

CONTRACT AMENDMENT #4

SIGNATURE AND COVER PAGE

State Agency Department of Health Care Policy and Financing	Original Contract Number 20-134787
Contractor Mountain Valley Developmental Services, Incorporated	Amendment Contract Number 20-134787A4
Current Contract Maximum Amount Initial Term State Fiscal Year 2019-20 \$23,302,027.00 Extension Terms State Fiscal Year 2020-2021 \$19,864,414.00 State Fiscal Year 2021-2022 \$20,329,819.00 State Fiscal Year 2022-2023 \$0.00 State Fiscal Year 2023-2024 \$0.00 Total for All State Fiscal Years \$63,496,260.00 Medicaid Programs Initial Term State Fiscal Year 2019-20 \$5,830,152.00 Extension Terms State Fiscal Year 2020-2021 \$8,157,493.00 State Fiscal Year 2021-2022 No Contract Maximum State Fiscal Year 2022-2023 \$0.00 State Fiscal Year 2023-2024 \$0.00	Contract Performance Beginning Date November 15, 2021 Current Contract Expiration Date June 30, 2022

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

<p style="text-align: center;">CONTRACTOR</p> <p style="text-align: center;">Mountain Valley Developmental Services, Incorporated Sara Sims, Executive Director</p> <p>DocuSigned by: By: _____ Date: <u>10/7/2021</u></p>	<p style="text-align: center;">STATE OF COLORADO</p> <p style="text-align: center;">Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimestefer, Executive Director</p> <p>DocuSigned by: By: _____ Date: <u>10/7/2021</u></p>
<p>In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <p style="text-align: center;">STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p>DocuSigned by: By: _____ Amendment Effective Date: <u>10/7/2021</u></p>	

1. PARTIES

This Amendment (the “Amendment”) to the Original Contract shown on the Signature and Cover Page for this Amendment (the “Contract”) is entered into by and between the Contractor and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties’ respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment and shall terminate on the termination of the Contract.

4. PURPOSE

The purpose of this Contract is to provide administrative activities for specific Home and Community Based Service Waivers and operate the three State General Funded programs. The purpose of this Amendment is to add training requirements for the new assessment and support plan within the Care and Case Management Information Technology System (CCM), add a requirement for a Continuous Quality Improvement Plan, and to add requirements for using system capacity funds for specific HCBS-DD enrollments from the waiting list.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

- A. Exhibit A-3, Statement of Work, is hereby deleted in its entirety and replaced with Exhibit A-4, Statement of Work, attached hereto and incorporated by reference in the Contract. All references within this Contract to Exhibit A-3 shall now be deemed to reference Exhibit A-4.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

EXHIBIT A-4, STATEMENT OF WORK

1. GENERAL BUSINESS FUNCTIONS

1.1. Business Functions

- 1.1.1. The general Business Functions of the Contractor shall include, but not be limited to, the following for the State General Fund programs and administrative functions outlined in this Contract:
- 1.1.1.1. Providing access to its facilities for Clients and Members, service providers and others. Regular business office hours of operation shall be posted and made available to the public and accommodations shall be made available for clients who need assistance or consultation outside regular business office hours. The Contractor shall provide emergency contact information to the Department for Key Personnel, when posted hours of operation do not follow a standard Monday through Friday schedule.
- 1.1.1.2. The Contractor shall notify and obtain approval from the Department within 10 (ten) Business Days of the effective date in writing if regular business hours do not follow a standard Monday through Friday schedule, or have planned closures outside of federal, state or local legal holidays. The Contractor must have documented policies or procedures that demonstrate to the Department that all required Contract activities and timelines are being met, client and member needs are being fulfilled, and the schedule does not negatively impact clients and members. The Contractor shall make the policies and procedures available to the Department upon request.
- 1.1.1.3. Providing access to a telephone system and trained staff to ensure a response to messages, and telephone calls received after hours.
- 1.1.1.4. Providing access to telecommunication devices and/or interpreters for the hearing and vocally impaired and access to foreign language interpreters as needed.
- 1.1.1.5. Protecting Clients' and Members' rights as they relate to the responsibilities of the Contractor as described in this Contract.
- 1.1.1.6. Providing a person-centered business approach seeking to accommodate Client requests.
- 1.1.1.7. Following communication direction set by the Department. The application of these standards includes but is not limited to Memo Series, technical assistance documents, Provider Bulletins, training documents, and email correspondence.
- 1.1.1.8. The Contractor shall support the Department's National Core Indicator (NCI) efforts.
- 1.1.1.9. The Contractor shall support the Department's Equity, Diversity and Inclusion (EDI) efforts to include participation in Department led EDI assessment and survey.

1.2. **Collaboration with Other Care Coordination Entities or Entry Point and Case Management Agencies**

- 1.2.1. The Contractor shall comply with written communication from the Department, provided by the Department, between the Contractor and community partners and service providers that outline how the Contractor will work together with these partners to coordinate care and better serve Department enrollees. As applicable, the communications shall address partnerships with:

1.2.1.1. **Regional Accountable Entities (RAE)**

- 1.2.1.1.1. The RAE is responsible for promoting physical and behavioral health. The RAE promotes the population’s health and functioning, coordinates care across disparate providers, interfaces with LTSS providers, and collaborates social, educational, justice, recreational, and housing agencies to foster healthy communities and address complex needs that span multiple agencies and jurisdictions. The RAE manages a network of primary care physical health providers and behavioral health providers to ensure access to appropriate care for Medicaid Clients.
- 1.2.1.1.2. The Contractor shall support the Department’s RAE efforts and ensure collaboration occurs for all shared Clients and Members.
- 1.2.1.1.3. The Contractor shall collaborate with the RAE when a Client or Member needs assistance in accessing or coordinating the Client’s or Member’s physical, behavioral, or mental health needs. This shall include, but is not limited to:
 - 1.2.1.1.3.1. Coordinating with the RAE for shared Clients or Members who admit to a hospital, to include, but not limited to, communicating reasons for admission, Client’s or Member’s hospital status, and plans for discharge.
 - 1.2.1.1.3.2. Collaborating with the RAE for shared Clients or Members discharging from the hospital to ensure all support needs are reflected in the Support Plan and the Client or Member is connected to the necessary services to support a successful discharge.
 - 1.2.1.1.3.3. Coordination with RAEs for members who require complex care coordination including but not limited to members with high utilization, disparity to healthcare access and co-occurring disabilities and behavioral health.
 - 1.2.1.1.3.4. Sharing of all information necessary for the RAE to assist Clients or Members in accessing and coordinating physical and behavioral health needs.
 - 1.2.1.1.3.5. The Contractor shall honor Clients’ or Members’ preferences for case management and care coordination, when applicable, while ensuring collaboration with the RAE occurs.
 - 1.2.1.1.3.6. The Contractor shall work with the Department to identify a Key Performance Indicator (KPI) to measure the effectiveness of coordination between Contractor and RAE.
- 1.2.1.2. **Entry Point Agencies and Case Management Agencies**
 - 1.2.1.2.1. Single Entry Points (SEPs) are the agencies selected to provide intake, screening, referral, Functional Eligibility Assessment, and case management functions for persons in need of or receiving LTSS within a Single Entry Point District. Case Management Agencies (CMAs) are public or private not-for-profit or for-profit agency that meets all applicable state and federal requirements and is certified by the Department to provide case management services for specific Home and Community Based Services waivers pursuant to section 25.5-10-209.5, C.R.S. and pursuant to a provider participation agreement with the state department.
 - 1.2.1.2.2. The Contractor shall collaborate with SEPs and CMAs, this may include, but is not limited to:
 - 1.2.1.2.2.1. Coordinating the transfer of Members switching to or from an HCBS waiver.

- 1.2.1.2.2.2. Connecting Clients or Members to the appropriate SEP or CMA, determined by the Client's or Member's needs and preferences.
- 1.2.1.2.2.3. Sharing information necessary for the SEP and/or CMA to assist Clients in accessing LTSS programs targeted for Clients with I/DD.
- 1.2.1.2.2.4. Coordinating the receipt of LTSS when a Member is enrolled in an HCBS waiver not targeted for members with I/DD.

1.3. **Transparency**

1.3.1. **Board of Director Changes**

- 1.3.1.1. The Contractor shall notify the Department in writing of any changes to the Board of Directors within ten (10) Business Days.

1.3.2. **Annual Financial Statements and Independent Auditor's Report**

- 1.3.2.1. The Contractor shall submit a copy of the Contractor's annual Financial Statements and Independent Auditor's Report to the Department.
 - 1.3.2.1.1. **DELIVERABLE:** Financial Statements and Independent Auditor's Report
 - 1.3.2.1.2. **DUE:** No later than thirty (30) calendar days following the acceptance of the audit by the Contractor's Board of Directors.

1.3.3. **IRS Form 990**

- 1.3.3.1. The Contractor shall submit a copy of the Form 990 the Contractor filed with the Federal Internal Revenue Service to the Department, if applicable.
 - 1.3.3.1.1. **DELIVERABLE:** IRS Form 990
 - 1.3.3.1.2. **DUE:** No later than thirty (30) calendar days following the Contractor's filing of the form with the Internal Revenue Service.

1.4. **Complaints and Grievances**

- 1.4.1. The Contractor shall receive, document and track any complaint received by the Contractor as it relates to the services provided through this Contract to include, but not limited to, general business functions, administration, transparency, State SLS, OBRA-SS, and administrative case management functions. Complaints received outside of the scope of this Contract shall not be included. Documentation shall consist of a complaint log that includes the date of complaint, name of the complainant, the nature of the complaint, and the date and description of the resolution.
- 1.4.2. The Contractor shall analyze complaints for trends and shall submit all trends observed throughout the Fiscal Year and the remedial actions taken to address them to the Department.
- 1.4.3. Trend analysis may include an examination of information including but not limited to:
 - 1.4.3.1. A comparison of complaint types and number of complaints over a period of time.
 - 1.4.3.2. Number of type of complaint against the Contractor, time, location, individual involved, staff involved, and/or any additional relevant information.
 - 1.4.3.3. An examination of potential reasons for the increase or decrease in complaints by total number, provider or subcontractor, individual, or staff.

- 1.4.3.4. An examination of preventative measures that can be implemented to reduce the number or frequency of future complaints.
- 1.4.3.5. Implementation of a plan of action or any future actions to take place.
- 1.4.3.6. An analysis of whether the plan of action and changes made were effective or if additional changes need to occur.
- 1.4.4. As part of the complaint process the Contractor shall:
 - 1.4.4.1. Document complaints received.
 - 1.4.4.2. Address substantiated complaints.
 - 1.4.4.3. Respond to complaints received and document actions taken to resolve and/or mitigate complaints.
 - 1.4.4.4. Conduct quarterly trend analyses of all complaints received for the full period of the contract.
 - 1.4.4.5. The Contractor shall maintain all supporting documentation related to the collection and follow-up to complaints and make it available to the Department upon request.
 - 1.4.4.6. If the Contractor received no complaints during the quarter, the Contractor may submit the Complaint Trends Analysis to the Department identifying no complaints were reported during the quarter.
 - 1.4.4.7. If Contractor received less than five (5) complaints during the quarter and cannot establish a complaint trend, the Contractor may submit the Complaint Trends Analysis to the Department with the complaint log that includes the date of complaint, name of the complainant, the nature of the complaint and the date and description of the resolution.
 - 1.4.4.7.1. The Contractor shall submit the Complaint Trends Analysis to the Department for review, approval, and payment.
 - 1.4.4.7.1.1. **DELIVERABLE:** Complaint Trends Analysis
 - 1.4.4.7.1.2. **DUE:** Quarterly, by October 31st, January 31st, April 30th and June 30th of each year or the Fiscal Year end close date determined by the Department.

1.5. Continuous Quality Improvement Plan

- 1.5.1. The Contractor shall provide a Continuous Quality Improvement Plan for the contract period. The Continuous Quality Improvement Plan shall include, but not be limited to a description of the following:
 - 1.5.1.1. How the Contractor oversees the work performed by Case Managers as outlined in the contract to ensure all tasks are being performed.
 - 1.5.1.2. How the Contractor reviews work to determine if the work is being completed in a correct and high-quality manner.
 - 1.5.1.3. How the Contract identifies and addresses Case Management performance issues.
- 1.5.2. The Contractor shall submit the Continuous Quality Improvement Plan to the Department for review, approval, and payment.
 - 1.5.2.1. **DELIVERABLE:** Continuous Quality Improvement Plan
 - 1.5.2.2. **DUE:** Annually, June 1st

1.6. Critical Incident Reporting

1.6.1. The Contractor shall:

- 1.6.1.1. Report critical incidents in the Department prescribed system as soon as possible, but no later than twenty-four (24) hours (one business day) following notification.
- 1.6.1.2. Ensure all suspected incidents of mistreatment, abuse, neglect, and exploitation are immediately reported consistent with statute; §19-10-103, C.R.S. Colorado Children's Code, §18-8-115 C.R.S. (Colorado Criminal Code- Duty to Report a Crime), §18-6.5-108 C.R.S. (Colorado Criminal Code- Wrongs to At-Risk Adults) and §26-3.1-102, C.R.S. (Social Services Code-Protective Services).
- 1.6.1.3. The Contractor shall enter all CIR follow-up information in accordance with Department direction in the Department prescribed system and maintain detailed documentation.
- 1.6.1.4. **PERFORMANCE STANDARD:** One hundred percent (100%) of CIRs (CIRs-MANE and CIRs-Other) are added to the Department prescribed system within one (1) Business day.

1.6.2. HCBS Critical Incident Follow-Up Completion and Entry

- 1.6.2.1. The Contractor shall ensure all CIRs follow-up is completed and entered into the Department's prescribed system within the timelines established by the Department and/or the Department's Quality Improvement Organization.
 - 1.6.2.1.1. Timelines for follow up are determined by the Department and depend on the type and severity of the CIR. The following are general timelines assigned to remediation and CIR follow up.
 - 1.6.2.1.1.1. High Priority Follow Up — CIRs which require immediate attention and must be addressed to ensure the immediate health and safety of a waiver participant must be remediated within and responded to in the Department prescribed system within twenty-four to forty-eight (24–48) hours.
 - 1.6.2.1.1.2. Medium Priority Follow Up — CIRs which require additional information or follow up to ensure appropriate actions are taken and there is no immediate risk to the health and safety of the waiver participant must be completed in the Department prescribed system within three to four (3–4) Business Days.
 - 1.6.2.1.1.3. Low Priority Follow Up — CIRs that have been remediated by CMAs, have addressed immediate and long-term needs, have implemented services or supports to ensure health and safety and those that have protocols in place to prevent a recurrence of a similar CIR but may require an edit to the CIR or additional information entered into the Department prescribed system. The follow up for CIRs in this category must be completed and entered within five (5) Business Days.
 - 1.6.2.1.2. **PERFORMANCE STANDARD:** Ninety percent (90%) of all CIRs assigned follow-up is completed and entered into the Department's prescribed system within the timelines established by the Department and/or the Department's Quality Improvement Organization each quarter.

