IMPLEMENTATION PLAN FOR GROUP HOMES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

INTRODUCTION

Legislative Charge. This document is in response to House Bill 1294 enacted by the General Assembly during the 2012 legislative session. Section 27-10.5-109 (2)(b), C.R.S., reads:

> By December 31, 2012, the Department of Public Health and Environment, the Department of Health Care Policy and Financing, and the Department of Human Services shall develop an implementation plan, in consultation with industry representatives, to resolve differing requirements and to eliminate obsolete, redundant rules and reporting, monitoring, compliance, auditing certification, licensing, and work processes pertaining to the regulation of community residential homes pursuant to this section. The Departments shall study the feasibility of implementing a single, consolidated survey and methods for conducting surveys simultaneously. The Departments shall report their progress in meeting the requirements of this paragraph (b) to their respective committees of reference when making their departmental presentations as required by Part 2 of Article 7 of Title 2, CRS. The Departments shall send copies of the report to the health care facility stakeholder forum created in Section 25-3-113, C.R.S.

Current Responsibilities of the Three Agencies. In accordance with the bill, the oversight of community residential homes (aka "group homes for persons with developmental disabilities" and "DD group homes") must be streamlined by the following three state agencies: the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Human Services (CDHS) and the Department of Health Care Policy and Financing (HCPF).

HCPF serves primarily as a payor. HCPF reimburses providers, including DD group homes, for the services delivered to Medicaid clients. In addition, it contracts with CDHS and CDPHE to perform oversight functions of DD group homes.

CPDHE is a regulatory agency and in accordance with statute is the agency responsible for issuing the license of various health facilities, including DD group homes. As a regulatory agency it has the authority to establish and enforce standards as a condition of licensure.

CDHS is charged with issuing program approval for the services specific to the needs of persons with developmental disabilities. CDHS derives its authority to assure compliance through CDPHE and through HCPF (which can deny payment); but it does not have stand alone authority to take enforcement actions. CDHS is responsible for the oversight of a continuum of services for persons with developmental disabilities. This includes, but is not limited to, services delivered to clients in: a) their own homes, b) host homes, and c) group homes. In addition, it has oversight of community centered boards (CCBs), as well as program approved services agencies (PASAs). CCBs are single entry point organizations responsible for the provision and case management of services and supports delivered to persons with developmental disabilities within a specified geographical area. A program

approved service agency (PASA) is an individual or any publicly or privately operated program, organization or business approved by CDHS to provide services or supports for persons with developmental disabilities. A listing of the CCBs and PASAs can be accessed at the following websites:

- CCBs: http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251586997819
- PASAs: http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251586997810.

In terms of the oversight of DD group homes, both CDPHE and CDHS respectively have their own set of regulations and conduct onsite inspections to determine compliance with those regulations. In general, the CDHS oversight focuses on the habilitative and developmental needs of clients, while CDPHE oversight focuses on public health requirements. Examples of habilitative needs include skill acquisition and supports to promote self-sufficiency and community inclusion. Examples of public health requirements include: having a communicable disease control program to track and trend infections; and conducting a medical evaluation of each resident on an annual basis unless greater or lesser frequency is indicated. Although the overall focus of the two regulations sets are different, there are also several areas of overlap, such as requirements for adequate qualified staff, resident supervision, and the appropriate storage and administration of medication.

In addition to routine onsite inspections, both CDPHE and CDHS require facilities to report certain types of events to the respective oversight agency. Events include but are not limited to missing clients, and client injury. CDPHE calls such events "occurrences," while CDHS calls such events "critical incidents." While several of these reportable events are the same for both departments, many are not.

SUMMARY OF PROVIDER CONCERNS

In May and August the departments conducted two open forum stakeholder meetings to better understand the concerns of DD group home providers, consumers, and consumer representatives.

The following concerns were raised by consumer advocates:

1. CDPHE needs to provide training to facilities regarding the rationale for various regulations, because providers are more likely to achieve compliance when they understand why a regulation is important.
2. CDHS is not a regulatory agency; therefore, when it finds deficient practice during a routine inspection or a complaint investigation, it issues recommendations rather than regulatory citations. As such, its ability to compel facilities to achieve compliance is limited to denying program approval.

The following concerns were raised by providers:

1. The lack of consistency between CPDHE and CDHS concerning overlapping regulations, survey processes and occurrence/critical incident reporting has led to: a) confusion as to how to achieve compliance; and b) allocation of additional resources to keep track of what is required for which agency.
2. CDPHE surveyors do not cite the regulations in a consistent manner.
3. CDPHE should provide more compliance assistance.

