

# Case Management Agencies and Regional Accountable Entities Collaboration

## Learning Collaborative

August 20, 2019

# Purpose and Goals

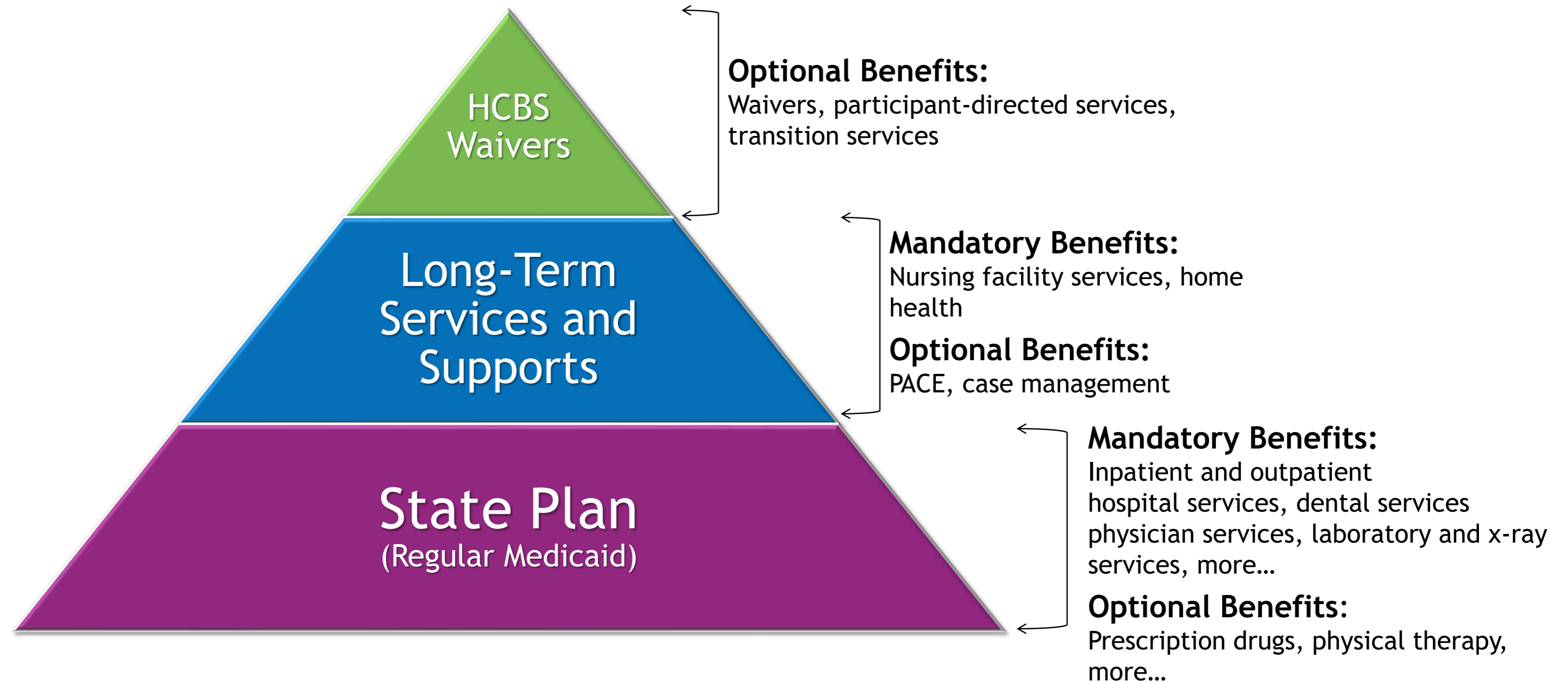
## Purpose

- Ensure CMAs and RAEs understand their roles and relation to each other when serving members receiving LTSS

## Goals

- Concrete understanding of how to work collaboratively to serve members
- Access to contacts and resources to enhance work with members and each other

