons who normally provide care for the client.
 - 15 min and Daily Rate
 - Group Rate

9

Personal Assistance Rates

Current Service	NEW SLS & CES SERVICES & RATES PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Proposed Unit Rate	Annual Maximum Units
Personal Assistance (SLS & CES) Units: 15 min. Old Max. Rate: \$14.60/unit Old Average Rate: \$6.80/unit	Personal Care	Single Level	15 min	\$8.53	N/A
	Mentorship (SLS only)	Single Level	15 min	\$12.10	192 units/plan year*
	Home Maker	Without Habilitation – no Hardship	15 min	\$3.63	N/A
		With Habilitation &/or Hardship (Lvl 5 or 6)	15 min	\$7.43	N/A
	Respite (Cannot include room and board expenses)	Billed by 15 min. Units up to 7.5 hours/Day	15 min	\$7.24	1880 units
		Billed by Day if more than 7.5 hours are delivered.	Day	\$217.47	30 days – SLS 30 days-CES with an additional 35 non-consecutive days for ages 12 and over to cover school breaks
Respite Provided in a Group Setting (not to exceed \$217.47/day)		\$	\$1/unit		

*SLS Mentorship units may be authorized beyond the 192 units per year when the need is substantiated in order to provide training to participants for child and infant care.

10

Professional Service Changes

- Will be Covered Under Professional Services in July 2009:
 - Massage (includes "Watsu")
 - Music Therapy
 - Hippo Therapy
- Covered Under Other Services Starting July 2009:
 - Behavioral Services – will be a separate service in SLS like other DD waivers
 - Vision Therapy – will be under Vision Services
 - Communication Dyna Boxes – will be under Assistive Tech.
 - Tutor (literary training/tutorship) – will be under Mentorship
 - Interpreter Services – per Appendix B8 of waiver, is not a separate service, but part of other services
 - Parent Education (CES Only) – to be billed separately
- Not Allowable Starting July 2009:
 - Warm water therapy – already covered in Medicaid State Plan via PT
 - Fitness Trainer (Personal Trainer) – Medicaid will not cover
 - Equine & Art Therapy – is a MH service, Medicaid will not cover in DD waiver
 - Acupuncture & Chiropractic – Medicaid does not cover 'alternative' services

11

Professional Services

- Service delivery is restricted to providers who are licensed, certified, registered and/or accredited
- Available only when not available through the Medicaid State Plan, EPSDT or a third party source.
- Massage: The physical manipulation of muscles to ease muscle contractures, spasms, extension, muscle relaxation and muscle tension including Watsu.
- Music Therapy: The use of music as a therapeutic tool for the habilitation, rehabilitation and maintenance of behavioral, developmental, physical, social, communication, pain management, cognition and gross motor skills.
- Hippotherapy: A therapeutic treatment strategy that uses the movement of the horse to assist in the development/enhancement of skills: gross motor, sensory integration, attention, cognitive, social, behavioral and communication.

12

Professional Service Rates

Current Service	NEW SLS & CES SERVICES & RATES PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Proposed Unit Rate	Conversion to Hourly Rate
Professional Services* SLS & CES Units: 15 min. Old Max. Rate: SLS: \$32.50/unit CES: \$36.80/unit Old Average Rate: \$17.19/unit	Massage	Single Level	15 min.	\$18.00	\$72.00
	Music Therapy	BA Degree Therapist	15 min	\$15.00	\$60.00
		Masters Degree Therapist	15 min.	\$22.00	\$88.00
	Hippo Therapy	Group	15 min	\$8.50	\$34.00
		Individual	15 min	\$20.00	\$80.00

13

Behavioral Service Rates*

Current Service	NEW SLS & CES SERVICES & RATES* PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Proposed Unit Rate	Conversion to Hourly Rate
Behavioral Services Units: 15 min. Old Max. Rate: SLS: \$32.50/unit CES: \$36.80/unit Old Average Rate in CES: \$11.01/unit	Behavioral Services (CES-already billed separately from Prof. Ser.) SLS – was part of Prof. Services)	Line Staff (staff must be 18 yo, have training, be under supervision of below staff)	15 min	\$7.92	\$31.68
		Beh. Plan Specialist (BA or Assoc. plus 4 yrs exp, OR 5 yrs exp)	15 min.	\$12.14	\$48.56
		Senior (BA & certified)	15 min	\$24.24	\$96.96
		Lead (Dr. or Master's with certification)	15 min	\$30.71	\$122.84
Behavioral Assessment	No Change	Single	Dollar	\$1/unit	N/A

