The Regulatory Viewpoint

Who We Are, What We Cite & What We See

Alliance Summit
September 2, 2026

Colorado Department of Public Health and Environment
IDD Program

Agenda

- **Who We Are:** Program overview, team introductions, and essential contact information.
- **What We Cite:** Analysis of the top cited care & services deficiencies
- **Survey Preparation:** Documentation best practices and mandatory agency notifications.
- **What We See:** Analysis of recent Immediate Jeopardy (IJ findings) and required response protocols.

Today's Presenters

- **Marcie Schweitzer,** ALR/IDD Community Services Section Manager
- **Rhonda Heinen,** IDD Community Services Supervisor
- **Phyllis Romano,** Work Group Lead-Field Trainer / Health Compliance Inspector

Who We Are: CDPHE IDD Program

- **HCPF Partnership:** Conducting all survey and inspection work on behalf of the Department of Health Care Policy and Financing.
- **Regulatory Authority:** Assessing compliance with health, safety, and provider standards established under 10 CCR 2505-10 8.7000.

Program Supervisory Contacts

- **Branch Chief:** Dr. Steve Cox
- **Program Manager:** Marcie Schweitzer
- **Program Supervisors:** Rhonda Heinen, Katherine Roller, Nicole Dundas
- **Supervisory Email:** cdphe_hfems_idd_sups@state.co.us

Understanding Immediate Jeopardy (IJ)

- **Core Definition:** An immediate situation where a provider's noncompliance has caused, or is highly likely to cause, serious injury, harm, impairment, or death.
- **Regulatory Focus:** Immediate attention and urgent corrective action are required to eliminate the threat to individual health and safety.
- **Citation Context:** Authorized by HCPF to identify an IJ based on survey evidence, notifying HCPF of every IJ situation.

Agency Responsibilities Under an IJ

- **Collaborative Guidance:** Formally issued via our public Health Facilities Interactive Blog on May 4, 2026 in coordination with HCPF.
- **Immediate Action:** Implement corrective actions immediately; do not wait for department approval.
- **Strict Timeline:** Submit a formal, written IJ Removal Plan to the survey team typically within 45 minutes.

Written IJ Removal Plan Requirements

- Affected Members & Immediate Correction
- Root-Cause Investigation & Process Fix
- Staff Training & Documentation Methods
- Responsible Staff & Ongoing Monitoring
- *Must be signed/dated on agency letterhead.*

Locating Regulations

- **Live Updates:** Access the link for 10 CCR 2505-10 8.7000 directly on the Colorado Secretary of State website to ensure you catch frequent updates.
- **Medication Administration:** 6 CCR 1011-1 Chapter 24
- **Version Control:** Avoid saving static 8.7000 versions on your computer, as you may easily miss critical compliance changes.

Survey Overview

- **Unannounced Surveys:** Routine triennial recertification surveys are unannounced under the HCPF/CDPHE agreement.
- **Schedule Rebalancing:** Triennial timelines may shift due to rebalancing following backlog removal.
- **Roster & Record Access:** Maintain format-flexible roster tracking members, active waiver types, and specific services, providing full access to electronic and paper member records.

Agency Changes & Notifications

- **Information Updates:** Formally report any agency contact changes
  - Administrator, physical address, phone, email

- **CDPHE Notification:** Submit all updated operational and leadership information directly online through the **CO Health Facilities Interactive Portal (COHFI)**

- **HCPF Notification:** Ensure same updates are submitted separately to HCPF.

What We Cite: Top Cited Care & Services Compliance Deficiencies

- **Core Objective:** Ensuring health, safety, and high-quality service delivery across Colorado's PASAs.

Citation #10: QMAPs using judgment

<u>Qualified medication administration person (QMAP) using judgment</u> (6 CCR 1011-1 Chapter 24, Section 2.1):

…“administration" does not include judgment, evaluation, or assessments or the injections of medication, the monitoring of medication, or the self-administration of medication, including prescription drugs and including the self-injection of medication by the resident.

Citation #9: CAPS and Background Checks

<u>CAPS (Colorado APS) and Background Checks</u> (10 CCR 2502-10, 8.7409.E1, 2):

- Agencies shall conduct criminal background checks … prior to employing staff or independent Contractors to provide services & supports to Members.
- Agencies shall comply with the CAPS check requirements set forth at C.R.S 26-3.1-111 (agencies are required to request CAPS checks prior to hiring employees or contractors providing direct care to at-risk adults).

Citation #8: Mistreatment, Abuse, Neglect, Exploitation (MANE)

<u>Mistreatment, Abuse, Neglect, Exploitation:</u> (10 CCR 2502-10, 8.7408.A.4a, d): Agencies shall prohibit MANE of any Member. Agencies shall establish and maintain procedures for identifying, reporting, reviewing, and investigating all allegations of MANE. Documentation of all investigations shall be maintained.