The following concern was raised by both consumer advocates and providers:

1. The departments need to reconcile the community habilitative model being promoted by CDHS and HCPF with the public health model being promoted by CDPHE to ensure that the needs of the clients are met.

WORK PLAN

This work plan is designed to respond to the concerns raised by stakeholders. For the purposes of this work plan, stakeholders include persons who attended and/or provided comments as a result of open forums as well as during meetings of the Developmental Disabilities (DD) Group Home Advisory Committee, an ad hoc work group created by CDPHE composed of providers and representatives from nursing services and CDHS. A summary of the stakeholder processes is provided in Appendix A.

This work plan focuses on the following four components:

- Regulations
- Survey process
- Occurrence/critical incident reporting
- Compliance assistance

These four components are discussed in the sections below. Each section outlines the specific concerns raised by stakeholders along with the solutions proposed by the departments. This discussion is followed by timelines for implementation.

SECTION I. REGULATIONS

Concerns Raised and Discussion of Proposed Solutions

- *Conflict between the community habilitative and the public health model*. Providers and consumer advocates both indicated that while CDHS and HCPF require facilities to be home-like, CDPHE requires facilities to have characteristics more typical of a health institution. Additional discussion with stakeholders led to a more specific concern, namely that some public health requirements interfere with the habilitative goals of higher functioning clients who are not medically fragile. A significant proportion of the clients have severe chronic illnesses (such as uncontrolled diabetes) and/or are medically fragile (breathe through tracheotomy tubes or obtain nutrition through gastrotomy tubes). For this population, ongoing monitoring of their health care status is crucial for well-being. On the other hand, some persons with developmental disabilities are healthy and can function fairly independently with minimal supports. For this population, the health care monitoring requirements are not as relevant. Proposed solution: In recognition of this concern, CDPHE proposes to amend its regulations to allow for differentiation between the needs of various clients based on their individual service plan. The proposed changes would provide that compliance with certain regulatory requirements (such as the amount of time that the client can be left unsupervised) is superceded by an individual's service plan. However, the individual's service plan must reflect the client's current needs and risk levels.
- *Regulatory overlap*. There is some regulatory overlap between the regulation sets issued by CDPHE and CDHS. The compliance requirements associated with the duplicative requirements are sometimes dissimilar, which creates confusion for providers. Proposed solution: The

departments propose to identify and streamline regulations to eliminate conflicting regulations as well as to ensure that the requirements are congruent.

Timelines for Proposed Solutions

Issue	Implementation Timeline
Differentiation of regulatory requirements for persons who are higher functioning	September 2013
Regulatory overlap	September 2013

SECTION II. SURVEY PROCESS

Concerns Raised and Proposed Solutions

- *Focus on fundamental requirements*. Providers indicated that CDPHE should focus on those specific requirements that are most likely expected to lead to negative outcome rather than on requiring compliance for every regulation. Proposed solution: The department has identified core or fundamental regulations, the majority of which were established in conjunction with the Developmental Disabilities (DD) Group Home Advisory Committee. These regulations, which are attached as Appendix B, will serve as the basis of the CDPHE inspection. Although this subset of the regulations will serve as the core focus of the survey process, facilities are still expected to be in compliance with all regulations. If during the course of conducting the core survey other areas of noncompliance are detected, the department will follow up and cite deficient practice.
- *Survey timelines and methodologies*. Both CDPHE and CDHS conduct onsite inspections of group homes for persons with developmental disabilities. While the objective is for each department to conduct a survey in alternating years, there have been times when the survey processes of the two agencies have occurred within close proximity or even overlapped. Response to inspections can create a financial burden for providers particularly since each department has its own methodology for conducting the surveys and requiring compliance. Proposed solution: The departments propose piloting a joint survey process in which compliance for habilitative and public health standards is reviewed by inspectors from CDPHE and CDHS. The results from the pilot will be used to develop an ongoing consolidated oversight process.

  Further, CDPHE will establish an extended survey cycle with intervals between onsite inspections of up to three years, in response to provisions of Section 25-1.5-103 (1)(a)(I)(C), C.R.S., established by House Bill 12-1294, which reads:

  > (C) The department shall extend the survey cycle or conduct a tiered inspection or survey of a health facility licensed for at least three years and against which no enforcement activity has been taken, no patterns of deficient practices exist, as documented in the inspection and survey reports issued by the department, and no substantiated complaint resulting in the discovery of significant deficiencies that may negatively affect the life, health, or safety of consumers of the health facility has been received within the three years

prior to the date of the inspection. The department may expand the scope of the inspection or survey to an extended or full survey if the department finds deficient practice during the tiered inspection or survey.