*Behavioral Services will be billed like HCBS-DD Comp

14

Support Levels for SLS like HCBS-DD/Comp

- CMS allows uniform rate levels to vary based on consumer support levels if:
 - Costs differ by support needs
 - Must have a uniform & objective method for identifying consumer support levels
- HSRI (contractor) – developed a method (algorithm) to classify consumers into six Support Levels.
 - Algorithm uses Supports Intensity Scale (SIS) for needs related to adaptive living skills (SIS ABE), medical (SIS 3a) and behavioral (SIS 3b), plus Community Safety Risk.
 - Link to [HSRI Support Level Sub-Groups](#) slide
- These same support levels will be used in the SLS Waiver for services that were also in HCBS-DD/Comp Waiver

15

SLS Day Habilitation Rates

Current Service	NEW SLS SERVICE BREAKOUTS** & RATES* PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Unit Rate	
				Facility Based	Non-Facility Based
SLS – Day Habilitation* Old Max. Rate: \$12/unit Old Aver. Rate: \$5.12/unit	Facility Based and Non-Facility Based	Level 1	15 min	\$2.28	\$2.77
		Level 2	15 min	\$2.50	\$3.04
		Level 3	15 min	\$2.78	\$3.42
		Level 4	15 min	\$3.27	\$3.93
		Level 5	15 min	\$4.06	\$4.73
		Level 6	15 min	\$5.84	\$6.22
SLS – Pre-Vocational**	DROP- To be billed as Non-facility based Day Hab. if meet that definition.	N/A	N/A	N/A	

* SLS Day Hab. Rates & Support Levels will be the same as in HCBS-DD/Comp. Waiver

**SLS Pre-vocational services will be dropped from SLS July 1, 2009, most should fit under Day Hab. Facility based definition.

16

SLS-Supported Employment Job Coaching Services & Rates*

Current Service	NEW SLS SERVICE BREAKOUTS & RATES* PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Unit Rate	Conversion to Hourly Rate
SLS – Supported Employment (Job Coaching)** Old Max. Rate: \$16/unit Old Aver. Rate: \$8.53/unit	Group SE	Level 1	15 min	\$3.06	\$12.24
		Level 2	15 min.	\$3.34	\$13.36
		Level 3	15 min	\$3.72	\$14.88
		Level 4	15 min	\$4.30	\$17.20
		Level 5	15 min	\$5.14	\$20.56
		Level 6	15 min	\$6.70	\$26.80
	Individual SE	Single Level	15 min	\$12.56	\$50.24

*Supported Employment Rates & Support Levels will be the same as in HCBS-DD/Comp. Waiver.

**Intensive and Extensive Job Coaching rates are the same.

SLS-Supported Employment* Job Development & Placement**

Current Service	NEW SLS SERVICE BREAKOUTS & RATES* PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Unit Rate	Annual Maximum Units
SLS- SE Job Development	Job Development	Group	15 min.	\$4.01	100
		Individual Level 1-2	15 min	\$12.56	80
		Individual Level 3-4	15 min	\$12.56	100
		Individual Level 5-6	15 min	\$12.56	120
SLS – SE Job Placement	Job Placement	Group	Dollar	\$1/unit	400
		Individual	Dollar	\$1/unit	1000

*Supported Employment Rates & Support Levels will be the same as in HCBS-DD/Comp. Waiver.

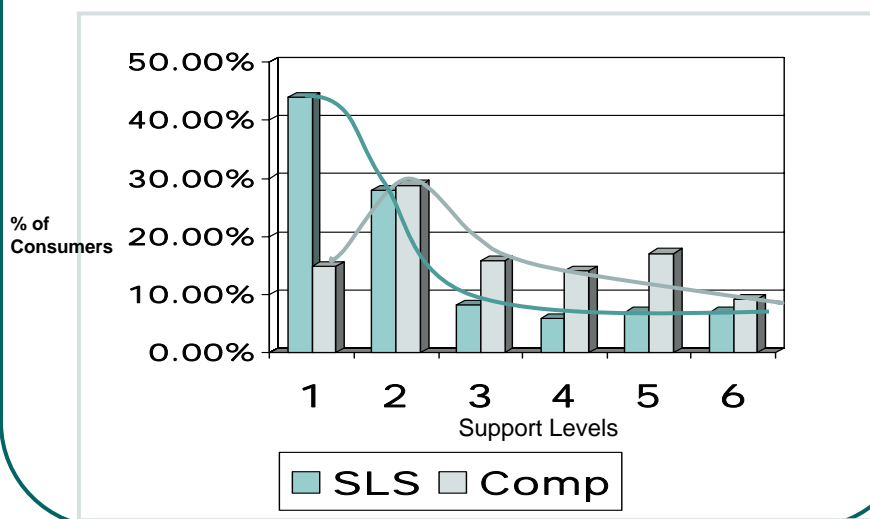
**Job Development & Placement is only available when not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