Citation #7: Onsite Monitoring

<u>Onsite monitoring</u> (10 CCR 2502-10, 8.7541.D.3.a-d):
The provider agency must provide for and document the regular on-site monitoring of Residential Habilitation Service and Supports. Providers must conduct an on-site visit of each IRSS setting before a Member moves in, and at a minimum, once every quarter, with at least one visit annually that is unscheduled.

On-site monitoring of IRSS settings must include:

- Inspection of all smoke alarms & carbon monoxide detectors
- Ensuring all exits are free from blockages to egress
- Review of each member's emergency & disaster assessment, and
- Medication administration records (MARs) and physician orders

Citation #6: Rights Modification

Rights Modification (10 CCR 2502-10, 8.7001.B.4.c):

For a Rights Modification (RM) to be implemented, the following information must be documented in the individual's Person-Centered Support Plan, & any provider implementing the RM must maintain a copy of the documentation:

- **The right** to be modified
- The specific & individualized **assessed need** for the RM
- The positive **interventions & supports used prior** to any RM
- The **plan going forward** for the provider to support the individual in learning skills so the RM becomes unnecessary
- The **less intrusive methods** of meeting the need **that were tried** but did not work
- A clear **description of the RM** that is directly proportionate to the specific assessed need
- Rights of an individual receiving services may be modified only in a manner that will **promote the least restriction on the individual's rights**
- **A plan** for regular collection of data to **measure the ongoing effectiveness of & need for the RM,** including specification of the positive behaviors **& objective results the individual can achieve to demonstrate that the RM is no longer needed**
- An established **timeline for periodic reviews of the data collected** under the preceding paragraph
- **The RM must be reviewed & revised** upon reassessment of functional need **at least every 12 months**, and sooner if the individual's circumstances or needs change significantly, the individual requests a review/revision, or another authority requires a review/revision
- Informed consent of the individual (or guardian/other legally authorized rep) agreeing to the RM as documented on a completed and signed Department-prescribed form
- **The form** must be filled out using **plain language**, addressed directly to the individual & **must address only one RM**
- An assurance that interventions & supports will cause no harm to the individual, including **documentation of the implications of the RM for the individual's everyday life** & the ways the modification is paired with additional supports to prevent harm or discomfort & to mitigate any undesired effects of the modification.
- **Alternatives to consenting to the RM**, along with their most significant likely consequences
- An **assurance** the individual **will not be subject to retaliation or prejudice** in their receipt of appropriate services & supports for declining to consent or withdrawing their consent to the RM

Citation #5: Physician Orders

Physician orders (10 CCR 2502-10, 8.7414.A.1):

No prescription medication shall be administered without a written order by a licensed medical professional.

Citation #4: Medication Assessment and Support

Self Administration Assessments (10 CCR 2502-10, 8.7414 A):

The agency shall provide sufficient support to Members in the use of prescription and non-prescription medications. Members shall be presumed capable of self-administration unless they are determined otherwise. The type and level of medication administration support provided shall be determined by the results of an assessment performed by a qualified person.

Citation #3: Quarterly Medication Review

Quarterly Medication Review (10 CCR 2502-10, 8.7414 B):

For members who are independent in the administration of medications and who do not require monitoring each time medication is taken, the agency shall review medications quarterly to determine that medications are taken correctly.

Citation #2: Provider Care Plans

<u>Provider Care Plans</u> (10 CCR 2502-10, 8.7410 C1,2):

1. All agencies identified in the Person-Centered Support Plan shall develop a Provider Care Plan (PCP) for each Member.
2. The PCP shall identify, at a minimum, the following:
    - The service and care needs of the Member
    - PCP development date
    - Goals and objectives of the service(s)
    - A description of the specific services, supports, methodologies or interventions used to address the identified needs of the Member … including;
        - information about the member's preferences
        - relevant medical information from medical and therapy providers (PCP, OT, PT, Speech, etc.)
    - Duration: describes how long the service will be delivered
    - Frequency: identifies how often the service or support will be offered to the Member

Citation #1: Training Specific to the individual

Training specific to the individual (10 CCR 2502-10, 8.7409 D1c):
Agencies shall have an organized program of orientation & training of sufficient scope for employees and contractors to carry out their duties and responsibilities efficiently, effectively and competently. The training program shall provide for and include:

c. Training specific to the individuals for whom the employees or contractors will be providing services and supports which includes medical or behavioral protocols, supervision, dietary and activities of daily living needs.

Thank You For All You Do!

- **Our Appreciation:** Thank you for the work you do every day to keep individuals served across Colorado healthy, safe, and supported.
- **Value of Dedication:** We recognize this is hard work—your daily commitment truly makes a profound difference.
- **Continued Collaboration:** We sincerely appreciate your ongoing cooperation and partnership with our regulatory team.

Questions & Discussion

- **Interactive Dialogue:** We welcome your questions and discussion regarding today's compliance data.
- **Department Resources:** Access live regulations, blog updates and COHFI on the public website at healthfacilities.info—this presentation will be sent to Alliance for distribution.
- **Program Inquiries:** Submit regulatory questions directly to our supervisory team.