1.7. State SLS and OBRA-SS Critical Incident Trend Analysis

- 1.7.1. The Contractor shall review and analyze all critical incidents for State SLS and OBRA-SS to identify trends and problematic practices and documenting appropriate action.
- 1.7.2. The Critical Incident Trend Analysis shall include an examination of information including but not limited to:
 - 1.7.2.1. Incident Date, Incident Time, Case Management (CM) Notification Date, CM Notification Time, Entry Date, Entry Time, Incident Type, Case Manager, Program Type, Incident Location Description, Percent of Timely Reporting.
 - 1.7.2.2. An examination of potential reasons for the increase or decrease in incidents.
 - 1.7.2.3. An examination of preventative measures that can be implemented to reduce the number or frequency of future incidents.
 - 1.7.2.4. Identify the root cause of the critical incident and analyze to determine if intervention is needed to prevent similar critical incidents in the future.
 - 1.7.2.5. Implementation of a plan of action or any future actions to take place.
 - 1.7.2.6. An analysis of whether the plan of action and changes made were effective or if additional changes need to occur.
- 1.7.3. The Contractor shall submit the Critical Incident Trend Analysis on the Department's prescribed template.
 - 1.7.3.1. **DELIVERABLE:** SGF Critical Incident Trend Analysis
 - 1.7.3.2. **DUE:** Quarterly, by October 31st, January 31st, April 30th, and June 30th or the Fiscal Year end close date determined by the Department

1.8. Investigations

- 1.8.1. The Contractor shall insure all allegations of abuse, neglect, and exploitation are investigated and documented within the Department's prescribed system.
- 1.8.2. Investigations may include but is not limited to: examination of Critical Incident Reports, log notes, and medical documentation related to the member; documented interviews with the waiver participant, guardian, and support staff as appropriate; documentation regarding any questions not resolved by a law enforcement or county investigation (e.g., provider training, program management supervision, etc.); documentation of follow-up, preventative strategies and outcomes of reviews and assessments regarding the allegations and incident; the examination incident report and preliminary results of the investigation, a summary of the investigative procedures utilized, the full investigative finding, the actions taken, and Human Rights Committee review of the investigative report and the action taken on recommendations made by the committee.

1.9. Human Rights Committee (HRC)

- 1.9.1. The Contractor shall establish and facilitate a Human Rights Committee (HRC) pursuant to §25.5-10-209(h), C.R.S. and 10 C.C.R. 2505-10 Section 8.608.5. The Contractor shall maintain qualifications for each member of the HRC and make it available to the Department upon request.
- 1.9.2. The Contractor shall establish at least one HRC as a third-party mechanism to safeguard the rights of persons receiving services. The HRC is an advisory and review body to the administration of the Contractor.

- 1.9.3. The Contractor shall develop policies and procedures to assure that all potential conflicts of interest are addressed.
- 1.9.4. The Contractor shall orient members regarding the duties and responsibilities of the Human Rights Committee and make this information available to the Department upon request.
- 1.9.5. The Contractor shall provide the HRC with the necessary staff support to facilitate its functions.
- 1.9.6. The Contractor shall keep proper documentation and record of all HRC recommendations and assure that all documentation is a part of the individual's master record.
- 1.9.7. The Contractor shall maintain and submit HRC meeting minutes, attendance logs, and supporting documentation related to an HRC meeting to the Department within ten (10) Business Days of receiving the request.
- 1.9.8. The Contractor shall notify the Department in writing of any changes to the HRC membership within ten (10) Business Days.
- 1.9.9. The Contractor shall submit a list of all reviews completed for members enrolled in State SLS, OBRA-SS, and FSSP during each HRC meeting a template prescribed by the Department or a template approved by the Department.
 - 1.9.9.1. **DELIVERABLE:** State SLS, OBRA-SS, and FSSP Human Rights Committee Meeting List
 - 1.9.9.2. **DUE:** Monthly, the 15th of each month
- 1.10. **Corrective Action Plan**
 - 1.10.1. When the Department determines that the Contractor is not in compliance with any term of this Contract, the Contractor, upon written notification by the Department, shall develop a Corrective Action Plan. Corrective Action Plans shall include, but not be limited to:
 - 1.10.1.1. A detailed description of actions to be taken including any supporting documentation.
 - 1.10.1.2. A detailed time frame specifying the actions to be taken.
 - 1.10.1.3. Contractor's employee(s) responsible for implementing the actions.
 - 1.10.1.4. The implementation time frames and a date for completion.
 - 1.10.1.5. The Contractor shall submit the Corrective Action Plan to the Department within ten (10) Business Days of the receipt of a written request from the Department.
 - 1.10.1.5.1. **DELIVERABLE:** Corrective Action Plan
 - 1.10.1.5.2. **DUE:** Within ten (10) Business Days of receipt of a written request from the Department.
 - 1.10.2. The Contractor shall notify the Department in writing, within three (3) Business Days if it will not be able to present the Corrective Action Plan by the due date. The Contractor shall explain the rationale for the delay and the Department may grant an extension, in writing, of the deadline for the Contractor's compliance.
 - 1.10.3. Upon receipt of the Contractor's Corrective Action Plan, the Department will accept, modify or reject the proposed Corrective Action Plan. Modifications and rejections shall be accompanied by a written explanation.

- 1.10.4. In the event of a rejection of Contractor's Corrective Action Plan the Contractor shall re-write the Corrective Action Plan and resubmit it along with requested documentation to the Department for review.
 - 1.10.4.1. **DELIVERABLE:** Revised Corrective Action Plan.
 - 1.10.4.2. **DUE:** Within five (5) Business Day of the Department's rejection.
- 1.10.5. Upon acceptance by the Department the Contractor shall implement the Corrective Action Plan.
- 1.10.6. If corrections are not made within the requested timeline and/or quality specified by the Department then funds may be suspended or withheld from this Contract.
- 1.10.7. As part of the Corrective Action Plan, supporting documentation demonstrating that deficiencies have been remediated may be required. The Contractor shall ensure all supporting documentation is submitted within the timeframes established in the Corrective Action Plan.
- 1.10.8. Upon receipt of the Contractor's supporting documentation, the Department will accept, request modifications, or reject the documentation. Modifications and rejections shall be accompanied by a written explanation.
- 1.10.9. In the event of a rejection of the Contractor's supporting documentation to the Corrective Action Plan, the Contractor shall correct and resubmit the supporting documentation to the Department for review.
- 1.10.10. If a Corrective Action Plan or any supporting activities or documentation required to correct a deficiency are not submitted within the requested timeline and/or quality specified by the Department, funds may be suspended or withheld from this Contract.
 - 1.10.10.1. **DELIVERABLE:** Revised Supporting Documentation
 - 1.10.10.2. **DUE:** Within five (5) Business Day of the Department's rejection
- 1.10.11. If corrections are not made by the timeline and quality specified by the Department then funds may be withheld from this Contract. Payments of funds from this Contract will resume beginning the month that the correction is made and accepted by the Department.

2. DISABILITY DETERMINATION, WAITING LIST MANAGEMENT, AND PROGRAM ENROLLMENT

2.1. Developmental Disability and Delay Determinations

- 2.1.1. The Contractor shall determine whether an applicant meets the definition of an Individual with Developmental Disabilities or Delay as defined under 10 CCR 2505-10, section 8.600.4, in accordance with 10 C.C.R. 2505-10 Section 8.607.2.
- 2.1.2. The Contractor may expedite psychological or adaptive behavior testing for Developmental Disability Determinations requested to complete PASRR Level II assessments for individuals residing in skilled nursing facilities when there are delays due to issues identifying a provider or scheduling testing with a provider.
 - 2.1.2.1. The Contractor shall maintain all supporting documentation related to the expedited testing for DD Determination and make it available to the Department upon request.

- 2.1.3. The Contractor shall complete the individual's determination record and assessment record in the Department prescribed system with all applicable dates and information within ten (10) Business Days after a determination is complete.
- 2.1.4. The Contractor shall maintain the individual's determination, documents, and request forms and make them available to the Department upon request or to another CCB upon transfer.
- 2.1.5. The Contractor shall ensure that all determinations are complete, in accordance with Department regulations, and the individual has been determined to have a disability or delay prior to enrollment into HCBS-DD, HCBS-SLS, HCBS-CHRP, HCBS-CES, State SLS, FSSP, and OBRA-SS.

2.2. Waiting List Management

- 2.2.1. The Contractor shall maintain a program specific waiting list within the Department's prescribed system for all eligible clients for whom funding is not available. Waiting lists may be applicable for State SLS, FSSP, HCBS-DD, HCBS-SLS, HCBS-CHRP, and HCBS-CES dependent on available funding. The Contractor shall not maintain a waiting list for OBRA-SS. When funding has been made available for an individual the contractor will remove the person from the ASAA waiting list within ten (10) business days.
- 2.2.2. The name of a person eligible for the program shall be placed on the waiting list by the Contractor making the eligibility determination.
- 2.2.3. When an eligible person is placed on the waiting list for Waiver services, a written notice of action including information regarding client rights and appeals shall be sent to the person or the person's legal guardian in accordance with the provisions of 10 C.C.R. 2505-10 Section 8.057 et seq.
- 2.2.4. The placement date used to establish a person's order on an HCBS waiver waiting list shall be:
 - 2.2.4.1. The date on which the person was initially determined to have a developmental disability by the Contractor; or
 - 2.2.4.2. The fourteenth (14th) birth date if a child is determined to have a developmental disability by the Contractor prior to the age of fourteen.
- 2.2.5. When a client is eligible for a program and funding is not available, the Contractor shall:
 - 2.2.5.1. Verify demographic information.
 - 2.2.5.2. Compile and correct data.
- 2.2.6. The Contractor shall complete data entry of Waiting List record into the Department prescribed system within ten (10) Business Days of any addition or change to the Waiting List.
- 2.2.7. The Contractor shall conduct and document, in the Department prescribed case management system, an annual follow-up with individuals eighteen (18) and older for all HCBS waivers with a Waiting List timeline of "As Soon As Available" (ASAA), Safety Net (SN), or "see date" to update changes in demographic information and ensure the individual is appropriately identified on waiting lists for the program and services the individual is eligible to receive.

- 2.2.7.1. **PERFORMANCE STANDARD:** One hundred percent (100%) of HCBS individuals eighteen (18) and older with an ASAA, SN, or “see date” timeline on the Waiting List contacted annually.
- 2.2.8. The Contractor shall conduct and document, in the Department prescribed case management system, an annual follow-up with individuals and families waiting for the Family Support Services Program (FSSP) or individuals waiting for State SLS services to update changes in demographic information and ensure that the individual is appropriately identified on waiting lists for the program and services the individual is eligible to receive.
- 2.2.9. The Contractor shall update the Department prescribed system with changes in demographic or other information within ten (10) Business Days of any change.

2.3. Program Enrollment from the Waiting List

2.3.1. HCBS-DD Enrollment from the Waiting List

- 2.3.1.1. When an enrollment becomes available from the HCBS-DD Waiting List, the Department will notify the Contractor of the person that will be offered an enrollment by the order of selection date.
- 2.3.1.2. The Contractor shall notify the individual of the enrollment offer within five (5) Business Days. The Contractor shall make three (3) attempts to contact the individual within a thirty (30) calendar day period. The Contractor shall document in the Departments prescribed system all attempts to contact the individual for enrollment offer. If the individual does not respond to the offer of enrollment the Contractor shall change the individuals waiting list timeline to Safety Net.

2.3.2. HCBS-DD Waiting List Enrollment Capacity Building

- 2.3.2.1. As appropriated and earmarked by the General Assembly, the Contractor may receive capacity building funding to support the enrollment of members into the HCBS-DD waiver from the waiting list.
- 2.3.2.2. The Contractor shall receive written notification of any capacity building funding for individuals enrolling into the HCBS-DD waiver from the waiting list.
- 2.3.2.3. If funding is allocated, the Contractor shall report how the capacity building funding was used to support the enrollment of the authorized member(s) into the HCBS-DD waiver on a template developed by the Department. Funding must be used to support member enrollment in the following categories:

- 2.3.2.3.1. Staffing Costs
 - 2.3.2.3.1.1. Recruiting and hiring
 - 2.3.2.3.1.2. Professional development
 - 2.3.2.3.1.3. Equipment and supplies
 - 2.3.2.3.1.4. Information Technology
- 2.3.2.3.2. Program Costs
 - 2.3.2.3.2.1. Advertising
 - 2.3.2.3.2.2. Equipment and supplies
- 2.3.2.3.3. Building Space Costs

- 2.3.2.3.3.1. Rent
- 2.3.2.3.3.2. Lease
- 2.3.2.3.4. Vehicle Costs
 - 2.3.2.3.4.1. Purchase
 - 2.3.2.3.4.2. Modification
- 2.3.2.4. **DELIVERABLE:** Capacity Building Funding Expenses
- 2.3.2.5. **DUE:** Quarterly, if funding is allocated, by October 31st, January 31st, April 30th, and June 30th or the Fiscal Year end close date determined by the Department
- 2.3.3. **FSSP Enrollment from the Waiting List**
 - 2.3.3.1. In cooperation with the local Family Support Council, the Contractor shall develop procedures for determining how and which individuals on the Waiting List will be enrolled into FSSP. These procedures must comply with Department regulations on waiting list and prioritization of funding.
 - 2.3.3.2. The Contractor shall select individuals from the waiting list to enroll into FSSP in accordance with 10 CCR 2505-10 8.613(D).
- 2.3.4. **State SLS Enrollment from the Waiting List**
 - 2.3.4.1. The Contractor shall develop procedures for determining how and which individuals on the waiting list will be enrolled into the State SLS program in accordance with 10 C.C.R. 2505-10 Section 8.501.7. These procedures shall be made available to the Department upon request and used to select individuals from the waiting list to enroll into State SLS.
- 2.3.5. **Waiting List Records Maintenance**
 - 2.3.5.1. The Contractor shall remove individuals from the Waiting List or change an individual's Waiting List status to "Internal Management" when an enrollment is authorized to the individual and the individual or guardian refuses enrollment within ten (10) Business Days of the individual or guardian's response or the last attempt.
 - 2.3.5.2. If an individual or guardian declines an enrollment, the Contractor shall enter the reason for declining an enrollment into the Department prescribed system Waiting List record within ten (10) Business Days of the enrollment being declined.
 - 2.3.5.3. The Contractor shall provide information and referrals to Clients, families and/or guardians at the time of the annual follow-up.
 - 2.3.5.4. The Contractor shall continue to refer Clients on the Waiting List to other community resources that may be available and inform Clients of their choice of providers, waivers, and services.
 - 2.3.5.5. The Contractor shall provide assistance completing Medicaid financial applications or other public assistance program applications at the time assistance is requested by the individual, family, or guardian.
- 2.4. **Compilation and Correction of Waiting List Data**
 - 2.4.1. The Contractor shall correct one hundred percent (100%) of Waiting List data errors, discovered by the Department within ten (10) Business Days of notification from the Department of an error.

