



February 12th, 2007

Dear Supported Living Services Participant and Family,

As of July 2006, you have been hearing of changes occurring to how the Supported Living Services (SLS) Waiver is operated both on a CCB and State level. These changes have been implemented as a result of a survey conducted in 2004 by the Centers for Medicare and Medicaid Services (CMS)-(the federal agency that is responsible for administration of Medicare as well as Medicaid).

In September, 2006, we shared the information we knew at that time, and the potential impacts to you and your services. There are several additional changes and clarifications to report, so many that you will receive a second letter shortly with details specifically related to programmatic, service, and process changes. This letter focuses on two upcoming changes involving our provider billing process, and the upcoming SIS (Supports Intensity Scale) assessment.

One impact the CMS survey results have had upon Pathways and our providers is in the billing arena. Pathways has been proud to allow for a wide variety of choice when it comes to SLS providers, working with approximately 100 independent contractors and 15 Program Approved Service Agencies regularly, along with large numbers of therapists and home health agencies in the public arena. An average of 250 separate invoices are routinely processed on a weekly basis. The new requirements for financial reporting require additional detailed information to be reflected in the billing and reporting, and has significantly increased Medicaid billing and accounts receivable reporting time. Employee time is spent working with providers to correct invoice problems, to address billing submitted 2-3 months late, obtain required contact notes showing the services on the IP were provided, among other problems. We are working hard to keep our costs down so that we can assure that the maximum of funding is applied directly to services.

With the increased data-reporting requirements we must reduce the number of invoices to be processed, and we also must ensure that individual plans are billed every month for services provided (a requirement to remain in the SLS waiver program). To assist in meeting these requirements, Pathways is requiring every independent contractor and Program Approved Service Agency to bill monthly, beginning for services provided in April, 2007.

The SIS has been implemented state-wide as a result of the CMS Survey, in order to ensure that identification of needs and funding are objective, consistent, and transparent. Currently, the SIS is being administered to individuals in the Comprehensive Services Waiver (out of home residential placements in group homes, host homes, PCA's, etc.). Prior to its implementation for SLS participants, information will be sent describing the SIS, your role in it and training sessions will be provided for all those interested.

As more information is shared with us, we will share what we know with you, either through website updates at developmentalpathways.org, ccbpartners.org, written correspondence, or via your Supported Living Coordinator. For information regarding the SIS assessment tool, you may access also access DDD's website homepage at: <http://www.cdhs.state.co.us/ddd/>.

Please contact your SLC with your questions. We appreciate your continued cooperation during these sometimes confusing changes and are committed to navigate through these changes together as your needed services and supports continue..

Sincerely,

Shilo Carson
Director, Supported Living Services

Cc: Bob Ward, Director of Client and Family Relations