



February 19, 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). CMS concluded there was a need for increased financial accounting and oversight to ensure Medicaid Waiver programs are implemented correctly, and to ensure that funding is used for legitimate functional and health and safety-related needs of enrolled individuals.

This is the second of two letters going out to families and individuals in service, providing a general summary, and more detail as to how these changes affect service set-up and delivery, and the IP planning process.

Some of the changes that have already taken place are:

- Change to “Unit” measure of billing and categorizing needs on the IP;
- Certain service categories being discontinued (activity fees) or changed; and
- Management of the local funding pool moving from the CCB level to management state-wide by the State Division of Developmental Disabilities (DDD).
- As a reminder, Speech Therapy, Physical Therapy, Occupational Therapy, and Psychiatric services must be provided by a Medicaid provider under the Medicaid portion of the Medicaid State Plan, and can only be funded by the SLS Waiver when a denial is obtained by a Medicaid provider. If we do not receive the written denial, SLS cannot fund any of these services.

Additionally, there are new forms needing to be completed:

- For example, the (PMIP) Physician’s Medical Information Page), and
- New processes (IP Coversheet, State PAR form) are required, to improve the State’s ability to justify and track funding for individual needs.

Recently, the Quality Assurance Department at Pathways informed participants on the Medicaid Waiver programs that IP meetings will be held up to 2 months in advance in order to ensure the additional paperwork can be completed by the deadlines, helping to maintain eligibility and enrollment in the SLS program.

As DDD now handles the funding pool at a state-wide level, Pathways SLS program is changing the way we develop SLS budgets. From this point on, all SLS budgets (or PARS as you may have heard them called) will run from the beginning of the IP through the end of the IP, usually a 12-month period of time. This will in turn, result in all service agreements with providers to be aligned with the IP year, ongoing professional recommendations to be renewed each year prior to the IP, etc. You may see some slight paperwork changes throughout. All requested base plan amounts will be dependent upon the needs for the previous IP year. The team, including you and/or your family members, will be responsible to ensure that prioritized needs are identified on the Individual Plan (IP).

Services provided are to be medically necessary, and are reasonably expected to assist the person to achieve or maintain maximum functional capacity in performing daily living activities. Supporting diagnostic information from the enrolled person's medical provider, and/or the completion of various function or skill assessments may be required. All funding received on behalf of each person enrolled are dependent upon available resources state-wide, and may be reduced if the statewide pool is depleted.

Making changes (even changing a provider) throughout the IP year will require additional paperwork and time to process (up to 30 days or more in order to have an IDT meeting, develop addendums to the IP, obtain recommendations-if necessary, create and submit the IP coversheet change form, and receive approval from the State DDD). We strongly encourage you to discuss the next year's needs with your SLC prior to the IP meeting so the needs documented in the IP will accurately reflect the services for the upcoming year.

**I must emphasize that in the event a change of any kind is necessary, you must contact your SLC or RC immediately to get the process started. SLS will be unable to pay for services initiated by families, individuals in service, or providers without the necessary and approved paperwork in place. The increased emphasis on paper trails leaves us with little discretion and ability to correct errors.**

As more information is shared with us, we will share what we know with you, either through website updates at [developmentalpathways.org](http://developmentalpathways.org), [ccbpartners.org](http://ccbpartners.org), written correspondence, or via your Supported Living Coordinator. You may also access DDD's website homepage at: <http://www.cdhs.state.co.us/ddd/> for more information, or a direct link to the FAQ (Frequently Asked Questions) prepared by DDD to answer questions about the Waiver Reforms: [http://stateboard.cdhs.state.co.us/ohr/dds/FAQ/FAQ\\_Main.htm](http://stateboard.cdhs.state.co.us/ohr/dds/FAQ/FAQ_Main.htm).

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