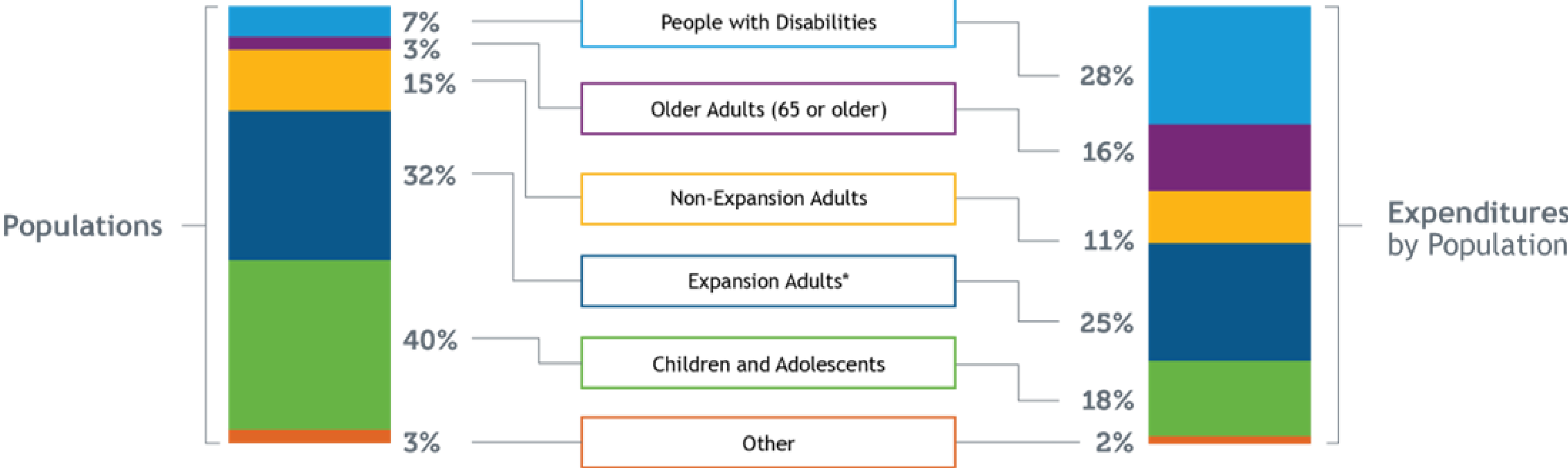
# Benefits Pyramid



# Optional Benefits: HCBS

- **Home and Community-Based Services (HCBS)**
  - Additional benefits to allow individuals who are at risk for institutional placement to live in the community.
  - A person is said to be at risk for institutional care/placement if his/her needs require care that would typically be provided through a hospital, nursing facility, or intermediate care facility.
- **Long Term Services and Supports Assessment**
  - Assesses how much help a person needs with Activities of Daily Living (ADLs) such as bathing, dressing, and others.
  - Determining an individual's functional needs is one component of eligibility for HCBS waivers. The other is financial eligibility.