2.4.2. **PERFORMANCE STANDARD:** One hundred percent (100%) of Waiting List data corrected within ten (10) Business Days of notification.

2.5. **Authorization and Reporting of HCBS-DD Enrollments**

2.5.1. The Contractor shall obtain prior authorization from the Department for all enrollments into the HCBS-DD waiver.

2.5.2. In accordance with 10 CCR 2505 Section 8.500.7.E, the Contractor shall inform the Department of all vacancies in the HCBS-DD waiver. Vacancies shall be submitted to the Department monthly on the date and template prescribed by the Department.

2.5.2.1. **DELIVERABLE:** HCBS-DD Vacancy Reporting

2.5.2.2. **DUE:** Monthly on the template prescribed by the Department

2.5.3. The Contractor shall report all enrollment dates or changes to enrollment status for the HCBS-DD waiver to the Department monthly on the date and template prescribed by the Department.

2.5.3.1. **DELIVERABLE:** HCBS-DD Enrollment Date and Enrollment Change Reporting

2.5.3.2. **DUE:** Monthly on the template prescribed by the Department

3. STATE GENERAL FUND PROGRAMS

3.1. The Contractor shall abide by and perform its duties and obligations in conformity with relevant federal law, all pertinent federal regulations, state law, rules and regulations of the Department of Health Care Policy and Financing at 10 C.C.R. 2505-10 and the Colorado Department of Public Health and Environment at 6 C.C.R. 1011 which include, but are not limited to:

3.1.1. Colorado Revised Statute, Title 25.5, Article 10.

3.1.2. Colorado Department of Health Care Policy and Financing Regulation at 10 C.C.R. 2505-10.

3.1.3. Colorado Department of Health Care Policy and Financing, Office of Community Living written communications.

3.1.4. Colorado Department of Public Health and Environment at 6 C.C.R. 1011-1.

3.2. The Contractor shall comply with existing policies, procedures, and guidelines issued by state agencies.

3.3. For any policies, procedures, and guidelines issued during the Contract term, the Contractor shall comply with the policy, procedure or guideline as of its effective date, unless otherwise specified by the Department or another regulatory agency.

3.4. The Contractor's agency policies, procedures, and practices shall comply with 10 C.C.R. 2505-10, and shall be reviewed by its Board of Directors to remain in compliance.

3.5. **Single Point of Entry**

3.5.1. The Contractor shall be the single point of entry for persons residing in its designated service area for state funded services and supports authorized pursuant to C.R.S. Title 25.5, Article 10, to individuals with intellectual and developmental disabilities.

3.6. **Service Support Requirements**

- 3.6.1. The Contractor shall administer and purchase or provide services and supports for persons determined to be eligible under this Contract. The Contractor shall not be responsible for guaranteeing services to eligible persons under this Contract in the event that there are no Providers available to provide services.
- 3.6.2. The Contractor shall ensure that written notifications are provided to Clients and Members informing them of their rights and the potential influence the Contractor has on the Service Planning process, such as exercising free choice of providers.
- 3.6.3. The Contractor shall provide the Client/Members and/or guardian with written information about how to file a provider agency complaint as well as how to make a complaint against the Contractor.
- 3.6.4. The Contractor shall have procedures for a dispute resolution process, as described in 10 C.C.R. 2505-10, Section 8.605.2, when an action to terminate, change, reduce or deny services is initiated by the provider service agency.

3.7. Client/Member Records

- 3.7.1. The Contractor shall comply with reporting and billing policies and procedures established by the Department, participate in the State's management information systems and adhere to the information system requirements provided by the Department for these systems. These systems include but are not limited to: the DDD Web Application Portal/Community Contract and Management System (CCMS).
- 3.7.2. The Contractor shall:
 - 3.7.2.1. Maintain Client/Member records within the Department prescribed system for the purposes of Client information management.
 - 3.7.2.2. Maintain accurate and detailed documentation of State General Fund ongoing case management and monitoring activities required under this Contract. All documentation must be made available to the Department upon request within ten (10) Business Days.
 - 3.7.2.3. Ensure all enrollments into the State General Funded programs comply with all requirements in Section 5.2 of this Contract and are entered into the Department prescribed system with ten (10) Business Days of the enrollment.
 - 3.7.2.4. Enter all Member terminations from the State General Fund programs into the Department prescribed system within ten (10) Business Days of the termination.
 - 3.7.2.5. The Contractor shall maintain internal documentation of all Case Management activities to substantiate any billing and make all documentation available to the Department upon request.

3.8. Compilation and Correction of Data

- 3.8.1. The Contractor shall correct one hundred percent (100%) of data errors, discovered by the Department, and confirm the accuracy of the data it enters into the Department prescribed system within ten (10) Business Days of notification from the Department of an error.
- 3.8.2. **PERFORMANCE STANDARD:** One hundred percent (100%) of data corrected within ten (10) Business Days of notification.

3.9. Program and Case Management Training

- 3.9.1. The Contractor shall ensure all Case Management staff receive the trainings listed below within one-hundred twenty (120) calendar days after the staff member's hire date and prior to being assigned independent case management duties. Case management staff must receive a refresher training as required by the Department or the Contractor. Training must include the following areas:
- 3.9.1.1. State General Fund program requirements, services, and ongoing case management
 - 3.9.1.2. Determinations of Developmental Disability or Delay
 - 3.9.1.3. Department Information Management Systems Documentation
 - 3.9.1.4. Critical Incident Reporting
 - 3.9.1.5. Mandatory Reporting
 - 3.9.1.6. Disability and Cultural Competency
- 3.9.2. There will be no exemptions to the above list of required trainings as all case managers should have a basic knowledge of all case management activities regardless of ongoing duties.
- 3.9.3. The Contractor shall utilize training materials provided by the Department where applicable related to Section 6.9.1 of this Contract.
- 3.9.4. The Contractor shall participate in Department trainings. Participation can be at the time of the presented training or following the training using the materials available on the Department Website.
- 3.9.5. Case Management staff hired by the Contractor with a minimum of one-year immediate prior experience working for a Colorado CCB, may perform case management activities prior to completion of the training requirements. All outlined training at Section 3.11.1 must be completed within one-hundred twenty (120) calendar days after the staff member's hire date, unless the Contractor can provide documentation that the required training has occurred.
- 3.9.6. The Contractor may elect to perform additional training not outlined in the Contract, but applicable to the Scope of Work.
- 3.9.7. The Contractor shall maintain supporting documentation demonstrating case managers attended the required trainings and make the information available to the Department upon request within ten (10) Business Days. Supporting documentation must at a minimum include the name and description of the training, date the training was held, case managers in attendance, and trainer sign off showing the case manager completed the training.

3.10. **Program Expenditure Reporting**

- 3.10.1. The Contractor shall report all State SLS, FSSP, and OBRA-SS expenditures on a template created by the Department. Expenditure reports will be submitted to the Department monthly for review, approval and payment.
- 3.10.1.1. **DELIVERABLE:** State General Fund Expenditure Reports
 - 3.10.1.2. **DUE:** Monthly, within thirty (30) days of the end of each month; except for the June expenditure report, which shall be due June 30th or the Fiscal Year end close date determined by the Department.
- 3.10.2. The Contractor shall verify all expenditures are supported with required documentation as required in 10 C.C.R. 2505-10 Section 8.613.J.2 and 10 C.C.R. 2505-10 Section 8.501.3.

3.11. State Supported Living Services (State SLS)

3.11.1. General Requirements

- 3.11.1.1. The Contractor shall operate the State SLS program pursuant to 10 C.C.R. 2505-10 Section 8.501.
- 3.11.1.2. The Contractor shall not add surcharges to the purchase of covered services for State SLS.
- 3.11.1.3. The Contractor shall provide a list of qualified providers for all services to Members and families, during the State SLS Individual Support Plan process, and to other interested parties upon request.
- 3.11.1.4. The Contractor shall provide or subcontract to provide community services to individuals enrolled in State SLS who meet the intellectual and developmental disabilities criteria and the eligibility requirements for the specific program required in 10 C.C.R. 2505-10 Section 8.501.
- 3.11.1.5. The Department will notify the Contractor of the minimum number of individuals that shall be served through State SLS prior to the start of each State Fiscal Year (SFY). The Contractor may choose to enroll more individuals in State SLS than authorized, ensuring all individuals can be served within the funding allocated. Minimum caseload is calculated using the unique number of members that receive direct services during the contract period.
- 3.11.1.6. The Contractor shall serve one hundred percent (100%) of the number of State SLS enrollments authorized by the Department.
- 3.11.1.6.1. **PERFORMANCE STANDARD:** One hundred percent (100%) of persons specified by the Department.

3.11.2. State SLS Eligibility

- 3.11.2.1. The Contractor shall determine eligibility for the State SLS program pursuant to 10 C.R.S. 2505-10 Section 8.501.2(2)(a).
- 3.11.2.2. Eligibility for the State SLS program does not guarantee the availability of services and supports.

3.11.3. State SLS Individual Support Plans

- 3.11.3.1. Pursuant to 10 C.R.S. 2505-10 Section 8.501.4.E.6 all State SLS Members must have a State SLS ISP.
- 3.11.3.2. The Contractor shall develop a State SLS Individual Support Plan (State SLS ISP) within ten (10) business days after an initial Individual Support Plan (ISP) meeting for those individuals not established with the Contractor and with a Developmental Disability determination at time of referral. The Contractor shall have up to ten (10) business days to complete additional meetings and/or assessments that allow for the creation of the State SLS ISP during this time. The Contractor shall ensure the State SLS ISP is signed by all required parties prior to implementation.
- 3.11.3.3. The State SLS ISP shall be developed through an in-person meeting that includes, at a minimum, the individual seeking services and the Contractor.
- 3.11.3.4. The Contractor shall utilize the ISP template prescribed by the Department.

3.11.3.5. The Contractor shall ensure that one hundred percent (100%) of the State SLS ISPs are developed within ten (10) business days of the individual's referral to a State General Fund program or after the initial ISP meeting.

3.11.3.5.1. **PERFORMANCE STANDARD:** One hundred percent (100%) of the State SLS ISPs are developed within ten (10) business days of the individual's referral to a State General Fund program or after the initial ISP meeting.

3.11.3.6. The State SLS ISP shall be effective for no more than one year and reviewed by the Contractor at least every six (6) months in a face to face meeting.

3.11.3.7. If a client seeks additional supports or alleges a change in need, the Contractor shall review and update the ISP prior to changing the authorized services and supports.

3.11.3.8. The Contractor shall maintain all State SLS ISPs and supporting documentation and make them available to the Department upon request.

3.11.4. **State SLS Ongoing Case Management**

3.11.4.1. The Contractor shall utilize appropriated funds to perform Case Management duties in accordance with 10 C.C.R. 2505-10 Section 8.501.5(B) to include:

3.11.4.1.1. Intake and referral

3.11.4.1.2. Determining program eligibility

3.11.4.1.3. Supporting individuals with learning and accessing other community resources

3.11.4.1.4. Developing a State SLS Individual Support Plan

3.11.4.1.5. Maintaining the determination of eligibility for services and supports

3.11.4.1.6. Providing service and support authorization and coordination

3.11.4.1.7. Program change management

3.11.4.1.8. Case Management, policy and regulation training

3.11.4.1.9. Service records maintenance

3.11.4.1.10. Utilization review

3.11.4.2. **Monitoring**

3.11.4.2.1. Monitoring shall include at least one in person, virtual, or telephone contact with the Client per quarter, based on the preference of the individual. The Contractor shall maintain internal documentation of all monitoring activities and make these records available to the Department upon request.

3.11.4.2.2. Monitoring activities shall include but not be limited to:

3.11.4.2.2.1. Monitoring all services and supports delivered pursuant to the State SLS Individual Support Plan

3.11.4.2.2.2. Assessing the effectiveness of the State SLS supports and services

3.11.4.2.2.3. Assessing if additional State SLS supports and services are needed

3.11.4.2.2.4. Support in assessing if the individual has become eligible for any other resources including community resources and other Medicaid resources

3.11.4.3. The Contractor shall submit a list of all ongoing case management and monitoring activities on a template prescribed by the Department.

3.11.4.3.1. **DELIVERABLE:** State General Fund Case Management Log

3.11.4.3.2. **DUE:** Monthly, the 15th of each month

3.11.5. **Transfers**

3.11.5.1. The Contractor shall manage State SLS transfers in accordance with 10 C.R.S 2505-10 Section 8.501.6.

3.11.6. **State SLS Direct Services**

3.11.6.1. The Contractor shall utilize appropriated funds to provide services to support individuals with an intellectual and developmental disability living in the community in accordance with 10 C.C.R. 2505-10 Section 8.501.4(A-D).

3.11.6.2. **State SLS Records Maintenance**

3.11.6.2.1. When the Contractor acts as the service provider, it shall:

3.11.6.2.1.1. Maintain supporting documentation capable of substantiating all expenditures and shall make them available to the Department upon request as required in 10 C.C.R. 2505-10 Section 8.130.2.

3.11.6.2.1.1.1. Receipts, invoices, and service logs must contain, at a minimum: Member name, service description, provider name, first and/or last date of service, service rate, and amount due or paid.