Timelines for Proposed Solutions

Issue	Timeline
Implement core survey based on the fundamental regulations	April 1, 2013
Pilot a joint survey conducted by CDHS and CDPHE inspectors of both habilitative and public health standards. (Pilot results will be used to establish ongoing coordinated oversight.)	Spring 2013
Establish an extended survey cycle	July 1, 2013

SECTION III. OCCURRENCE/CRITICAL INCIDENT REPORTING

Background

Both CDPHE and CDHS require some form of occurrence or critical incident reporting. CDPHE calls such events "occurrences," and occurrence reporting is specified in statute. CDHS calls such events "critical incidents" and incident reporting is based on contractual requirements by HCPF as well as in accordance with CDHS regulation. Some of the events subject to critical incident and occurrence reporting are the same or similar, as shown in the table below.

CDHS – Critical Incident Reporting *(established in regulation § 16.560 and through the HCPF contract)*		**CDPHE – Occurrence Reporting** *(established in statute – C.R.S. § 25-1-124)*
Lost or missing client		Same (Missing client)
Stolen property belonging to the client		Same (Misappropriation of property)
Abuse, mistreatment, neglect, or exploitation		Subset: Abuse (physical, sexual, or verbal) or neglect
Death of client		Subset: - Death required to be reported to the coroner as arising from unexplained causes or under suspicious circumstances
Injury to client		Subset: - Brain or spinal cord injuries - Life threatening complications of anesthesia or life-threatening transfusions errors or reactions - Second or third degree burns involving 20 percent or more of the body
Medical emergencies involving persons receiving services		N/A
Hospitalization of persons receiving services		N/A
Errors in medication administration		N/A
Incidents or report of client actions that are unusual and require review		N/A
Use of safety control procedures		N/A
Use of emergency control procedures		N/A

CDHS – Critical Incident Reporting *(established in regulation § 16.560 and through the HCPF contract)*		**CDPHE – Occurrence Reporting** *(established in statute – C.R.S. § 25-1-124)*
N/A		Diverted drugs
N/A		Resident care equipment malfunction or misuse during treatment or diagnosis of a client that significantly adversely affects or if not averted would have significantly adversely affect the client

Concerns Raised and Proposed Solutions

Providers noted that although there are some occurrences/critical incidents that are required to be reported to both CDPHE and CDHS, each agency has different reporting and investigation procedures. In response to this concern, the departments will implement a process whereby the following critical incidents/occurrences (those subject to joint reporting) will be funneled through one process:

- lost or missing clients
- misappropriation of property
- physical, verbal, sexual abuse
- neglect
- death from unexplained causes or suspicious circumstances
- brain or spinal cord injuries
- second or third degree burns involving 20 percent or more of the body

Timelines for Proposed Solutions

Issue	**Timeline**
Unified process for reporting critical incidents/occurrence reporting	July 1, 2013

SECTION IV. COMPLIANCE ASSISTANCE

Concerns Raised and Proposed Solutions

Both consumer advocates and providers raised the need for provider training regarding CDPHE regulations. In addition, providers noted that surveyors were not always consistent in the citing of certain deficient practices. CDPHE plans to conduct a series of trainings of providers and surveyors regarding the interpretations of public health regulations based on the work conducted internally as well as by the DD Group Home Advisory Committee.

Timelines for Proposed Solutions

Issue	**Timeline**
Training regarding regulatory compliance	July 1, 2013

APPENDIX A

STAKEHOLDER PROCESSES ASSOCIATED WITH THE WORK PLAN

Open Forums

- 05/16/12: Open forum meeting held in anticipation of the passage of House Bill 12-1294
- 08/08/12: Follow-up of an issue raised in the open forum meeting held in May regarding the habilitative versus the public health model
- 11/02/12: Meeting with stakeholders to receive input regarding the draft implementation plan

DD Group Home Advisory Committee

This committee members, who were selected to ensure diverse representation geographically and in terms of populations served, are as follows:

Name	Organization	Representation
Michelle Craig	Bethesda Lutheran Homes	Intermediate Care Facilities for the Intellectually Disabled
Brooke Hayden	Blue Peaks CCB	Southern Colorado
Judy James-Anderson	Colorado Association of Nurses for the Developmental Disabled	Nursing
Alexa Lanpher	Developmental Pathways	Metro Area Large CCB
Joan Levy	Mesa Developmental Services	Western Colorado
Valita Speedie	Pueblo Regional Center	State operated group homes
Cathy Stopfer	Division for Developmental Disabilities	CDHS
Rhonda Roth	Eastern Colorado Services	Eastern Colorado

- 08/11 to 07/12: review of regulations to identify and establish interpretations of the fundamental regulatory requirements
- 09/12/12: Work group discussion with DD Group Home Advisory Committee regarding medical model vs community based person centered model

APPENDIX B

CDPHE REGULATIONS: FUNDAMENTAL REGULATORY REQUIREMENTS

Below is a listing of fundamental regulatory requirements that will be the basis of the CDPHE tiered survey. The scope of the survey will be expanded if patterns of deficient practice or negative client outcome are detected. The fundamental requirements may change depending on identified trends.

Summary	Regulation Text
Care Needs - General	
Admissions policy	8.1 The facility shall have a written policy that specifies that it will only admit those individuals whose needs can be met within the accommodations and services the facility provides.
Meds administered appropriately	9.1 Each facility shall have written policies and procedures for residents' rights. Those policies and procedures shall address the patient rights set forth in 6 CCR, Chapter II, Part 6, and the standards listed in Section 27-10.5-112 through 128, C.R.S. and 2 CCR 503-1, Section 16, Developmental Disabilities Services. Such policies and procedures shall also include specific provisions regarding the following: (A) The right to have medications administered in a manner consistent with state and federal law and regulation.
Physician review of medication	14.4 The facility shall ensure that the primary care physician or other authorized, licensed practitioner designated to coordinate a resident's care reviews each resident's medication regimen on an annual basis for a stable regimen and whenever there is a change in the medication regimen.
P&P for med procurement, storage, etc./ reporting of medication errors	14.6 The governing body shall establish policies and procedures which ensure the appropriate procurement, storage, administration and disposal of all medications including, but not limited to, the following: (C) Reporting medication errors and refusals to the program director, consulting nurse and primary care physician.
Medical treatment and diagnostic provided timely	15.2 Medical treatment and diagnostic services shall be provided in a timely manner as ordered by the licensed prescriber.
Routine medical exam	15.6 The facility shall arrange for a medical evaluation of each resident on an annual basis unless a greater or lesser frequency is specified by the primary care physician or other licensed, authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted at least every two (2) years. The facility shall document the results of such evaluations and any required follow-up services.
Provision of therapeutic and health services	15.7 The facility shall ensure that all therapeutic and health services utilized by residents are provided by persons or facilities that are licensed, certified, or otherwise authorized by law to provide such services and meet the applicable standards of practice.
Monitoring of unlicensed staff	15.7 (B) All therapeutic and health services provided by trained, unlicensed staff shall be supervised and monitored at least quarterly by a registered nurse and annually by a person licensed, certified or otherwise authorized by law to provide such services.
Nurses - report changes in condition to a nurse	15.10 Except in emergency situations, changes in resident's physical condition that could negatively affect his/her health shall be reported to the nurse. Following the nurse's assessment, the nurse shall notify the primary care physician in a timely manner and others in accordance with facility policy.
Dentures, glasses, and other aidsc	15.13 Each resident shall have dentures, eyeglasses, hearing aids and other aids as needed and prescribed by the appropriate professional.