# CO Medicaid Expenditures by Population





# Long-Term Services and Supports Overview

# What are Long-Term Services and Supports?



**At Home** (e.g. personal or family home; group homes; assisted living facilities)



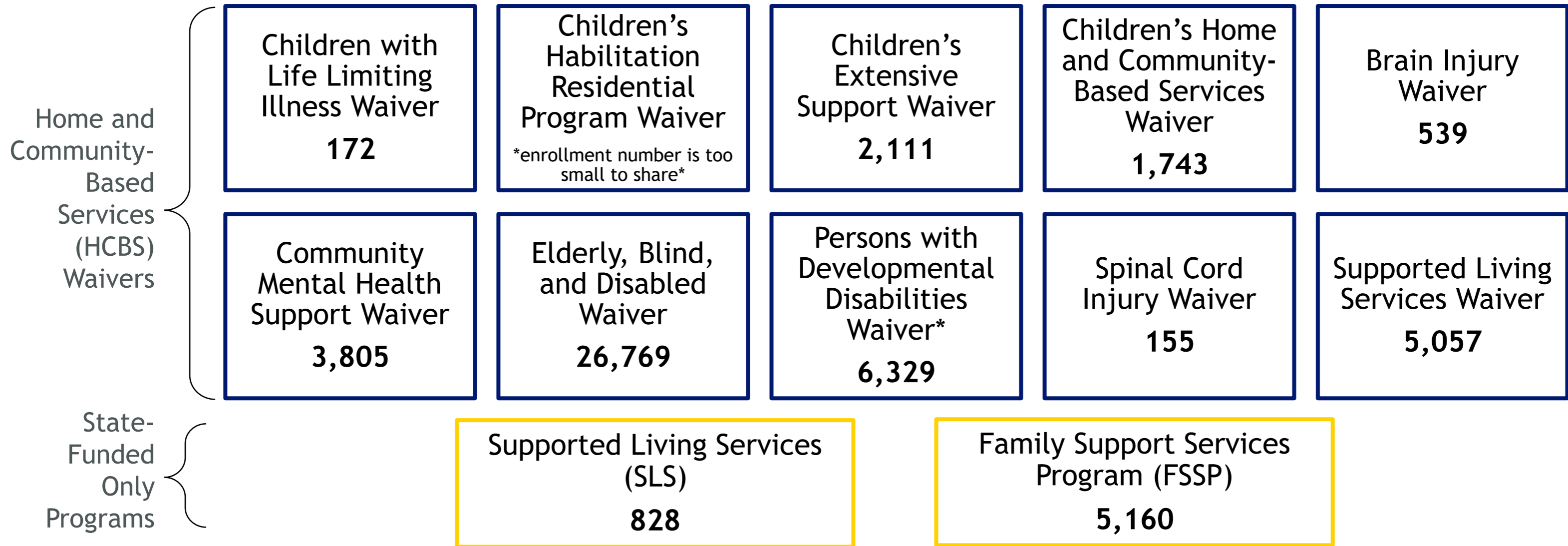
**In Community** (e.g. day programs; supported employment)



**Within Facilities** (e.g. nursing homes; intermediate care facilities)



# Long-Term Services and Supports Programs



Home and Community-Based Services (HCBS) Waivers  
**46,737**

State-Funded Only Programs  
**5,988**

Program of All-Inclusive Care for the Elderly (PACE)  
**5,220**

Nursing Facilities  
**14,382**

Intermediate Care Facilities  
**176**

# Home and Community-Based Services (HCBS) Waivers

- Provides all State Plan benefits plus additional waiver services
- Allows members and their families to remain integrated in the community and have decision making power over their life and health
- Members receive services in their home and community
  - IDD Waivers - every calendar month
  - Non-IDD Waivers - every 30 days
- Members can only be enrolled in one waiver at a time, one waiver has waiting list



# HCBS Waivers in Colorado

## Adult Waivers

Brain Injury Waiver (BI)

Community Mental Health Supports Waiver (CMHS)

Developmental Disabilities Waiver (DD)\*

Elderly, Blind and Disabled Waiver (EBD)

Spinal Cord Injury Waiver (SCI)

Supported Living Services Waiver (SLS)

## Children's Waivers

Children's Extensive Support Waiver (CES)

Children's Home and Community Based Services Waiver (CHCBS)

Children's Habilitation Residential Program Waiver (CHRP)

Children with Life Limiting Illness Waiver (CLLI)

# LTSS Agency Roles



State Department



Entry Point & Case Management Agency



County Eligibility Office

# Entry Point & Case Management Agencies

## 24 Single Entry Point (SEPs) serve 33,172 members

Determines eligibility for PACE, Nursing Facilities, and HCBS waivers targeted to aging members and/or members with various disabilities (BI, CLLI, CMHS, EBD, SCI waivers); provides case management for those waivers

Some SEPs provide case management for CHCBS waiver

## 20 Community Centered Boards (CCBs) serve 13,256 members

Determines eligibility for programs targeted to members with intellectual and developmental disabilities (IDD) (CES, CHRP, DD, SLS waivers); may provide case management for those waivers