3.11.6.2.1.2. If the Contractor does not maintain supporting documentation in the required format for all services rendered, the Department may recover these funds pursuant to 10 C.C.R. 2505-10 Section 8.076.

3.11.6.2.2. When the Contractor purchases services through a service provider not affiliated with the Contractor, the Contractor shall:

3.11.6.2.2.1. Maintain receipts or invoices from the service provider and documentation demonstrating that the provider was paid by the Contractor.

3.11.6.2.2.1.1. Receipts or invoices must contain, at a minimum: Member name, service description, provider name, first and/or last date of service, service rate, and amount due or paid.

3.11.6.2.2.2. Through ongoing monitoring, the Contractor shall ensure all services reimbursed by the Contractor are rendered by service providers in accordance with the State SLS Individual Support Plan.

3.11.6.2.2.3. The Contractor shall attempt to resolve any discrepancies with the service provider directly.

3.11.6.2.2.4. The Contractor shall notify the Department of any instances of suspected fraud or waste, and any supporting documentation at the time of discovery.

3.11.6.2.2.5. The Contractor shall notify all service providers that all records and supporting documentation related to services rendered through State SLS are subject to inspection and recovery by the Department pursuant to 10 C.C.R. 2505-10 Section 8.076.

3.12. Omnibus Budget Reconciliation Act of 1987 Specialized Services (OBRA-SS)

3.12.1. The Contractor shall provide or arrange for the provision of OBRA-SS to any individual where the Pre-Admission Screening and Resident Review (PASRR) Level II Evaluation identified the need for placement into a nursing facility and need for additional specialized services. The Contractor shall ensure that OBRA-SS are related to the individual's intellectual or developmental disability or related condition and individualized to the resident's needs.

3.12.2. PASRR Level II Evaluation

3.12.2.1. The contractor will review the PASRR Level II Evaluations received from the Skilled Nursing Facility or State appointed vendor prior to developing an OBRA-SS Individual Support Plan or providing services.

3.12.3. Maintaining Eligibility and Enrollment

3.12.3.1. The Contractor shall enroll individuals into OBRA-SS, as long as the individual resides in a nursing facility, demonstrates a need, and agrees to receive services.

3.12.3.2. Upon approval of the nursing facility admission by the SIDA and receipt of the Final Notice of Determination, the Contractor shall send referrals to subcontractors for OBRA-SS within ten (10) Business Days from the date the PASRR Notice of Determination is issued and/or received from the Skilled Nursing Facility or State appointed vendor.

3.12.3.3. The Contractor shall maintain Member records within the Department prescribed system. All changes to OBRA-SS enrollments, shall be entered into the Department prescribed system within ten (10) Business Days of the change. The Department may adjust the number of authorized enrollments based on fluctuating enrollments. If the individual does not receive OBRA-SS within one (1) calendar month the contractor shall inactivate the client's record in the Department prescribed system.

3.12.4. OBRA-SS Individual Support Plans

3.12.4.1. The Contractor shall develop an OBRA-SS Individual Support Plan (ISP) within ten (10) Business Days after an initial ISP meeting for those individuals not established with the contractor and with a Developmental Disability determination at time of referral. The Contractor shall have up to ten (10) Business Days to complete additional meetings and/or assessments that allow for the creation of the OBRA-SS ISP during this time. The Contractor shall ensure the OBRA-SS ISP is signed by all required parties prior to implementation.

3.12.4.2. The OBRA-SS ISP shall be developed through an in-person meeting that includes, at a minimum, the individual seeking services and the Contractor.

3.12.4.3. The Contractor shall utilize the ISP template prescribed by the Department.

3.12.4.4. The Contractor shall ensure that one hundred percent (100%) of the OBRA-SS Individual Support Plans are developed within ten (10) business days of the individual's referral to a State General Fund program or after the initial ISP meeting.

3.12.4.5. **PERFORMANCE STANDARD:** One hundred percent (100%) of the OBRA-SS ISPs are developed within ten (10) business days of the individual's referral to a State General Fund program or after the initial ISP meeting.

- 3.12.4.6. The OBRA ISP shall be effective for no more than one year and reviewed by the Contractor at least every six (6) months in a face to face meeting.
- 3.12.4.7. If a client seeks additional supports or alleges a change in need, the Contractor shall review and update the ISP prior to changing the authorized services and supports.
- 3.12.4.8. The Contractor shall maintain all OBRA-SS ISPs and supporting documentation and make them available to the Department upon request.

3.12.5. **OBRA-SS Ongoing Case Management**

- 3.12.5.1. The Contractor shall utilize appropriated funds to perform Case Management duties to include:
 - 3.12.5.1.1. Intake and referral
 - 3.12.5.1.2. Verifying a PASRR Level II Evaluation and Skilled Nursing Facility residency
 - 3.12.5.1.3. Developing an OBRA-SS Individual Support Plan
 - 3.12.5.1.4. Maintaining the determination of eligibility for services and supports
 - 3.12.5.1.5. Providing service and support authorization and coordination.
 - 3.12.5.1.6. Ensuring there is not a duplication of authorized services with the services provided in the nursing facility.
 - 3.12.5.1.7. Program change management
 - 3.12.5.1.8. Service records maintenance
 - 3.12.5.1.9. Case Management, policy and regulation training
 - 3.12.5.1.10. Utilization review

3.12.5.2. **Monitoring**

- 3.12.5.2.1. Monitoring shall include at least one in person, virtual, or telephone contact with the client per quarter, based on the preference of the individual. The Contractor shall maintain internal documentation of all monitoring activities and make these records available to the Department upon request.
- 3.12.5.2.2. Monitoring activities shall include but not be limited to:
 - 3.12.5.2.2.1. Monitoring all services and supports delivered pursuant to the OBRA-SS ISP
 - 3.12.5.2.2.2. Assessing the effectiveness of the supports and services
 - 3.12.5.2.2.3. Assessing if additional supports and services are needed
 - 3.12.5.2.2.4. Support in assessing if the individual has become eligible for any other resources including community resources or other Medicaid resources
- 3.12.5.2.3. The Contractor shall submit a State General Fund Case Management Log of all ongoing case management and monitoring activities on a template prescribed by the Department.
 - 3.12.5.2.3.1. **DELIVERABLE:** State General Fund Case Management Log
 - 3.12.5.2.3.2. **DUE:** Monthly, the 15th of each month

3.12.6. **OBRA-SS Direct Services**

- 3.12.6.1. The Contractor shall not utilize OBRA-SS funds to purchase mental health related services. The Contractor shall seek provision of, or payment for, mental health services for those individuals through the Medicaid-funded mental health system or other local sources of funding.
- 3.12.6.2. The Contractor shall not utilize or authorize OBRA-SS funds to provide or purchase services and supports that are covered and provided by the nursing facility
- 3.12.6.3. The Contractor shall utilize appropriated funds to provide services to support individuals with intellectual and developmental disabilities living in a nursing facility. The Contractor shall not utilize funding for services that are provided by the Nursing Facility through Medicaid reimbursement. Services eligible through OBRA include:
 - 3.12.6.3.1. Assistive Technology
 - 3.12.6.3.2. Behavioral Consultation
 - 3.12.6.3.3. Behavioral Line Services
 - 3.12.6.3.4. Behavioral Counseling
 - 3.12.6.3.5. Behavioral Counseling Group
 - 3.12.6.3.6. Behavioral Plan Assessment
 - 3.12.6.3.7. Day Habilitation - Specialized Habilitation
 - 3.12.6.3.8. Day Habilitation - Supported Community Connections
 - 3.12.6.3.9. Dental – Basic
 - 3.12.6.3.10. Dental – Major
 - 3.12.6.3.11. Mileage
 - 3.12.6.3.12. Other Public Conveyance
 - 3.12.6.3.13. Prevocational Services
 - 3.12.6.3.14. Recreational Facility Fees/Passes
 - 3.12.6.3.15. Job Coaching – Individual
 - 3.12.6.3.16. Job Coaching – Group
 - 3.12.6.3.17. Job Development – Individual
 - 3.12.6.3.18. Job Development – Group
 - 3.12.6.3.19. Job Placement
 - 3.12.6.3.20. Vision
- 3.12.6.4. Services must be provided in accordance with the service definitions found in 10 C.C.R. 2505-10 Section 8.500.94.B.
- 3.12.7. **OBRA-SS Records Maintenance**
 - 3.12.7.1. When the Contractor acts as the service provider, it shall:
 - 3.12.7.1.1. Maintain supporting documentation capable of substantiating all expenditures and shall make them available to the Department upon request as required in 10 C.C.R. 2505-10 Section 8.130.2.

- 3.12.7.1.1.1. Receipts or invoices must contain, at a minimum: Member name, service description, provider name, first and/or last date of service, service rate, and amount due or paid.
- 3.12.7.1.2. If the Contractor does not maintain supporting documentation in the required format for all services rendered, the Department may recover these funds pursuant to 10 C.C.R. 2505-10 Section 8.076.
- 3.12.7.2. When the Contractor purchases services through a service provider not affiliated with the Contractor, the Contractor shall:
 - 3.12.7.2.1. Maintain receipts or invoices from the service provider and documentation demonstrating that the provider was paid by the Contractor.
 - 3.12.7.2.1.1. Receipts or invoices must contain, at a minimum, Member name, service description, provider name, first and/or last date of service, service rate, and amount due or paid.
 - 3.12.7.2.2. Through ongoing monitoring, the Contractor shall ensure all services reimbursed by the Contractor are rendered by service providers in accordance with the OBRA-SS Individual Support Plan.
 - 3.12.7.2.3. The Contractor shall attempt to resolve any discrepancies with the service provider directly.
 - 3.12.7.2.4. The Contractor shall notify the Department of any instances of suspected fraud and any supporting documentation at the time of discovery.
 - 3.12.7.2.5. The Contractor shall notify all service providers that all records and supporting documentation related to services rendered through OBRA-SS are subject to inspection and recovery by the Department pursuant to 10 C.C.R. 2505-10 Section 8.076.
- 3.12.8. **Mental Health Services Prohibited**
 - 3.12.8.1. The Contractor shall not utilize state funds to purchase mental health related services for individuals with intellectual disabilities who are Medicaid eligible and who also have a Medicaid covered mental health diagnosis.
 - 3.12.8.2. The Contractor shall seek provision of, or payment for, mental health services for those individuals through the Medicaid funded mental health system or other local sources of funding.
- 3.13. **Family Support Services Program (FSSP)**
 - 3.13.1. The Contractor shall provide or purchase Family Support Services pursuant to §25.5-10-305, C.R.S. and 10 C.C.R. 2505-10 Section 8.613.
 - 3.13.2. **Eligibility, Needs Assessment, and Prioritization of Families**
 - 3.13.2.1. The Contractor shall determine individual eligibility for the FSSP pursuant to 10 C.R.S 2505-10 Section 8.613.C.(1-4).
 - 3.13.2.2. After FSSP eligibility has been determined, the Contractor shall conduct an FSSP Needs Assessment prior to authorizing services. The Contractor shall develop a Needs Assessment Tool that is, at a minimum, inclusive of all requirements outlined in 10 C.C.R

2505-10 Section 8.613.E.7(a-e). The tool shall be included in the Contractor's Policies and Procedures for the FSSP and be made available to the Department upon request.

- 3.13.2.3. The Contractor shall assess all families, both on the waiting list as As Soon As Available and currently receiving FSSP services, for level of need on an annual basis in accordance with 10 CCR 2505 Section 8.613.E.
- 3.13.2.4. The Contractor shall submit a list of all completed FSSP Needs Assessments on a template prescribed by the Department.
 - 3.13.2.4.1. **DELIVERABLE:** Needs Assessment List
 - 3.13.2.4.2. **DUE:** Monthly, the 15th of each month
- 3.13.2.5. The Contractor shall maintain all Needs Assessment documentation and make them available to the Department upon request.
- 3.13.2.6. The Department will notify the Contractor of the minimum number of individuals that shall be served through FSSP prior to the start of each State Fiscal Year (SFY). The Contractor may choose to enroll more individuals in FSSP than authorized, ensuring all individuals can be served within the funding allocated. Minimum caseload is calculated using the unique number of members that receive direct services during the contract period.
 - 3.13.2.6.1. The Contractor shall serve one hundred percent (100%) of the number of FSSP enrollments authorized by the Department.
 - 3.13.2.6.2. **PERFORMANCE STANDARD:** One hundred percent (100%) of persons specified by the Department.
- 3.13.3. **Family Support Plans (FSP)**
 - 3.13.3.1. The Contractor shall ensure that individuals and families enrolled in the FSSP have an individualized Family Support Plan (FSP) which meets the requirements of an Individualized Plan, as defined in Section 25.5-10-202 and 25.5-10-211 C.R.S prior to receiving services.
 - 3.13.3.2. The Contractor shall develop the FSP within ten (10) Business Days after an initial Individualized Support Plan (ISP) meeting for those individuals not established with the Contractor and with a Developmental Disability or Delay Determination at the time of referral. The Contractor shall ensure the FSP is signed by all required parties prior to implementation.
 - 3.13.3.3. The FSP shall be developed through a meeting that includes, at a minimum, a family representative, and the Contractor.
 - 3.13.3.3.1. The Contractor shall ensure that one hundred percent (100%) of the FSPs are developed within ten (10) Business Days of the individual's referral to FSSP or after the initial ISP meeting.
 - 3.13.3.3.2. **PERFORMANCE STANDARD:** One hundred percent (100%) of the FSPs are developed within ten (10) Business Days of the individual's referral to FSSP or after the initial ISP meeting.
 - 3.13.3.4. The FSP shall be effective for no more than one year.

3.13.3.5. If the Member seeks additional supports or alleges a change in need, the Contractor shall review and update the FSP prior to changing the authorized services and supports.

3.13.3.6. The Contractor shall maintain all FSPs and supporting documentation and make them available to the Department upon request.

3.13.4. **FSSP Ongoing Case Management**

3.13.4.1. Pursuant to 10 C.R.S 2505-10 Section 8.613.G the Contractor shall provide case management for the FSSP, to include coordination of services provided for individuals with an IDD or Developmental Delay that consists of facilitating enrollment, assessing needs, locating, coordinating and monitoring needed FSSP funded services, and monitoring the effective and efficient provision of services across multiple funding sources.

3.13.4.2. The Contractor shall not charge families to provide direct services and case management for Family Support Services.