Summary	Regulation Text
Care Needs - Special	
Dietitian review of specialized diets	13.5 The facility shall have a qualified dietician perform an initial review of all specialized, prescribed diet plans to ensure they meet diet guidelines and be available for consultation regarding any changes to the special dietary needs of the residents.
Special diets and allergies	13.10 Special Diets (A) Known food allergies and prescribed therapeutic diets shall be documented and such information shall be made available to facility staff preparing meals. (B) The administrator shall ensure that all staff, including volunteers and temporary staff, are aware of and adhere to any resident's food allergies and/or special dietary requirements. (C) The facility shall ensure that it is providing food that meets the special dietary needs of the residents.
Training for gastrotomy	17.1 Gastrostomy services shall not be administered by an unlicensed individual unless that individual is trained and supervised by a licensed physician, nurse or other authorized, licensed practitioner.
Gastrotomy – individualized protocol	17.2 The facility shall ensure that a physician, licensed nurse or other authorized, licensed practitioner has developed a written individualized gastrostomy service protocol for each resident requiring such service. Each protocol shall include, but not be limited to, the following: (A) The proper procedures for preparing, storing and administering nutritional supplements through a gastrostomy tube; (B) The proper care and maintenance of the gastrostomy site; (C) The identification of possible problems associated with gastrostomy services; and (D) The names and contact numbers of the resident's physician, licensed nurse or other authorized, licensed practitioner who is responsible for monitoring the unlicensed person(s) performing gastrostomy services and intervening, if problems are identified.
Gastrotomy services – oversight by licensed staff	17.6 The facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner observes and documents the unlicensed staff performing gastrostomy services for each resident at least quarterly for the first year and semi-annually thereafter, unless more frequent monitoring is appropriate.
Gastrotomy services – training for protocol changes	17.7 When changes are made to the written order for gastrostomy services and/or in the resident's protocol, the facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner that provides the training determines the extent of training that the unlicensed person will need to remain proficient in performing all aspects of the gastrostomy services.
Gastrotomy services - resident record	17.9 For each resident, the facility shall ensure the documentation in the resident's record includes, at a minimum: (A) A written record of each nutrient and fluid administered; (B) The beginning and ending time of nutrient or fluid intake; (C) The amount of nutrient or fluid intake; (D) The condition of the skin surrounding the gastrostomy site; (E) Any problem(s) encountered and action(s) taken; and (F) The date and signature of the person performing the procedure.
Organization and Staffing	
Administrator: accounting and audits	5.4 The administrator shall ensure that a recognized system of accounting is used to accurately reflect the details of the business. A fiscal audit, including resident funds that are managed by the facility, shall be performed at least annually by a qualified auditor independent of the facility.
Personnel records – experience and communicable disease	6.3 The facility shall maintain personnel records on each staff member including employment application, resume of employee's training and experience, verification of credentials, and evidence regarding the absence or control of communicable diseases such

Summary	Regulation Text
	as tuberculosis or hepatitis B.
Sufficient trained staff	6.6 The administrator shall ensure that there is sufficient trained staff on duty to meet the needs of all residents at all times. A resident may be allowed to remain unsupervised in the facility only when all of the following criteria are met:
Staff orientation and training to specific to the needs of the residents	7.1 The administrator shall develop and implement a policy and procedure for the initial orientation and on-going training of staff to ensure that all duties and responsibilities are accomplished in a competent manner. The policy and procedure shall include, but not be limited to, the following: (B) Job training specific to the residents' needs shall be provided to each staff member prior to that staff member working unsupervised with any resident. Such training shall include, at a minimum, medical protocols, therapy programs, activities of daily living needs, special services, and each resident's evacuation capabilities.
Staff monitoring and annual evaluations	7.2 The administrator shall develop and implement a process for staff monitoring including an annual written evaluation of staff competency specific to the duties required at the facility and resident needs.
Retraining and reevaluation of compentency	7.2 (A) If a staff member fails the annual competency evaluation, the administrator shall provide retraining and reevaluate to demonstrate competency is achieved.
Resident funds: policies and procedures, separate accounting system, financial record available to resident or guardians	10.1 The facility shall develop and implement written policies and procedures regarding resident funds.
	10.2 The facility shall establish and maintain an accounting system that ensures a full, complete and separate accounting, according to generally accepted accounting principles, of each resident's personal fund entrusted to the facility on the resident's behalf. (A) The facility shall ensure that its accounting system precludes any commingling of resident funds with facility funds or with the funds of any person other than another resident. (B) The facility shall regularly monitor its accounting system to ensure the policies and procedures are being appropriately implemented and resident funds are protected from misuse.
	10.3 Upon request, the facility shall make a resident's financial record available to the resident, the resident's parents or legal guardian.
Sufficient nursing staff	16.1 Nursing Services (A) The facility shall have sufficient licensed nursing staff available to respond to the needs of the residents.
Occurrence reporting	18.1 Each facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1, Chapter II, Part 3.2
Emergency plan	19.1 The governing body shall develop, and the administrator shall implement and update as necessary, an emergency preparedness plan that addresses the facility's response and staff duties in the following emergencies: (A) Fire. (B) Severe weather, including but not limited to tornados, blizzards and flooding. (C) Security threats. (D) Explosions. (E) Internal system failures, such as electrical outages and internal structural collapse or flooding. (F) Communicable disease outbreaks.
Emergency plan - arrangements	19.2 The emergency plan shall specify arrangements for alternative housing, transportation, and the provision of necessary medical care if a resident's physician is not immediately available.
Emergency plan - notification	19.3 The administrator shall develop procedures that ensure notification of families or guardians in an emergency.
Emergency plan – training within 7 days	19.4 The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation. Training shall occur within seven (7) working days of employment or admission to the community residential home.
Emergency plan – monthly review	19.5 The facility shall conduct and document a monthly paper review of its response to the items listed in section 19.1 of this chapter including its policies and procedures and training of staff and residents.
Fire drills and mock exercises	19.6 The facility shall conduct and document quarterly fire drills and an annual mock exercise that addresses all the items listed in