CES Specific Services

Current Service	NEW SLS & CES SERVICE BREAKOUTS** & RATES* PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Unit Rate	Annual Maximum Units
CES - Community Connector Old Max Rate: \$10.30/unit Old Aver. Rate: \$7.76/unit	N/A	Single Level	15 min	\$10.08	N/A
CES- Parent Education	N/A	Single Level	Dollar	\$1/unit	\$1000
CES-Adapted Recreational Equipment & Supplies	N/A	Single Level	Dollar	\$1/unit	\$1000

19

Distribution of Consumers by Support Levels



20

SLS Non-Medical Transportation Service Rates*

Current Service	NEW SLS SERVICE BREAKOUTS & RATES PROPOSED FOR JULY 1, 2009				
	SERVICE BREAKOUTS	LEVEL BREAKOUT	Unit	Unit Rate	Maximums
Transportation Units: Day Old Max. Rate: \$50/day Old Averages: \$14.55/day or \$7.27/trip or \$1782/yr/ person billing transp.	Transportation To/From Day Program	Mileage Band 1 (<= 10 mile trip)	Trip	\$5.59	2 trips/day
		Mileage Band 2 (10-20 mile trip)	Trip	\$11.71	2 trips/day
		Mileage Band 3 (21 mile trip)	Trip	\$17.84	2 trips/day
	Non-Assisted Transportation	Single Level	Trip	\$5.59	14 trips/week
	Generic Provider (Bus Passes, Taxis, Access-A-Ride)	Single Level	At cost	\$1/unit	N/A

*Like HCBS-DD/Comp, Mileage bands for Transp. To/from Day Program (Day Hab or SE) are for one-way trip – mileage rounded to nearest whole number (nearest integer)

Services That Remain About the Same

- Will Continue to be Billed at Cost (\$1/unit):
 - SLS & CES – Specialized Medical Equipment & Supplies
 - SLS & CES - Vision
 - SLS - Dental
 - Maximum of \$10K per person over Life of Waiver for:
 - SLS & CES - Assistive Technology
 - Vehicle Modification will be broken out
 - SLS & CES - Home Modification
 - SLS-Env. Engineering will be called Home Modification like in CES.

Spending Limits

- Necessary to Stay within Funds from State Legislature]
- Spending Limits are Service Plan Authorization Limits
 - Meaning service plans cannot be authorized above these limits
 - Will affect PARs (Prior Authorization Reviews)
- SLS & CES – Proposed \$35K per year in total per person across all services (for SLS and CES)
- SLS – For On-going Service
 - On-going means all services excluding Assistive Technology, Home or Vehicle Modifications.
 - Total Annual \$ Limits per Person will be set by Support Levels
 - These will assure availability of a consistent amount of funds for consumers with similar needs statewide

23

SLS Service Plan Authorization Limits

- HSRI performed study for DDD to recommend how to classify SLS consumers into spending limits
 - Found the same SIS variables, as used for Comp support levels, were statistically the best indicator of SLS spending (SIS ABE, 3A-Medical, 3B-Behavioral)
 - Much of the other variation was due to CCB differences
 - Identified clear trend in spending by support levels, some clear grouping
 - As support level increases, current average spending has been increasing
 - Spending similar for levels 3 & 4, and for levels 5 & 6

Support Level	Number of Consumers	Current FY08 Total Annual Average Paid Claims Across all On-going Services per Full Year Consumer	
		Average	Median
1	1,111	10,818.34	\$10,200.38
2	705	14,866.92	\$14,279.00
3	210	18,040.14	\$17,434.39
4	150	18,172.71	\$17,723.61
5	176	18,820.56	\$18,685.87
6	177	18,751.74	\$19,340.75
Total	2,529	14,094.97	\$13,131.16

24

SLS Service Plan Authorization Limits

- HSRI report recommends classifying SLS consumers into spending caps based on support level groups (for on-going services)
- Further analyses needed to set the annual dollar limit for each cap*.
 - Consider minimum service amounts State would like to be affordable
 - Consider new rates, new service unit limits, updated utilization patterns
 - Consider State appropriation budget limits
- Spending limits will be phased-in at annual service plan reviews