Some CCBs provide case management for CHCBS waiver

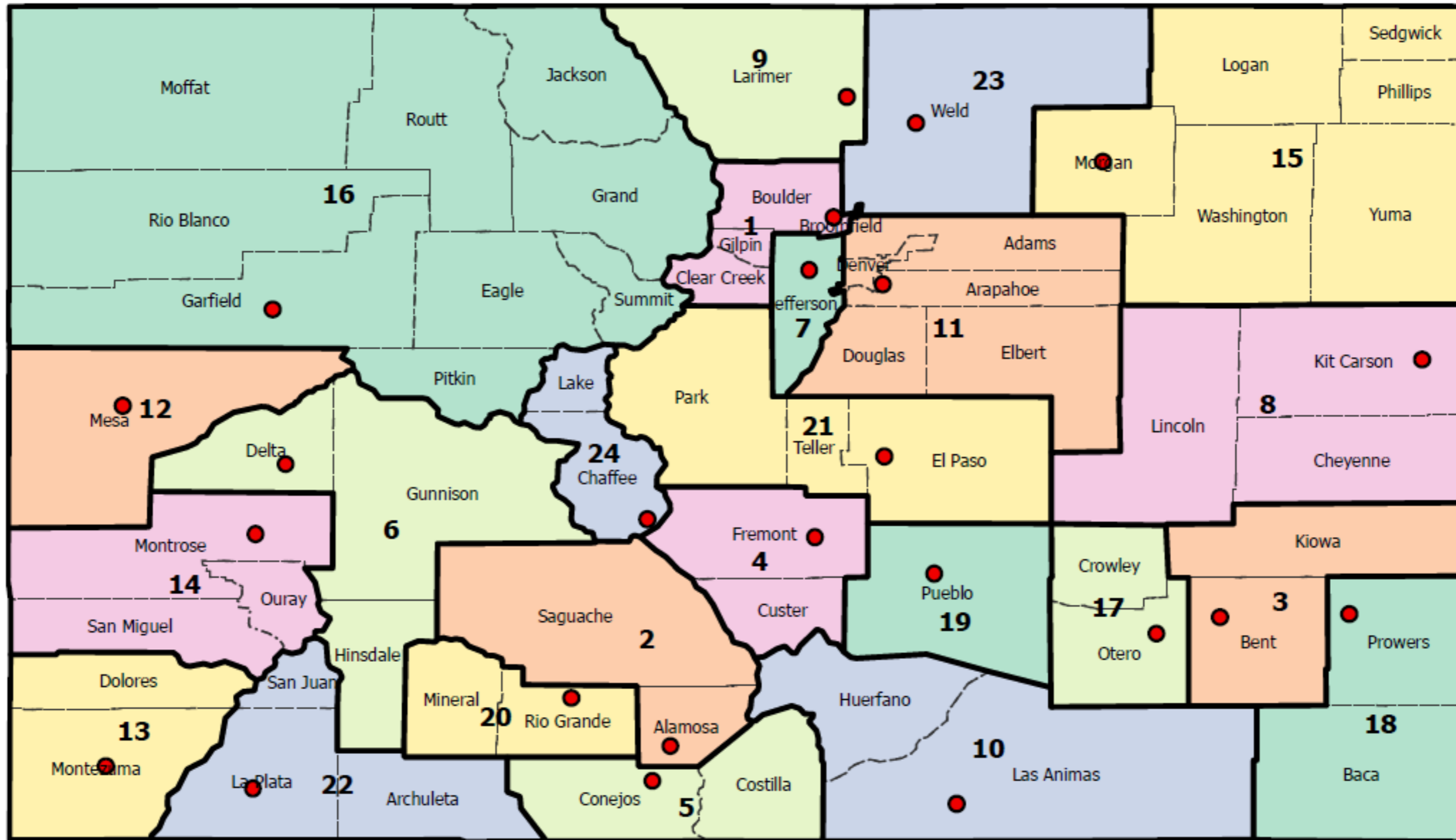
## 3 Private Case Management Agencies service 867 members