Summary	Regulation Text
	section 19.1 of this chapter
Resident Rights	
A&N – unannounced supervisory visit	9.1 (D) An effective monitoring mechanism to detect instances of abuse, mistreatment, neglect and exploitation. Monitoring shall include, at a minimum, a review of the following items. 4) A plan for frequent unannounced supervisory visits to each residence or facility on all shifts.
A&N – staff aware of law and policies and procedures	9.2 (A)The facility administrator shall ensure implementation of the following items: All staff members are aware of applicable state law and facility policies and procedures related to abuse, mistreatment, neglect and exploitation,
A&N – immediate reporting of abuse to administrator	9.2 (D) Immediate reporting to the facility administrator or designee by any staff member who observes, or is aware of, abuse, mistreatment, neglect or exploitation of a resident, and prompt action to protect the safety of the affected resident and all other residents in the facility;
A&N – investigation	9.2 (F) All alleged incidents of abuse, mistreatment, neglect, injuries of unknown origin or exploitation shall be thoroughly investigated within five (5) working days. An investigative report shall be prepared that includes, at a minimum: (1) The preliminary results of the investigation; (2) A summary of the investigative procedures utilized; (3) The full investigative findings, including recommendations; (4) The administrative review; (5) The action(s) taken.
Resident transfer in best interest of the resident	9.2 (C) Assurance that any resident transfer shall be in the best interests of the resident and not for the convenience of the facility.
Safe and Sanitary Environment	
Procedures to track and trend infections	12.1 The administrator shall develop and implement an infectious disease control program that includes procedures to track and trend infections that are known or become known among staff and residents that may affect the safety of the residents, and in-service training programs for microbial and infectious disease control.
Clean, sanitary and free of hazards	22.1 The facility shall maintain a home-like environment that is clean, sanitary, and free of hazards to health and safety.
Water temps	22.9 (B) Water temperatures shall be maintained at comfortable temperatures. Hot water shall not measure more than 110 degrees Fahrenheit at taps that are accessible by residents.

ADDENDUM

PERSONAL CARE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

At forums conducted in May and August, stakeholders raised several concerns regarding the oversight delivery of personal care services for persons with developmental disabilities. One of the key concerns were the standards established by CDPHE concerning family caregivers. While the department is concerned with ensuring quality, it is also aware of the need to establish clear expectations that can be met by providers. To this end, CDPHE is working with industry and other state department representatives to identify the main areas where CDPHE may need to provide education, develop policy clarifications as well as possible rule changes to address provider concerns while maintaining minimum standards of care.

One of the areas for improvement identified by the ad hoc committee consisting of industry as well as representatives from the three agencies was the need to use consistent terminology and definitions in regulation sets issued by CDPHE and CDHS. The Departments have agreed to make consistency a priority and to address in regulation where necessary. In this same light, the Departments will continue to review regulatory requirements to identify conflicting requirements and process to ensure each Department's roles are clearly identified to eliminate overlapping oversight where appropriate.

Between now and December 2013, CDPHE will use the legislatively mandated Home Care Advisory Committee to review input from providers and ad hoc committees. The committee will recommend to CDPHE appropriate revisions to policy or regulation concerning minimum standards across the home care spectrum of care including individuals with developmental disabilities. This committee represents home care across the spectrum including those serving the developmentally disabled population. The established Home Care Information Exchange meeting will be used as the venue to receive and discuss concerns directly with stakeholders. The Home Care Exchange meets bi-monthly as is staffed by CDPHE and HCPF. The agenda for these meetings will be posted on the division website: www.healthfacilities.info on the calendar page. In tandem with this, CDPHE will also communicate with stakeholders through the PASA stakeholder meetings held by CDHS.