3.13.4.3. The Contractor shall provide a list of qualified providers for appropriate services to applicants, Member(s) and families, during the individualized planning process, and to other interested parties upon request.

3.13.4.4. The Contractor shall utilize appropriated funds to perform case management duties in accordance with 10 CCR 2505 8.613.G to include:

3.13.4.4.1. Development, application assistance, and annual re-evaluation of the Family Support Plan (FSP) which shall be conducted at least once per year and include making changes to the FSP as indicated.

3.13.4.4.2. Providing service authorization and support coordination to include but not limited to assessing the effectiveness of FSSP supports and services

3.13.4.4.3. Ensuring all services and supports are delivered in accordance with the FSP

3.13.4.4.4. Supporting the individual in assessing eligibility for other community and/or Medicaid resources

3.13.4.4.5. Service records maintenance

3.13.4.4.6. Case Management, policy and regulation training

3.13.4.4.7. Utilization review

3.13.4.5. The Contractor shall submit a list of all ongoing case management activities on a template prescribed by the Department.

3.13.4.5.1. **DELIVERABLE:** State General Fund Case Management Log

3.13.4.5.2. **DUE:** Monthly, the 15th of each month

3.13.5. **FSSP Direct Services**

3.13.5.1. The Contractor shall utilize appropriated FSSP funds to reimburse or advance funds to families for expenses that are incurred as a result of supporting the family and/or individual with an intellectual or developmental disability or delay living in the family home.

3.13.5.2. The Contractor shall only authorize and advance or reimburse services that are needed as a result of the individual's Intellectual and Developmental Disability or Developmental

Delay and shall not be approved if the need is a typical age-related need. Correlation between the need and the disability must be documented in the FSP.

- 3.13.5.3. The Contractor shall ensure that all services are provided in the most cost-effective manner, meaning the least expensive manner to meet the need.
- 3.13.5.4. The Contractor shall ensure that all services are authorized pursuant to the FSP.
- 3.13.5.5. The Contractor shall utilize FSSP funds to provide funding to families for expenses referenced in §25.5-10-305(a-j), C.R.S and 10 C.R.S. 2505-10 Section 8.613(F)(8)(a-h). The Contractor shall not authorize or provide any service that is not outlined in these regulations.
- 3.13.5.6. The Contractor shall ensure the authorized services through FSSP are not duplicative of other resources the family has access to, including HCBS waivers, third party insurance, etc.
- 3.13.5.7. The Contractor shall prioritize funding for the FSSP pursuant to 10 C.R.S 2505-10 Section 8.613.E(1-2).
- 3.13.6. **Family Support Council**
- 3.13.6.1. The Contractor shall establish and maintain a Family Support Council (FSC) pursuant to §25.5-10-304, C.R.S. and 10 C.C.R. 2505-10 Section 8.613.B.
- 3.13.6.2. The Contractor shall notify the Department in writing of any changes to the FSC within ten (10) Business Days.
- 3.13.6.3. The Contractor shall provide an orientation and training to all FSC members on the duties and responsibilities of the FSC. The training and orientation shall be documented with a record of the date of the training, who provided the training, training topic, and names of attendees. The Contractor shall make the training and orientation materials available to the Department upon request.
- 3.13.6.4. The Contractor shall ensure the FSC fulfills all duties outlined in 10 C.C.R. 2505-10 Section 8.613.B. The Contractor shall document meeting minutes and submit them to the Department. The Contractor shall maintain all supporting documentation related to an FSC meeting and make it available to the Department upon request.
 - 3.13.6.4.1. **DELIVERABLE:** FSC Meeting Minutes
 - 3.13.6.4.2. **DUE:** Monthly, by the 15th of each month and by June 30th or the Fiscal Year end close date determined by the Department for any meetings held in June.
- 3.13.7. **FSSP Evaluation**
- 3.13.7.1. In coordination with the FSC, the Contractor shall be responsible for evaluating the effectiveness of the FSSP on an annual basis. The Contractor shall ensure the annual program evaluation addresses all areas required in 10 CCR 2505-10 Section 8.613.K.
- 3.13.7.2. The Contractor shall provide the Annual Evaluation Report to the Department for review and approval.
 - 3.13.7.2.1. **DELIVERABLE:** Annual Evaluation Report
 - 3.13.7.2.2. **DUE:** Annually, by June 1st
- 3.13.8. **FSSP Annual Program Report**

- 3.13.8.1. The Contractor shall create and submit an annual FSSP Program Report to the Department. The FSSP Program Report shall contain all requirements outlined in 10 CCR 2505-10 Section 8.613.M.
- 3.13.8.2. The Contractor shall provide the FFS Program Report to the Department for review and approval.
 - 3.13.8.2.1. **DELIVERABLE:** FSSP Program Report
 - 3.13.8.2.2. **DUE:** Annually, by October 1st
- 3.13.9. **FSSP Records Maintenance**
 - 3.13.9.1. The Contractor shall maintain supporting documentation capable of substantiating all expenditures and reimbursements made to providers, Members and/or families.
 - 3.13.9.2. When the Contractor purchases services or items directly for Members and/or families, the Contractor shall:
 - 3.13.9.2.1. Maintain receipts or invoices from the service provider and documentation demonstrating that the provider was paid by the Contractor.
 - 3.13.9.2.1.1. Receipts or invoices must contain, at a minimum: Member and/or family name, provider name, first and/or last date of service, item(s) or service(s) purchased, item(s) or service(s) cost and amount due or paid.
 - 3.13.9.3. When the Contractor reimburses Members and/or families for services or items, the Contractor shall:
 - 3.13.9.3.1. Ensure the Member and/or family provides the Contractor with receipts or invoices prior to reimbursement.
 - 3.13.9.3.1.1. Maintain receipts or invoices from the Member and/or family, and documentation demonstrating that the Client and/or family was reimbursed by the Contractor.
 - 3.13.9.3.2. Ensure all receipts or invoices provided by the Members and/or family contain, at a minimum: Member and/or family name, provider name, first and/or last date of service, item(s) or service(s) purchased, items(s) or service(s) cost, and amount paid.
 - 3.13.9.4. When the Contractor provides funding to Members and/or families for the purchase of services or items in advance, the Contractor shall:
 - 3.13.9.4.1. Establish policies and procedures outlining the Contractor's processes for advancing funds, ensuring supporting documentation is received by the Member and/or family, and remedial action steps the Contractor will take if supporting documentation is not received. The policies and procedures shall identify timelines and shall be made available to the Department upon request.
 - 3.13.9.4.2. Notify the Member and/or family that they are required to submit invoices or receipts to the Contractor of all purchases made prior to the close of the State Fiscal Year.
 - 3.13.9.4.3. Ensure the Member and/or family provides the Contractor with receipts or invoices.
 - 3.13.9.4.4. Maintain receipts or invoices from the Members and/or family, and documentation demonstrating that the Members and/or family was provided with advanced funds by the Contractor.

- 3.13.9.4.4.1. Ensure all receipts or invoices provided by the Members and/or family contain, at a minimum: Members and/or family name, provider name, first and/or last date of service, item(s) or service(s) purchased, items(s) or service(s) cost, and amount paid.
- 3.13.9.4.5. The Contractor shall ensure the documentation received by the Member and/or family, indicates that the amount was paid.
- 3.13.9.4.6. If a Member and/or family does not submit invoices or receipts, the Contractor shall document all attempts to obtain receipts or paid invoices and any remedial action taken. The Contractor shall make all supporting documentation available to the Department upon request.
- 3.13.9.4.7. If the Contractor cannot provide supporting documentation as described in this section, the Department may recover any unsubstantiated expenditures from the Contractor.

4. MEDICAID PROGRAMS

4.1. Rules, regulations and references:

- 4.1.1. The Contractor shall abide by and perform its duties and obligations in conformity with relevant federal law, all pertinent federal regulations, state law, and regulations of the Department of Health Care Policy and Financing, Colorado Department of Human Services, and the Colorado Department of Public Health and Environment which include but are not limited to:
 - 4.1.1.1. Colorado Revised Statute, Title 25.5, Article 10.
 - 4.1.1.2. Colorado Department of Health Care Policy and Financing, Office of Community Living written communications.
 - 4.1.1.3. Colorado Department of Public Health and Environment at 6 C.C.R. 1011-1.
 - 4.1.1.4. Colorado Department of Human Services 12 C.C.R. 2509-8 7.700.
 - 4.1.1.5. The Contractor shall comply with all State Medicaid regulations promulgated by the Department. These regulations include, but are not limited to, Department regulations regarding:
 - 4.1.1.5.1. The HCBS-DD waiver, 10 C.C.R. 2505-10 Sections 8.500 to 8.500.80,
 - 4.1.1.5.2. The HCBS-SLS waiver, 10 C.C.R. 2505-10 Sections 8.500.90 to 8.500.102,
 - 4.1.1.5.3. The HCBS-CES waiver, 10 C.C.R. 2505-10 Section 8.503, et seq.,
 - 4.1.1.5.4. The HCBS-CHRP waiver, 10 C.C.R. 2505-10 Section 8.508,
 - 4.1.1.5.5. Long Term Care, 10 C.C.R. 2505-10 Sections 8.400 to 8.401,
 - 4.1.1.5.6. Recipient Appeals, 10 C.C.R. 2505-10 Section 8.507, and
 - 4.1.1.5.7. Services for Individuals with Intellectual and Developmental Disabilities, 10 C.C.R. 2505-10 Sections 8.600, et seq.
- 4.1.2. The Contractor shall perform its obligations in conformity with the provisions of Title XIX of the Social Security Act and other applicable federal and state laws and regulations.

4.1.3. The Contractor shall ensure applicant and Client rights are protected in accordance with Title XIX of the Social Security Act, other applicable federal and state laws, and Department regulations.

4.2. **Training**

4.2.1. The Contractor shall ensure that all Case Management staff receive the trainings listed below within one hundred and twenty (120) calendar days after the staff member's hire date and prior to being assigned independent case management duties. Case Management staff must receive a refresher training as required by the Department, the Department approved vendor or the Contractor. Training must include the following areas:

4.2.1.1. Long Term Services and Supports Eligibility

4.2.1.2. Intake and Referral

4.2.1.3. Determination of Developmental Disability or Delay

4.2.1.4. Department prescribed Level of Care Screening and Assessment

4.2.1.5. Notices and Appeals

4.2.1.6. Department Information Management Systems Documentation

4.2.1.7. Long Term Home Health (LTHH)

4.2.1.8. Applicable Federal and State laws and regulations for LTSS programs

4.2.1.9. Critical Incident Reporting

4.2.1.10. Waiver requirements and services

4.2.1.11. Mandatory Reporting

4.2.1.12. Disability and Cultural Competency

4.2.1.13. Participant Directed Training

4.2.2. There will be no exemptions to the above list of required trainings as all case managers should have a basic knowledge of all case management activities regardless of ongoing duties.

4.2.3. The Contractor shall utilize training materials provided by the Department where applicable related to Section 4.2.1 of this Contract.

4.2.4. The Contractor shall participate in Department trainings. Participation can be at the time of the presented training or following the training using the materials available on the Department Website.

4.2.5. Case Management staff hired by the Contractor with a minimum of one-year immediate prior experience working for a Colorado CCB as a case manager, may perform case management activities prior to completion of the training requirements. All outlined training at Section 4.2.1 must be completed within one-hundred twenty (120) calendar days after the staff member's hire date, unless the Contractor can provide documentation that the required training has occurred.

4.2.6. The Contractor may elect to perform additional training not outlined in the Contract, but applicable to the Scope of Work. The Contractor may utilize the Department's Case Management Training Template to identify trainings attended that are not required by the Department.

- 4.2.7. The Contractor shall provide the date all Case Management staff, including new and existing staff, were hired and the dates of received training in the areas identified in Section 4.2 of this Contract, using the reporting template provided by the Department for review, approval and payment.
- 4.2.8. Within one year of implementation of the Department prescribed Level of Care Assessment:
 - 4.2.8.1. Case Managers are required to receive oversight reviews of their performance including their competency with completing the Level of Care Assessment. Supervisors, lead workers or a case manager with three years of case management experience shall perform shadow assessments with one half of the Contractors case management staff prior to the end of the Contract Fiscal Year to complete the Level of Care Assessment. Documentation on Case Manager performance is to be maintained by the Contractor and provided to the Department upon request.
 - 4.2.8.2. Case Managers are required to meet competency requirements determined by the Department to perform case management tasks including the correct application of the assessment and applicable waiver benefits. Case Managers must pass assigned training competency requirements to independently perform Case Management activities.
 - 4.2.8.2.1. **DELIVERABLE:** Case Management Training
 - 4.2.8.2.2. **DUE:** Semi-annually, trainings held between July 1st and December 31st are due January 15th; and trainings held between January 1st through June 29th are due June 30th or the Fiscal Year end close date set by the Department
 - 4.2.9. The Contractor shall maintain supporting documentation demonstrating case managers attended the required trainings and make the information available to the Department upon request. Supporting documentation must include the name and description of the training, date the training was held, case managers in attendance, and trainer sign off showing the case manager completed the training.
- 4.3. Case Management staff employed by the Contractor shall complete Department prescribed training prior to the launch of the Department's new Care and Case Management Information Technology System (CCM), and the new assessment and support plan.
 - 4.3.1. Case managers must meet the competency requirements as outlined in Department training guidance.
 - 4.3.2. **DELIVERABLE:** Completed Case Management Training on the Care and Case Management Information Technology System (CCM), assessment and support plan
 - 4.3.3. **DUE:** No later than June 1st
- 4.4. **Intake, Screening and Referral**
 - 4.4.1. The Contractor shall perform all intake, screening and referral functions/activities that shall include, but not limited to, the following:
 - 4.4.1.1. Facilitating the Medicaid application process and responding to all referrals of potentially eligible Clients within two (2) Business Days of receipt of the referral.
 - 4.4.1.2. Processing information regarding Client Medicaid eligibility within two (2) Business Days of receipt from the eligibility site.