Spending Cap	Support Level	% of Consumers	Current FY08 Total Paid Claims Across all On-going Services per Full Year Consumer		New Cap Amount (\$) across on-going SLS services for FY 10
			Average	Median	
A	1	43.9%	\$10,818	\$10,200	Analyses underway*
B	2	27.9%	\$14,867	\$14,279	Analyses underway*
C	3 & 4	14.2%	\$18,106	\$17,582	Analyses underway*
D	5 & 6	14.0%	\$18,786	\$19,059	Analyses underway*
Total		100.0%	\$14,095	\$13,131	

25

Consumer Directed Attendant Support Services (CDASS)

- **PROPOSAL NOT YET FINALIZED** – MANY DETAILS YET TO BE DETERMINED
 - Will not be implemented July 1, 2009. Further details will be issued when available.
- **Modeled after the Elderly, Blind & Disabled (EBD) waiver**
- **At their option, Consumer & Guardian can choose to direct the funds related to Personal Attendant Services, which includes:**
 - Home maker and Personal Care (via DD waivers)
 - Home Health or Health Maintenance (these are Medicaid State plan services, not in the DD waivers)
- **Within the \$ authorized for Personal Attendant services, the Consumer/Guardian or Authorized Rep. can:**
 - Recruit, select, train, and schedule employees (attendants)
 - Negotiate wages (do not have to pay new uniform rates)
 - Must still have way to deliver all units from plan if choose to pay higher than uniform rate
 - Must submit documentation to fiscal intermediary regarding what was delivered
- **State Fiscal Intermediary is the Employer of Record**
 - They employ attendant(s)
 - They perform billings to Medicaid
 - They pay employees

26

Continued, Consumer Directed Attendant Support Services (CDASS)

- CCBs continue to provide targeted case management.
- **All waiver services are identified in the service plan & authorized via the PAR as usual, prior to determining \$ available for CDASS**
 - Calculate the participant's monthly allocation based on the participant's utilization history of personal care, homemaker, and home health or health maintenance services defined in the participant's service plan
 - Units multiplied by the new uniform rates are used to determine the dollar amount approved for each service
 - Total \$ across all waiver services in the plan must meet the new annual spending caps & annual service maximums
- **\$ amounts authorized for personal attendant services are available for CDASS**
 - CDASS Dollars to be managed by Consumers/Guardian come from the service plan
 - based on units of service needed for personal care & home maker times uniform rate
 - Once \$ are set for CDASS, then Consumers/Guardians can negotiate the rate they will pay their staff or contractors.
 - Consumers/Guardians must assure all units can be delivered
- **Other services (non-personal attendant) are delivered & billed by Medicaid providers as usual**

27

Benefits of SLS & CES Changes

- **Meet Required Federal CMS Audit Compliance Issues:**
 - Uniform rates across providers statewide
 - Consistent method of classification of consumers into support levels
 - Consistent rates & spending limits for consumers at same support levels
 - No overlap with State Medicaid Plan
 - Able to track individual service utilization (through service breakouts)
 - Providers can contract/bill directly with State or with CCBs at their option
 - All providers (including family members) meet IRS requirements re independent contractor or employee of an agency
- **Transparency –**
 - Increased understanding of how rates were developed
 - Rates based on underlying cost components
- **Rate Model can be adjusted** as changes occur in underlying factors
- **Consumer Directed Attendant Support Services (CDASS):**
 - A flexible service option offered to participants and/or authorized representatives who choose to direct his or her own care.

28

SLS & CES Changes – Impacts

- **Consumers**
 - Some services will no longer be available
 - Rates may impact availability of some providers
 - Some spending limits will impact the amount of service that can be purchased for some consumers
 - About half of consumers will have higher and half will have lower total spending limitations
 - For those spending above the average appropriation (i.e. above about \$15K) this change will be larger
 - These change take affect at next service plan annual review (phased in)
- **CCBs & Providers**
 - CCBs must implement new spending limitations via PARs/Service Plans
 - CCBs will no longer be the Support Coordinating Agency (SCA) for SLS and CES
 - Providers must get Medicaid Numbers before billing for July 2009 services
 - Must contract with HCPF/DDD if want to bill directly through the State
 - No Known Hold Harmless Funds available at this time
 - New rates may impact revenues
 - New service limits may impact service volume and revenues
- **Families who are paid for service provision**
 - Must either meet independent contractor status of IRS
 - And if so, get Medicaid provider number, contract with HCPF/DDD, and become an approved service agency via DDD
 - Or must become employee of an Approved Service Agency

