



House Bill 18-1407 Overview & Instructions:

Passed in 2018, House Bill (HB) 18-1407 requires the Department of Health Care Policy and Financing (the Department) to implement a 6.5% increase in the reimbursement rate for certain home and community-based services (HCBS) provided to individuals receiving services through the Developmental Disabilities, Supported Living Services, and Children's Extensive

Supports waivers. This increase applies to: Group Residential Services and Supports, Individual Residential Services and Supports, Specialized Habilitation, Respite, Homemaker Basic, Homemaker Enhanced, Personal Care, Provocation Services, Behavioral Line Staff, Community Connector, Supported Community Connections, Mentorship, Supported Employment-Job Development, Supported Employment-Job Coaching. The full 6.5% increase in the rate must be pass-through and used for compensation of direct support professionals (DSP). A DSP is defined as a worker who assists or supervises a worker to assist a person with intellectual and/or development disabilities, this includes helping the individuals with instruments of activities of daily living (IADL) or activities of daily living (ADL). This definition excludes executive and administrative staff.

Pursuant to section 25.5-6-406, Colorado Revised Statutes and 10 Colorado Code of Regulations 2505-10, section 8.500.18 all service agencies shall track and report how they used the funding resulting from the increase in the reimbursement rate using this reporting tool. **Only include services & Direct Support Professionals impacted by House Bill 18-1407 on this reporting tool.**

Questions on how to complete this form can be directed to Anthony.Howard@state.co.us.

Reporting Period

Reporting Period	Reporting Period Start Date	Reporting Period End Date	Report Due
1	3/1/2019	6/30/2019	12/31/2019
2	7/1/2019	6/30/2020	12/31/2020
3	7/1/2020	6/30/2021	12/31/2021

Waiver Pass-Through Report

Only include services & impacts to Direct Support Professionals as required in House Bill 18-1407 on this reporting tool.

Provider Reporting for:

☐ All Locations ☐ Individual Location

Program Provider Identification Number

Provider Name

Address

Address 2

City, State, Zip Code

51265485412
XYZ HEALTH SERVICES
4587 CINNAMON DRIVE
SUITE 148
DENVER CO 80023

Sections highlighted in green will be completed by the provider. Fields are currently populated with example data for this draft.

Waiver and Service Summary

Waivers Billed During
Fiscal Year

HCBS-DD <input type="checkbox"/>
HCBS-SLS <input type="checkbox"/>
HCBS-CES <input type="checkbox"/>

Services Billed During
Fiscal Year

Group Residential Services and Supports <input type="checkbox"/>
Individual Residential Services and Supports <input type="checkbox"/>
Specialized Habilitation <input type="checkbox"/>
Homemaker Basic <input type="checkbox"/>
Homemaker Enhanced <input type="checkbox"/>
Behavioral Line Staff <input type="checkbox"/>
Community Connector <input type="checkbox"/>
Supported Community Connections <input type="checkbox"/>
Supported Employment-Job Development <input type="checkbox"/>
Supported Employment-Job Coaching <input type="checkbox"/>
Personal Care <input type="checkbox"/>
Respite <input type="checkbox"/>
Mentorship <input type="checkbox"/>
Provocation Services <input type="checkbox"/>

Direct Support Professional Retention

Number of Direct Support Professionals who received wages, tips, bonuses or other compensation on July 1, 2019, July 1, 2020, and July 1, 2021	60
Number of Direct Support Professionals who received wages, tips, bonuses or other compensation on June 30, 2019, June 30, 2020, June 30, 2021	48

Annual Turnover Rate (percentage) for Direct Support Professionals for the reporting FY.	22.2%
Number of Direct Support Professionals impacted by HB 1407 who indicated leaving position due to salary constraints throughout Fiscal Year?	9
1407 related Annual Turnover Rate (percentage)	11.2%

6.5% Pass-Through Usage Summary

Only include services & impacts to Direct Support Professionals as required in House Bill 18-1407 on this reporting tool. The Reporting Period reflects dates of service, not payment date or dates. Claim payment issues and Timely Filing requirements may prevent reporting of all paid claims for the Fiscal Year. All paid claims are subject to Department review of compliance with the pass through, irrespective of paid date.

Provider has chosen not bill at the increased rate and not to pass-through the resulting funding increase to Direct Support Professionals.	<input type="checkbox"/>
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Total Paid Claims for Reporting Fiscal Year	\$ 3,200,000.00
Total Dollar Amount - 6.5% Required Pass-Through	\$ 208,000.00
Are there additional claims that your agency is anticipating payment for? (unresolved PAR and eligibility issues, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, how much are there in unpaid claims?	\$ 50,000.00
Are barriers to payment of the unpaid claims above?	(Narrative)

Category	Subcategory	Total
Total Amount Paid to DSPs with the 6.5% Rate Increase - Wages, Tips, Bonuses	Wages	\$ 100,500.00
	Tips	\$ 850.00
	Bonuses	\$ 18,000.00
	Wage Subtotal	\$ 119,350.00

Total Amount Paid with the 6.5% Rate Increase - Employer-Paid Health Insurance and Other Insurance Programs, Paid Time Off, Payroll Taxes, and/or All Other Fixed and Variable Benefits	Employer-Paid Health and other Insurance	\$ 20,587.00
	Paid Time Off	\$ 19,236.00
	Payroll Taxes (Employer Portion)	\$ 4,600.00
	Other Fixed or Variable Benefits - Describe Below*	\$ 62,002.00
	Benefit Subtotal	\$ 106,425.00

Total Amount Passed-Through by Contract Agreement	Contract Agreement Subtotal	\$ 2,500.00
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Total Pass-Through for Fiscal Year	Wage Subtotal + Benefit Subtotal	\$ 228,275.00
Compensation Increase for FY	Passthrough Percentage	109.75%

*Describe compensation listed as "Other Fixed or Variable Benefits."

*Other Fixed or Variable Benefits	
Retirement Plan	\$1,500.00
Legal Plan	\$24,000.00
Life Insurance	\$12,002.00
Stock Options	\$7,000.00
Childcare Benefits	\$15,000.00
Fringe Benefits	\$2,500.00
Total Fixed Benefits	\$62,002.00

Attestations

Provider Representative Name Title

Phone Number Email Address

☐ **FISCAL AGENT:** I am the entity's representative who is authorized to sign its financial documents. I certify that the entity is in compliance with Colorado Medical Assistance Act 25.5-6-406. The statements made in this reporting tool are true & correct to the best of my knowledge.

☐ **OHCDS:** My Community Centered Board acts as an OHCDS pursuant to 10 CCR 2505-10 8.500.11, 8.500.100, and 8.503.110. I certify that the 6.5% increase for Direct Support Professionals has been passed to our contracted providers as required in the Colorado Medical Assistance Act 25.5-6-406.

Date Report Submitted