- 4.4.1.3. Ask referring agencies to complete and submit an intake and screening form to initiate the process.
- 4.4.1.4. Providing information and referral to other agencies as needed.
- 4.4.1.5. Making initial contact with Clients to include a preliminary screening in the following areas:
 - 4.4.1.5.1. A Client's need for LTSS.
 - 4.4.1.5.2. A Client's need for referral to other programs or services.
 - 4.4.1.5.3. A Client's eligibility for financial and program assistance.
 - 4.4.1.5.4. The need for a Level of Care Assessment.
 - 4.4.1.5.5. Maintain Client records including documentation of the referrals and outcome utilizing the Department's prescribed system.
 - 4.4.1.5.6. The Contractor shall ensure documentation includes the Client's need for LTSS and/or the Client's request for a Level of Care Assessment, even though the screening indicates the Client may not be eligible for LTSS.
 - 4.4.1.5.7. Clients shall be notified at the time of their application for publicly funded LTSS that they have the right to appeal actions. The notification shall include the right to request a fair hearing before an Administrative Law Judge.
 - 4.4.1.5.8. **PERFORMANCE STANDARD:** One hundred percent (100%) of Referrals are entered into the Department prescribed system within three (3) Business Days from the date of referral.

4.5. Level of Care Assessment

- 4.5.1. The Contractor shall provide staff that meet the case manager qualifications set forth in state statutes and regulations to perform all Level of Care Assessments.
- 4.5.2. The Contractor shall conduct an Initial Level of Care Assessment for all new applicants to HCBS-DD, HCBS-SLS, HCBS-CES, and HCBS-CHRP waivers, and the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). Initial Level of Care Assessment include the following Assessment Event types: Initial Review, HCBS-DD Waitlist, Deinstitutionalization (DI), and Reverse Deinstitutionalization. Continued Stay Review Level of Care Assessments include the following Assessment Event types: Continued Stay Review and Unscheduled Review.
- 4.5.3. An Unscheduled Review Assessment Event Type shall be utilized when a Level of Care Assessment is completed due to a significant change in the Member functioning and support needs including documented medical conditions, post hospitalization, or significant change in activities of daily living.
- 4.5.4. The Contractor shall conduct an Initial Level of Care Assessment in accordance with the following timelines:
 - 4.5.4.1. Ten (10) Business Days for individuals residing in the community, upon completion of the DD determination, when the individual requests HCBS waiver services, and upon verifying Medicaid eligibility or submission of a Medicaid application.
 - 4.5.4.2. Five (5) Business Days from the date of referral for individuals residing in a nursing facility or ICF-IID.

- 4.5.4.3. Two (2) Business Days from the date of referral for individuals residing in a hospital.
- 4.5.4.4. The Contractor shall enter and verify the evaluation into the Benefits Utilization System (BUS) within ten (10) Business Days of completing the evaluation.
 - 4.5.4.4.1. **PERFORMANCE STANDARD:** Initial Level of Care Assessment
 - 4.5.4.4.2. **DUE:** Within ten (10) Business Days after completing the evaluation. The Contractor shall verify that an individual needs an institutional level of care by receiving a Professional Medical Information Page (PMIP) signed by a medical professional and dated no earlier than six (6) months from the certification start date and no later than ninety (90) days from the evaluation date of an Initial Level of Care Assessment; and within ninety (90) calendar days of the certification start date and before the certification end date for a Continued Stay Review (CSR) for all applicants and individuals currently receiving services through the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). The Contractor shall conduct all Level of Care Evaluations in accordance with regulations.
- 4.5.5. The Contractor shall conduct a Continued Stay Review every twelve (12) months for Clients who are continually enrolled for the HCBS-DD, HCBS-SLS, HCBS-CES, and HCBS-CHRP waivers. The Contractor shall enter the review into the BUS within ten (10) Business Days of completing the evaluation.
 - 4.5.5.1. **PERFORMANCE STANDARD:** Enter and verify Continued Stay Reviews within ten (10) Business Days after completing the assessment.
 - 4.5.5.2. The Contractor shall enter and verify the Continued Stay Review into the BUS within ten (10) Business Days of completing the assessment. Failure by the Contractor to complete the annual Level of Care Assessment shall cause a break in payment authorization for waiver services for the Client.
 - 4.5.5.3. The Contractor shall ensure that this break in payment authorization shall not affect the continued delivery of waiver services to the Client. Service costs incurred during a break in payment authorization are non-allowable costs.
 - 4.5.5.4. The Contractor shall bear the sole financial responsibility of all costs incurred during this break in payment authorization and shall be responsible for reimbursing providers for any loss in funding as a result of the break in payment authorization.
- 4.5.6. The Contractor shall notify all providers of the discontinuation of services no later than eleven (11) calendar days prior to the certification end date that services shall not be authorized past the certification end date.

4.6. Care and Case Management System Soft-Launch Pilot Participation

- 4.6.1. The Contractor shall participate in a Soft Launch of the Department's new Care and Case Management Information Technology System (CCM) and the new assessment and support plan instruments as requested and determined by the Department.
 - 4.6.1.1. The Contractor shall participate in the Soft Launch, as determined by the Department.
 - 4.6.1.2. The activities in the Soft Launch will be completed in place of the ULTC 100.2 and Service Plan currently completed in the Benefits Utilization System (BUS).
 - 4.6.1.3. The Soft Launch will include administration of the new assessment and support planning instruments, which consist of distinct modules in the CCM. The Contractor will

administer the new LOC Screen module; new Needs Assessment, to include either the Basic Assessment module or the Comprehensive Assessment modules, as determined by the department; and the new Person-Centered Support Plan Module for initial and reassessments occurring during the duration of the Soft Launch period. All other case management activities not specified in this section are required to be completed for each individual seeking services or member participating in the Soft launch as otherwise required by the contract or regulations, in the BUS, Bridge, or DDD Web, as applicable.

- 4.6.2. All activities specified in this section shall apply only to case managers identified by the Contractor and approved by the Department to participate in the Soft Launch and the initial or CSR assessments and support plans administered by them.
- 4.6.2.1. The contractor shall assign staff who meet the case manager qualifications set forth in statutes to, in sufficient numbers to be determined by the Department, to perform all case management activities of the Soft Launch.
- 4.6.2.2. The identified and approved staff shall participate in training, as required and outlined by the Department, on the CCM system automation; the new assessment and the support plan instruments to include, but not limited to, the LOC Screen, Basic and Comprehensive Needs Assessment modules, and Person-Centered Support Plan module prior to performing a new assessment and support plan process in the CCM system.
- 4.6.3. The contractor shall explain and offer the option to members to voluntarily participate as an early adopter of the new assessment and support plan process on a voluntary basis, at the time of the CSR and at initial enrollment, as directed by the Department.
- 4.6.3.1. The Contractor shall complete all coordination and scheduling with volunteer early adopters for each of the required steps in the soft launch assessment and support plan process.
- 4.6.4. The Contractor shall complete the intake, screening and referral process in the CCM system for all individuals, as applicable.
- 4.6.4.1. The Contractor shall conduct an Initial LOC Screen for all new applicants to all waiver programs as indicated during the intake, screening and referral process using the new LOC Screen instrument automated in the CCM system, as directed by the Department.
- 4.6.4.2. The Contractor shall schedule and conduct new LOC Screen in accordance with the timelines in Section 4.4.4 of this Contract.
- 4.6.4.3. The Contractor shall conduct a Level of Care Assessment for Continued Stay Reviews for the following Home and Community Based Services (HCBS) Waivers in the CCM system:
 - 4.6.4.3.1. HCBS-CES
 - 4.6.4.3.2. HCBS-CHRP
 - 4.6.4.3.3. HCBS-DD
 - 4.6.4.3.4. HCBS-SLS
- 4.6.4.4. The Contractor shall assess and determine eligibility for HCBS waivers based on each waiver program targeting criteria and assist the client to select the appropriate waiver based on the eligibility determination.

- 4.6.4.5. The Contractor shall manually submit LOC determination, to include the waiver program selection based on the targeting criteria eligibility determination, to the appropriate county, using a process as determined by the Department. For initial enrollments, once confirmation of financial eligibility is determined, if the individual has chosen a waiver program that is not managed by the Contractor, the Contractor shall coordinate a transfer to the appropriate case management agency and assure the transfer is reported to the Department and is completed.
- 4.6.4.6. The Contractor shall complete the Introduction to the Assessment module in the CCM system, offering the option of the Basic Assessment module or Comprehensive Assessment module, as directed by the Department.
- 4.6.4.7. The Contractor shall conduct the appropriate assessment, as directed by the Department, and the Person-Centered Support Plan module in the CCM system.
- 4.6.4.8. The Contractor shall enter PARs and other required information into the Bridge for any of the early adopter members.
- 4.6.5. The Contractor shall provide feedback on system automation, system issues and training materials. The Contractor shall document soft launch related activities and time spent on these activities as directed by the Department or the Department's designee.
- 4.6.6. **DELIVERABLE:** Completed Soft Launch Case Management Training on the Care and Case Management Information Technology System (CCM), assessment and support plan
- 4.6.7. **DUE:** No later than January 31st
- 4.7. **Supports Intensity Scale-A Assessment**
- 4.7.1. The Contractor shall conduct a Supports Intensity Scale-A (SIS) assessment for all HCBS-DD and HCBS-SLS enrollments and reassessments when criteria set forth at 10 C.C.R. 2505-10 Section 8.612.1.H are met. The Contractor shall not be reimbursed for a SIS assessment prior to the individual being determined eligible for a waiver through the Level of Care Assessment and confirmation of financial eligibility. The Contractor shall not be reimbursed for SIS reassessments without prior authorization from the Department to conduct the SIS reassessment.
- 4.7.2. The Contractor shall conduct all initial SIS Assessments within forty-five (45) calendar days from the date of the Initial Level of Care Assessment. The Contractor shall conduct all SIS reassessments within forty-five (45) calendar days from the date of approval from the Department.
- 4.7.3. The Contractor shall enter the SIS Assessment into SIS-A Online within thirty (30) calendar days of completing the assessment.
- 4.7.3.1. **PERFORMANCE STANDARD:** SIS-A Assessment within thirty (30) calendar days of completing the assessment
- 4.8. **HCBS-CHRP Support Need Level Assessment**
- 4.8.1. The Contractor shall conduct a Support Need Level Assessment for all HCBS-CHRP enrollments and re-assessments as set forth by the Department's prescribed guidelines.
- 4.8.2. The Contractor shall conduct an initial Support Need Level Assessment within forty-five (45) calendar days from the date of the Initial Level of Care Assessment. The Contractor shall conduct all reassessments as necessary client's needs change.

- 4.8.2.1. The Contractor shall submit a list of all completed HCBS-CHRP Support Need Level Assessments on a template prescribed by the Department.
- 4.8.2.1.1. **DELIVERABLE:** Completed HCBS-CHRP Support Need Level Assessment List
- 4.8.2.1.2. **DUE:** Monthly, the 15th of each month
- 4.8.2.2. The Contractor shall maintain all Support Need Level Assessments and supporting documentation and make it available to the Department upon request.
- 4.8.2.3. **PERFORMANCE STANDAND:** Support Need Level Assessment
- 4.8.2.4. **DUE:** Within ten (10) Business Days of the Department's request

4.9. HCBS-CES Applications

- 4.9.1. The Contractor shall complete initial and CSR applications for persons applying for the HCBS-CES waiver as set forth by the Department's prescribed guidelines.
- 4.9.2. Initial HCBS-CES applications shall be submitted to the designated entity for review no more than thirty (30) calendar days after the initial LOC is completed or no more than thirty (30) calendar days after the Applicant/family has chosen enrollment onto the HCBS-CES waiver.
- 4.9.3. CSR HCBS-CES applications shall be submitted to the designated entity in accordance with timelines as set forth in 7.6.2., in order to prevent any break in services.
- 4.9.4. The Contractor shall maintain all HCBS-CES applications and supporting documentation and make it available to the Department upon request.

4.10. Appeals

- 4.10.1. The Contractor shall represent the Department and defend any adverse action in accordance with 10 CCR 2505-10, Sections 8.057 *et. seq.* in all appeals initiated during this Contract. The Contractor shall coordinate with the Department for any adverse actions necessitating Department attendance at a hearing.
- 4.10.2. The Contractor shall represent its actions at Administrative Law hearings when the Client or Member appeals a denial or adverse action affecting Client's or Member's program eligibility or receipt of services.
- 4.10.3. The Contractor shall process appeals in accordance with schedules published by the State of Colorado Office of Administrative Courts and rules promulgated by the Department.
- 4.10.4. The Contractor shall develop an Appeals Packet which contains all relevant documentation to support the Contractor's denial or adverse action.
- 4.10.5. The Contractor shall develop the Appeals Packet no earlier than twenty (20) Business Days prior to the date of a scheduled hearing.
- 4.10.6. The Contractor shall submit appeal ruling exceptions to the Office of Administrative Courts when applicable and include all relevant information.
- 4.10.7. The Contractor shall cooperate with the Office of the State Attorney General for any case in which it is involved.
- 4.10.8. The Contractor shall document all appeals where the Contractor attends any hearing in an Administrative Law Court.

- 4.10.9. The Contractor shall enter all Appeals and Hearing information, and follow-up, into the Department prescribed system and maintain detailed documentation.
- 4.10.10. The Contractor shall make the Appeals Packets available to the Department upon request by the Department.
- 4.10.11. The Contractor shall document all Appeals Creation of the Packet and Attendance at the Hearing information, no later than the tenth (10th) day of the month following the month when the packet or hearing was completed, and follow-up in the Department prescribed system and maintain detailed documentation.
- 4.10.11.1. **PERFORMANCE STANDARD:** One hundred percent (100%) of Appeal Packets and Hearings Attended are added to the Department prescribed system monthly by the tenth (10th) day of the month following the month when the packet or hearing was completed.

4.11. **Management Information Systems and Reporting**

- 4.11.1. The Contractor shall comply with reporting and billing policies and procedures established by the Department, participate in the State's management information systems and adhere to the information system requirements provided by the Department for these systems. These systems include but are not limited to: the DDD Web Application Portal/Community Contract and Management System (CCMS) and the Benefits Utilization System (BUS).
- 4.11.2. The Contractor shall:
 - 4.11.2.1. Utilize the Department prescribed system for the purpose of Client information management.
 - 4.11.2.2. Provide accurate documentation of administrative activities required under this Contract. Timely documentation shall be completed within ten (10) Business Days and entered into the Department prescribed system.