29

SLS & CES Implementation Plans

- March 2009
 - Teleconference
 - Draft Waiver submitted to HCPF for review, Revisions made as needed
 - Issue list of SLS consumer support levels
- By April 1, 2009 – Submit Waivers to federal CMS
- May, 2009
 - Remind Providers to get Medicaid Numbers & Need to contract with HCPF/DDD if plan to bill directly
 - Survey CCBs if Detailed PARs conversion will be needed
 - Adjust rates or spending caps if necessary due to appropriations
- June 2009 – Publish new rates and procedure codes
 - PARS - Authorization of Service Plans - Need to reflect new support levels
 - Adjustments if identified by CMS
- July 2009 – New Services, Procedure Codes & Rates in Effect
- July-Dec., 2009
 - Dispute process for new support levels
 - Phase-in of New PARs and Spending Limits in Effect as Service Plan Annual Review
 - Implementation of CDASS will be sometime after July, date not yet established.

30

Questions?

- We will answer as many as possible now.

- Watch for updates on DDD's website:

www.cdhs.state.co.us/ddd/WhatsNew.htm

SLS DRAFT waiver application – to be submitted 4/1/2009
CES DRAFT waiver application – to be submitted 4/1/2009
HCBS-DD DRAFT waiver application – to be submitted 4/1/2009
SLS and CES Waiver – Proposed Rates for July 1, 2009

- Questions you think of later – Submit by email to:

DevelopmentDisabilities.FAQ@state.co.us

- Responses may be handled via the FAQ list on DDD's website
- See DDD's home page –
 - <http://www.cdhs.state.co.us/ddd/>
 - Frequently Asked Questions (FAQS) menu (choice at left on homepage screen)

31

Extra Slides

- If needed for response to questions

32

How Well do New Support Levels Match CCB Perceptions?

- **Good overall match rate**
 - 83.1% exact match of New Support Level to CCB Perception
 - 85.6% where New Support Level matches or is higher than CCB Perceived Level
 - Also, average level by sub-group was identical for all but one sub-group, which was at a midpoint.

		NEW SUPPORT LEVEL						Total	% MATCH	
		1	2	3	4	5	6		EXACT	EXACT OR HIGHER
CCB PERCEIVED LEVEL	1	99.5%	.5%	.0%	.0%	.0%	.0%	100.0%	99.5%	100.0%
	2	5.3%	93.5%	.1%	.3%	.8%	.0%	100.0%	93.5%	94.7%
	3	6.8%	16.3%	74.1%	1.3%	1.3%	.2%	100.0%	74.1%	76.9%
	4	1.2%	16.4%	8.0%	66.6%	6.6%	1.2%	100.0%	66.6%	74.4%
	5	.8%	3.8%	7.2%	4.2%	82.4%	1.5%	100.0%	82.4%	83.9%
	6	.0%	.4%	2.1%	3.5%	11.7%	82.3%	100.0%	82.3%	82.3%
	Total	15.6%	30.5%	16.4%	12.8%	16.2%	8.5%	100.0%		

* Note - Row % are shown in table above

NEW SUPPORT LEVELS		OVERALL MATCH	83.1%	85.6%
		MISMATCH	16.9%	14.4%

Return to [Linked Slide](#)

33

HSRI Support Level Sub-Groups

		SIS ABE Scores & Descriptions				Community Safety Risk	
		1	2	3	4	5	6
Medical (3a) & Behavioral (3b)		Low	Moderate	High	Very High		
A	Extremely low or no Medical &/ or Behavioral Needs	1A	2A	3A	4A		
B	Very Low Medical &/or Behavioral Needs	1B	2B	3C	4D		
C	Low or no Medical &/or Behavioral Needs	1C	2C	3C	4C		
D	Moderate Medical Needs	1D	2D	3D	4D		
E	High Medical Needs	1E	2E	3E	4E		
F	Very High Medical Needs	1F	2F	3F	4F		
G	Moderate Behavioral Needs	1G	2G	3G	4G	5	
H	High Behavioral Needs	1H	2H	3H	4H		
I	Very High Behavioral Needs	1I	2I	3I	4I		6
J	Extremely High Behavioral Needs	1J	2J	3J	4J		

Return to [Linked Slide](#)

34