5. **ACCOUNTING**

- 5.1. The Contractor's accounting methods shall conform to the standards of Generally Accepted Accounting Principles (GAAP), and any updates thereto, throughout the Term of the Contract.
- 5.2. The Contractor shall establish and maintain internal control systems and standards that apply to the operation of the organization.
- 5.3. The Contractor shall establish any necessary cost accounting systems to identify the application of funds and record the amounts spent.
- 5.4. The Contractor shall document all transactions and funding sources and this documentation shall be available for examination by the Department within ten (10) Business Days of the Department's request.
 - 5.4.1. **DELIVERABLE:** Transaction and Funds Documentation
 - 5.4.2. **DUE:** Within ten (10) Business Days of the Department's Request

6. **SUBRECIPIENT STATUS AND REQUIREMENTS**

- 6.1. The Contractor has been determined to be a Subrecipient under 2 C.F.R. Chapter I, Chapter II, Part 200 et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements

for Federal Awards; Final Rule (the “Final Rule”), released December 26, 2013 and subsequently updated, and thus shall be required to follow all requirements and guidance contained in the Final Rule.

6.1.1. Single Audits

- 6.1.1.1. Under the Final Rule, all Non-Federal Entities, as defined in the Final Rule, expending \$750,000.00 or more from all federal sources (direct or from pass-through entities) must have a single or program-specific audit conducted for that year in accordance with Subpart F of the Final Rule.
- 6.1.1.2. The Contractor shall notify the State when expected or actual expenditures of federal assistance from all sources equal or exceed \$750,000.00.
- 6.1.1.3. If the expected or actual expenditures of federal assistance from all sources do not equal or exceed \$750,000.00 the Contractor shall provide an attestation to the State that they do not qualify for a Single Audit.
- 6.1.1.4. Pursuant to the Final Rule §200.512 (a)(1) the Single Audit must be completed and submitted to the Department within the earlier of thirty (30) calendar days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. If the due date falls on a Saturday, Sunday, or federal holiday, the reporting package is due the next Business Day.
 - 6.1.1.4.1. **DELIVERABLE:** Single Audit
 - 6.1.1.4.2. **DUE:** Within the earlier of thirty (30) calendar days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period
- 6.1.1.5. If the Contractor did not receive enough federal funds to require a Single Audit, the Contractor shall submit an attestation form stating a Single Audit was not required utilizing the Department’s template.
 - 6.1.1.5.1. **DELIVERABLE:** Attestation Form
 - 6.1.1.5.2. **DUE:** Within the earlier of thirty (30) calendar days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period
- 6.1.1.6. The audit period shall be the Contractor’s Fiscal Year.

7. COMPENSATION

7.1. State General Fund Program Allocations

- 7.1.1. The Department will notify the Contractor in writing of the Contractor’s individual allocation for State SLS, OBRA-SS, and FSSP for each State Fiscal Year.
- 7.1.2. Reimbursement for activities and services performed by the Contractor shall not exceed the maximum amount identified in the Contractor’s individual allocation. Activities and services must be rendered during the State Fiscal Year.
- 7.1.3. The Department, in its sole discretion, may increase or decrease the Contractor’s individual allocations under this Contract by notifying the Contractor’s Representative. Increases or decreases in the amount of State funding during the term of this Contract may be made by written notice by the Department to the Contractor or by amendment of the Contract. The circumstances may include but shall not be limited to:

- 7.1.3.1. If necessary to fully utilize program appropriations.
- 7.1.3.2. Adjustments to reflect prior year final contract utilization and current year expenditures.
- 7.1.3.3. Supplemental appropriation changes resulting in an increase or decrease in the amounts originally appropriated and available for the purposes of this program.
- 7.1.3.4. Closure of programs and/or termination of related contracts.
- 7.1.3.5. Delay or difficulty in implementing new programs or services.
- 7.1.3.6. Other special circumstances as deemed necessary by the Department.
- 7.1.3.7. Changes in Member utilization due to changing needs, new enrollments, terminations, and/or delays in services.
- 7.1.3.8. Minimum caseloads not being met.

7.2. State General Fund Program Minimum Caseloads

- 7.2.1. The Department will notify the Contractor in writing of the minimum number of individuals that shall be served in State SLS and FSSP prior to the start of each State Fiscal Year.
- 7.2.2. The Contractor may choose to enroll more individuals in State SLS and FSSP than authorized, ensuring all individuals can be served within the funding allocated.
- 7.2.3. Minimum caseload is calculated by the Department using the unique number of members that receive direct services during the contract period.
- 7.2.4. The Contractor shall enroll members into OBRA-SS if the need for services is identified through the PASRR Level II and shall notify the Department if sufficient funding is not available in the Contractor's individual allocation to support the individual's needs.
- 7.2.5. The Contractor shall redirect unallocated funding from one State Funded Program to another to fully utilize funding allocated and best serve member needs within the CCB service area. The Contractor shall not redirect unallocated funding from one State Funded Program to another unless the minimum caseload requirement is being met or the Contractor has obtained written approval from the Department to do so.
- 7.2.6. The Department may reduce the amount of funding allocated during the State Fiscal Year if the Contractor does not meet minimum caseload requirements for State SLS or FSSP.

7.3. State General Fund Program Compensation

- 7.3.1. The compensation under this Contract shall consist of fee for service reimbursement for all State General Fund activities. The Department shall pay the Contractor for the State SLS and OBRA-SS activities at the rates shown in the table in Section 7.5.2 and direct services for State SLS and OBRA-SS at the rates posted and distributed on the Department's website on the Provider Rates and Fee Schedule. The Department shall pay the Contractor for FSSP activities at the rates shown in the table in Section 7.5.2 and direct services for FSSP at a dollar per unit.
- 7.3.2. The liability of the State, at any time, for such payment shall be limited to the unexpended amount remaining of such funds and available to the Department.
- 7.3.3. Payments shall be made in accordance with rates identified in Section 10.1.10 of this Contract as determined by the Department and may be amended during the term of the contract using

an Option Letter. When the Contractor's maximum allocation of State funding has been paid to the Contractor, no additional funds shall be provided under this Contract.

- 7.3.4. Payment pursuant to this Contract is contingent upon the Contractor, or subcontractor(s), securing and properly maintaining all necessary licenses, certifications, approvals, etc., required to properly provide the services or goods covered by the contract.

7.4. Adjustments to Fund Disbursement Amounts

- 7.4.1. The Department reserves the right to make adjustments during the Contract period and post-period adjustment to disbursements following the end of the Contract period, or an adjustment to the Fiscal Year contract if:

- 7.4.2. The Contractor does not achieve the Performance Standards identified for each program.

7.5. State General Fund Program Rates

- 7.5.1. To administer the tiered rates, the Department has utilized enrollment data to determine the agency size definitions:

- 7.5.1.1. Agency Size Table

STATE GENERAL FUND PROGRAM AGENCY SIZE TABLE		
DESCRIPTION	State SLS	FSSP
SMALL AGENCY	1-20 MEMBERS	1-100 Members
MEDIUM AGENCY	21-60 Members	101-300 Members
LARGE AGENCY	61+ Members	301+ Members

- 7.5.1.2. The Contractor shall be assigned as a small, medium, or large agency for State SLS and a small, medium, or large agency for FSSP in writing through each agency's individual allocation using the table in 7.5.1.1.

- 7.5.1.3. The Department has determined the Contractor to be a Rural agency.

7.5.2. State General Fund Program Rate Table

STATE GENERAL FUND PROGRAM RATE TABLE		
Description	Rate	Frequency
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: MANE	\$325.84	Per Incident
State SLS, OBRA-SS, and FSSP Critical Incident Reporting & Investigation: Non-MANE	\$43.59	Per Incident
State SLS, OBRA-SS, and FSSP Human Rights Committee	\$117.32	Per Packet

State SLS and OBRA-SS Complaints Trend Analysis	Small Agency: \$121.59 Medium Agency: \$162.78 Large Agency: \$205.94	Quarterly
State SLS and OBRA-SS CIRS Trend Analysis	Small Agency: \$199.90 Medium Agency: \$322.84 Large Agency: \$467.84	Quarterly
State SLS Ongoing Case Management	\$136.06	Monthly
State SLS Monitoring	\$98.73	Per Contact
State SLS Expenditure Report	Small Agency: \$374.59 Medium Agency: \$472.42 Large Agency: \$583.94	Monthly
OBRA-SS Ongoing Case Management	\$130.45	Monthly
OBRA-SS Monitoring	\$98.73	Per Contact
OBRA-SS Expenditure Report	\$344.86	Monthly
FSSP Ongoing Case Management	\$77.49	Monthly
FSSP Needs Assessment	\$31.03	Per Assessment
FSSP Expenditure Report	Small Agency: \$274.94 Medium Agency: \$391.81 Large Agency: \$519.38	Monthly
Family Support Council Meetings	\$390.34	Per Meeting
FSSP Annual Report	\$580.24	Annually
FSSP Program Evaluation	\$493.82	Annually
State SLS and OBRA-SS Rural Travel Add-On (ISP, Monitoring) For Rural Counties	\$34.96	Per In Person ISP and Monitoring Contact

- 7.5.2.1. The rates shown above are determined by the approved appropriation from the Colorado General Assembly. The Department, at its discretion, shall have the option to increase or decrease these rates as the Department determines is necessary based on its approved appropriation or to correct an administrative error in rate calculations. To exercise this option, the Department shall provide written notice to Contractor in a form substantially similar to the Sample Option Letter in the original Contract, and any new rates table or exhibit shall be effective as of the effective date of that notice unless the notice provides for a different date. The Department may modify the rates shown in this section based on the Medicaid Provider rate increases authorized by the Colorado legislature or due to an administrative error. In the event that the Department does modify these rates, the Department may modify them through the use of an Option Letter.
- 7.5.2.2. The rates for State SLS and OBRA-SS direct services will be posted on the Department's website on the Provider Rates and Fee Schedule. The Contractor shall bill all FSSP direct services at a dollar per unit.

7.6. Administrative Compensation

7.6.1. The compensation under the Contract shall consist of fee for service reimbursement for administrative case management services. The Department shall pay the Contractor at the rates shown in the following table in Section 10.2.3 upon the Department's approval of all deliverables and services.

7.6.2. To administer the tiered rates, the Department has utilized enrollment data to determine the following agency size definitions:

7.6.2.1. Agency Size Table

ADMINISTRATIVE FUNCTIONS AGENCY SIZE TABLE	
Description	Member Count
Small Agency	1-700 Members
Medium Agency	701-1,500 Members
Large Agency	1,501+ Members

7.6.2.2. Based on the table in 7.6.2.1, the Department has determined the Contractor to be a Small agency.

7.6.2.3. The Department has determined the Contractor to be a Rural agency.

7.6.3. Administrative Rate Table

ADMINISTRATIVE RATE TABLE		
Description	Rate	Frequency
Operations Guide	\$7,439.13	Annually – Year 1 of the Contract
Operations Guide Update	\$1,328.97	Annually – Years 2, 3, 4, and 5 of the Contract
Community Outreach Plan	Small Agency: \$1,243.57 Medium Agency: \$2,289.46 Large Agency: \$3,335.34	Annually

Complaint Trend Analysis	Small Agency: \$1,496.58 Medium Agency: \$2,016.26 Large Agency: \$2,535.03	Quarterly
Critical Incident Reporting and Investigation	\$5.89	Monthly, Per Member Enrolled
Critical Incident Follow-Up Completion and Entry Performance Standard	\$3,226.04	Quarterly
Case Management Training	\$602.79	Semi-Annually
Appeals – Creation of Packet	\$343.02	Per Packet
Appeals – Attendance at Hearing	\$458.16	Per Hearing
Human Rights Committee	\$5.55	Monthly, Per Member Enrolled
Waiting List Management	\$90.93	Per Contact
DD Determination	\$428.14	Per Determination
Delay Determination	\$254.72	Per Determination
Expedited DD Determination Testing for PASRR Level II Evaluations	Actual Costs Up to \$448.95	Per Evaluation
Initial Level Of Care Assessment	\$220.71	Per Screening and Assessment
Continued Stay Review – Level Of Care Assessment	\$199.73	Per Screening and Assessment
Rural Travel Add-On (Initial, CSR, Pilot Screen, Pilot Assessment) for Rural Counties	\$34.96	Per Initial or CSR
HCBS-CES Applications – Initial	\$176.57	Per Application
HCBS-CES Applications – CSR	\$133.22	Per Application
SIS-A Assessments	\$333.22	Per Assessment
HCBS-CHRP Support Need Level Assessment	\$154.22	Per Assessment
Pilot – Initial Level of Care Screen	\$196.22	Per Screen
Pilot – Continued Stay Review Level of Care Screen	\$182.55	Per Screen
Pilot – Initial Basic Needs Assessment	\$247.74	Per Assessment
Pilot – Continued Stay Review Basic Needs Assessment	\$232.53	Per Assessment
Pilot – Initial Comprehensive Needs Assessment	\$309.68	Per Assessment

Pilot – Continued Stay Review Comprehensive Needs Assessment	\$295.95	Per Assessment
Completed Soft Launch Training on the Care and Case Management Information Technology System (CCM), Assessment and Support Plan Instruments	Calculated Allocation	Upon Training Completion
HCBS-DD Waiting List Enrollment Capacity Building	\$1,191.00	As Authorized
Completed Case Management Training on the Care and Case Management Information Technology System (CCM), Assessment, and Support Plan Instruments	Calculated Allocation	Upon Training Completion
Continuous Quality Improvement Plan	\$472.86	Per Plan

7.6.4. The rates shown above are determined by the approved appropriation from the Colorado General Assembly. The Department, at its discretion, shall have the option to increase or decrease these rates as the Department determines necessary based on its approved appropriation or to correct an administrative error in rate calculations. To exercise this option, the Department shall provide written notice to Contractor in a form substantially similar to the Sample Option Letter in the original Contract, and any new rates table or exhibit shall be effective as of the effective date of that notice unless the notice provides for a different date. The Department may modify the rates shown in this section based on the Medicaid Provider rate increases authorized by the Colorado legislature or due to an administrative error. In the event that the Department does modify these rates, the Department may modify them through the use of an Option Letter.

7.7. **Billing and Payment Procedures**

7.7.1. Unless otherwise provided, and where appropriate, the Department shall establish billing procedures and pay the Contractor for Administrative Functions and State General Fund Programs, at a rate determined by the Department, performed and accepted pursuant to the terms of this Contract.

7.7.2. The Contractor shall be reimbursed for Administrative Functions at the frequency and criteria identified in Section 11 of this Contract, Invoicing and Payment Procedures.

7.7.3. The Contractor shall be reimbursed for State General Fund Programs at the frequency and criteria identified in Section 11 of this Contract, Invoicing and Payment Procedures up to the total allocation amount established by the Department and defined within Section 10 of this Contract, Compensation.

8. **INVOICING AND PAYMENT PROCEDURES**

8.1. Operations Guide

8.1.1. The Contractor shall develop an Operations Guide that meets all requirements outlined in this Contract for year one (1). The Contractor shall receive payment for the Operations Guide once the deliverable has been reviewed and accepted by the Department.

8.2. Operations Guide Updates

8.2.1. The Contractor shall review the Operations Guide for years two (2), three (3), four (4), and five (5) of this Contract, and determine if any modifications are required. Updates shall include but not be limited to any changes in the Work, in the Department's processes and procedures, or in the Contractor's processes and procedures. The Contractor shall submit the Annual Operations Guide Update as well as a summary of all changes to the Department or an explanation demonstrating that the Operations Guide was reviewed, and the Contractor determined that no edits were necessary. The Department shall review the Operations Guide Update and the summary to determine whether significant modifications were completed. The Contractor shall receive payment for the updated Operations Guide only after the Department has determined that significant changes were made, and the Department has accepted the deliverable. If minor changes or no changes were completed the Contractor shall not receive payment for this deliverable. The Department does not consider changes such as updating dates, contact information or locations to be significant changes.

8.3. Community Outreach Plan

8.3.1. The Contractor shall submit a Community Outreach Plan on an annual basis to the Department. The Contractor shall receive payment for the Community Outreach Plan after it has been reviewed and accepted by the Department.

8.4. Continuous Quality Improvement Plan

8.4.1. The Contractor shall submit the Continuous Quality Improvement Plan deliverable as defined in Section 1.5. The Contractor shall receive payment once the Department has reviewed and accepted the Deliverable. If the original submission is rejected by the Department, the Contractor shall not receive payment until a revised deliverable has been received and accepted by the Department.

8.5. Developmental Disability and Delay Determinations

8.5.1. The Contractor shall input all disability determinations into the Department prescribed system within the required timeframes. The Department will pay disability determinations, based on data pulled from the Department prescribed system on the eleventh (11) day of the month for determinations from the previous month.

8.6. Expedited Testing for DD Determinations for PASRR Level II Evaluations

8.6.1. The Contractor shall invoice the Department monthly for the costs of expediting testing for DD Determinations necessary for the completion of a PASRR II evaluation by the fifteenth (15th) day of the month for the determinations completed in the previous month. The Department will pay for the actual cost for each expedited DD Determination once the invoice has been reviewed and accepted. All invoices shall be submitted on the format prescribed by the Department.

8.7. HCBS-DD Waiting List Enrollment Capacity Building

8.7.1. The Department will pay the Contractor for each new member enrolled into the HCBS-DD waiver from the waiting list as authorized by the Department and as funding is appropriated and earmarked by the General Assembly. The Department will determine which HCBS-DD enrollments from the waiting list qualify for capacity building funding as defined in Section 2.3.2.

8.8. HCBS Critical Incident Reports (CIRs) and Investigations

8.8.1. The Contractor shall ensure all CIRs have been entered in the Department prescribed system within the required timeframe. The Department will pay per member enrolled each month based on actively enrolled members pulled from the Department prescribed system on the eleventh (11th) day of the month for enrollments from the previous month.

8.9. HCBS Critical Incident Quarterly Follow-Up Completion and Entry Performance Standard

8.9.1. The Contractor is eligible to receive a quarterly performance-based payment for timely completion of the requested CIR follow-up action. To receive this quarterly performance-based payment, the Contractor must have ninety percent (90%) of all CIRs assigned follow-up completed and entered into the Department's prescribed system within the timelines assigned by the Department and/or Department Quality Improvement Organization. The Department will calculate the Contractor's performance at the close of each quarter to determine if the Contractor will be awarded the performance-based payment.

8.10. SGF Critical Incident Reporting and Investigation: MANE and Non-MANE

8.10.1. The Contractor shall ensure all CIRs have been entered in the Department prescribed system within the required timeframe. The Department will pay for all CIRs MANE and CIRs Non-MANE based on data pulled from the Department's prescribed system on the eleventh (11th) day of the month for CIRS from the previous month.

8.11. SGF Critical Incident Trend Analysis

8.11.1. The Contractor shall receive payment for the quarterly CIRs Trend Analysis deliverable once the Department has reviewed and accepted the Deliverable. If the original submission is rejected by the Department, the Contractor shall not receive payment until a revised deliverable has been received and accepted by the Department. If the Deliverable shows that zero (0) Critical Incidents were received and no trends were identified that quarter, the Contractor shall not receive payment for the deliverable.

8.12. Level of Care Assessment

8.12.1. The Contractor shall conduct Level of Care Assessments and enter into the Department prescribed system within the required timeframe. The Department will pay for all required Initial Assessments with the following event types: Initial Review, HCBS-DD Waitlist, Deinstitutionalization (DI), and Reverse Deinstitutionalization. The Contractor shall be reimbursed for only one HCBS-DD waiting list Initial Level of Care Assessment per member. The Department will pay for all required Continued Stay Reviews with the following event types: Continued Stay Review and Unscheduled Review. The Contractor shall only be reimbursed for Unscheduled Reviews required by a member's significant change in condition. The Department will pay the Contractor using data pulled from the Department prescribed system on the eleventh (11th) day of the month for assessments from the previous month. The Department shall not pay for Waitlist Reviews completed for those HCBS

waivers that do not have a waiting list. If the Contractor has been designated as a rural/frontier CCB by the Department, an additional rural add-on payment will be added to each evaluation.

8.12.2. Care and Case Management System Soft-Launch Pilot Assessments

8.12.2.1. The Contractor shall conduct LOC Assessments, Basic Needs Assessments, and Comprehensive Needs Assessments and enter the completed assessments into the CCM System within the required timeframes. The Contractor will only receive payment for assessments that have been authorized and approved by the Department. The Department will pay the Contractor using data pulled from the CCM System or through an invoicing process and timeline as determined by the Department.

8.13. HCBS-CES Applications

8.13.1. The Contractor shall submit all HCBS-CES applications to the Department's vendor for review and approval. The Department will pay for initial application per person applying for HCBS-CES per year, as well as CSR HCBS-CES application each year thereafter. The Department will not pay for initial or CSR applications that were denied due to being incomplete. Incomplete applications include any application that did not contain: a signature page, a completed Level of Care, DD or Delay Determination date, dates of service, or partial application (missing pages) which are required from the Contractor necessary to process the application. An incomplete application denial is different than a denial for the client not meeting nighttime and/or daytime criteria. The Department will pay for HCBS-CES applications from reports received by the Department's vendor on the eleventh (11th) of the month for assessments from the previous month.

8.14. Waiting List Management

8.14.1. The Contractor shall enter all waiting list management contacts with individuals and families into the Department prescribed system within the required timeframe. The Department will pay for required Waiting List contacts from data pulled from the Department prescribed system on the eleventh (11th) of the month for assessments from the previous month. The Department shall not pay for more than one (1) contact per individual (18 and older) on the HCBS-DD ASAA, See Date and Safety Net waiting list and State SLS or FSSP ASAA waiting list per year.

8.15. Complaint Log and Trend Analysis

8.15.1. The Contractor shall submit a quarterly Complaint Log and Trend Analysis deliverable. The Contractor will receive payment once the Department has reviewed and accepted the Deliverable. If the original submission is rejected by the Department, the Contractor shall not receive payment until a revised deliverable has been received and accepted by the Department.

8.16. Case Management Training

8.16.1. The Contractor shall submit the Case Management Training deliverable. The Contractor will receive payment once the Department has reviewed and accepted the Deliverable. If the original submission is rejected by the Department, the Contractor shall not receive payment until a revised deliverable has been received and accepted by the Department. If a case manager did not receive one or more of the required trainings prior to being assigned independent duties, the Contractor shall not receive payment for the Deliverable until all trainings have been provided. The Contractor shall have thirty (30) calendar days to provide any outstanding trainings and resubmit the deliverable.

8.17. Completed Case Management Training on the Care and Case Management Information Technology System (CCM), Assessment and Support Plan Instruments

8.17.1. The Contractor shall receive payment once all case managers complete the Case Management Training on the Care and Case Management Information Technology System (CCM), assessment, and support plan instruments. The payment will be based on an allocation calculated by the Department based on funding availability, the time required for training completion, and the average number of case managers employed by the Contractor.

8.18. Completed Soft Launch Training on the Care and Case Management Information Technology System (CCM), Assessment and Support Plan Instruments

8.18.1. The Contractor shall receive payment once participating case managers complete the Soft Launch Training on the Care and Case Management Information Technology System (CCM), assessment, and support plan instruments, which includes one completed and approved new Assessment and Support Plan in the CCM system. The payment will be based on an allocation calculated by the Department based on funding availability, the time required for training completion, and the average number of case managers participating in the Soft Launch.

8.19. Appeal Packets and Hearing Attendance

8.19.1. The Contractor shall ensure that all Appeal Packets and Hearing Attendance information is entered into the Department prescribed system within the required timeframe. The Department will pay for all Appeal Packets and Hearing Attendances from data pulled from the Department prescribed system on the eleventh (11th) day of the month for Appeal Packets and Hearing Attendance from the previous month. The Contractor shall maintain all supporting documentation and packets related to all Appeals.

8.20. SIS-A Assessments

8.20.1. The Contractor shall enter all SIS assessments into SIS Online by the last day of the month. The Department will pay for all SIS-A Assessments from data pulled from the Department prescribed system on the eleventh (11th) day of the month for assessments from the previous month. Re-assessment requests must be reviewed and accepted by the Department prior to completion, entry, and payment.

8.21. HCBS-CHRP Support Need Level Assessment

8.21.1. The Contractor shall maintain all supporting documentation related to the Support Need Level Assessment and make it available to the Department upon request. The Contractor shall invoice the Department for all completed assessments by the fifteenth (15th) day of the month for all assessments completed in the previous month. The Department will pay for assessments once the invoice and supporting documentation is reviewed and accepted.

8.22. HCBS Human Rights Committee

8.22.1. The Contractor shall create all HRC packets in accordance with Department requirements and timeframes. The Contractor shall maintain all supporting documentation related to a Human Rights Committee meeting and make it available to the Department upon request. The Department will pay per member enrolled each month based on actively enrolled members pulled from the Department prescribed system on the eleventh (11th) day of the month for enrollments from the previous month.

8.23. SGF Human Rights Committee Packet Creation

8.23.1. The Contractor shall invoice the Department for all SGF member packets created during a Human Rights Committee meeting by the fifteenth (15th) day of the month for all meetings held in the previous month. The Department will pay for each packet created once the invoice has been reviewed and accepted. All invoices shall be submitted on the format prescribed by the Department.

8.24. FSSP Needs Assessment

8.24.1. The Contractor shall receive payment for one (1) Needs Assessment for members enrolled or on the ASAA waiting list per fiscal year. The Contractor shall invoice the Department for all completed assessments by the fifteenth (15th) day of the month for all assessments completed in the previous month. The Department will pay for assessments once the invoice has been reviewed and accepted. The Contractor shall maintain all most in need assessment documents and make them available to the Department upon request.

8.25. Family Support Council Meetings

8.25.1. The Contractor shall submit meeting minutes to the Department for FSC meetings attended by the fifteenth (15th) day of the month for meetings attended in the previous month, and by June 30th or the Fiscal Year end close date determined by the Department for all meetings attended in June. The Department will pay for up to six (6) FSC meetings attended within the Fiscal Year once the invoice and supporting documentation has been reviewed and accepted. The Contractor shall maintain all supporting documentation related to an FSC meeting and make it available to the Department upon request.

8.26. State General Fund Ongoing Case Management and Monitoring Contacts

8.26.1. The Contractor shall invoice the Department for all allowable ongoing case management and Monitoring contacts for State SLS, OBRA-SS, and FSSP members by the fifteenth (15th) day of the month for all activities conducted in the previous month. The Department will pay for up to four (4) Monitoring contacts per member per Fiscal Year for State SLS and OBRA-SS. The Contractor shall invoice the ongoing case management PMPM for State SLS as defined in Section 3.11.4, OBRA-SS as defined in Section 3.12.5, and FSSP as defined in Section 3.13.4 for each month the Contractor conducts an allowable case management activity. For Contractors designated as rural, the Department will pay an additional rural add-on rate for up to one (1) in person individual service plan meeting and one (1) In Person Monitoring visit per member for State SLS and OBRA-SS. All case management and monitoring activities shall be submitted on the format prescribed by the Department. The Contractor shall only invoice for Monitoring and ongoing case management activities if the activity is completed and documented.

8.27. Annual FSSP Report

8.27.1. The Contractor shall submit an FSSP Report on an annual basis to the Department. The Contractor shall receive payment for the Annual FSSP Report after it has been reviewed and accepted by the Department.

8.28. FSSP Evaluation Report

8.28.1. The Contractor shall submit an FSSP Evaluation Report on an annual basis to the Department. The Contractor shall receive payment for the FSSP Evaluation Report after it has been reviewed and accepted by the Department.

8.29. The due dates identified in this section shall be adhered to, and information entered into the Department's prescribed systems and/or submitted to the Department by a date identified in this Contract. For the month of June, the Department will notify the Contractor of the modified due date to account for year-end closing.

8.30. Payment and Billing Errors

8.30.1. The Contractor shall review all payments made by the Department to ensure accuracy within ten (10) Business Days of receiving a payment summary.

8.30.2. The Contractor shall notify the Department of any errors in billing or payment within ten (10) Business Days of receiving a payment summary on the Department's prescribed template to ensure over and under payments are adjusted.

8.30.2.1. **DELIVERABLE:** Payment Correction Form

8.30.2.2. **DUE:** Within ten (10) Business Days of receiving a payment summary from the Department.

8.30.3. The Department shall notify the Contractor of any overpayment or underpayment identified through an internal review process.

8.30.4. If an overpayment is confirmed by the Department, the overpayment amount will be withheld from the next monthly reimbursement to the Contractor and, if necessary, from each monthly payment thereafter to the Contractor, until all overpayment of funds is recovered.

8.30.5. If an underpayment is confirmed, the amount will be included on the next monthly reimbursement to the Contractor.

8.31. Closeout Payments

8.31.1. Notwithstanding anything to the contrary in this Contract, all payments for the final month of this Contract shall be paid to Contractor no sooner than ten (10) days after the Department has determined that Contractor has completed all of the requirements of the Closeout Period.

EXHIBIT END