Provides case management for CHCBS waiver





# Single Entry Point (SEP) Agency Locations & Covered Counties

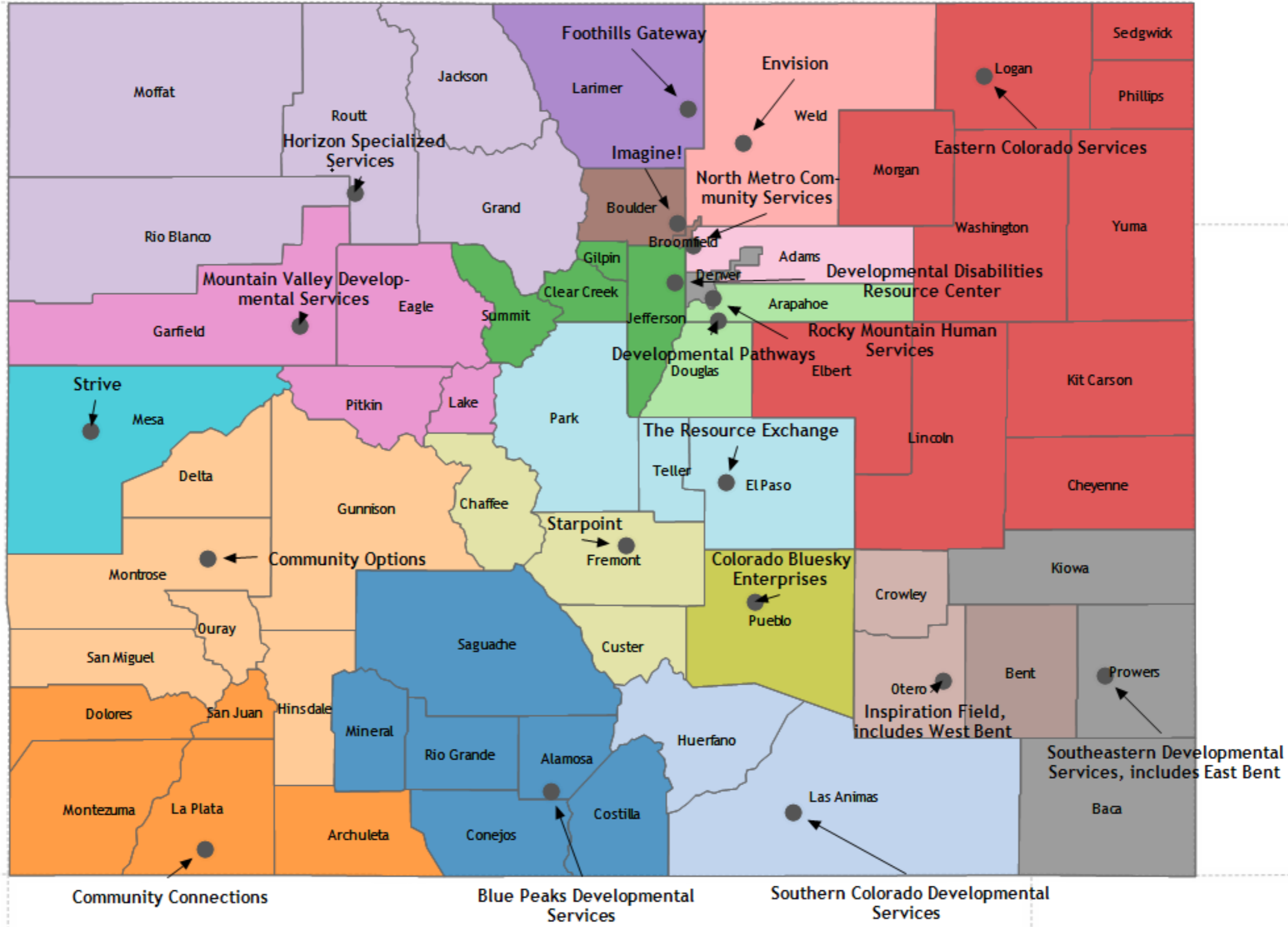


<https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies>

- SEP Agency Location
- ▭ SEP Covered Counties



# Community Centered Boards



<https://www.colorado.gov/pacific/hcpf/community-centered-boards>

# Waiver Eligibility

Eligibility



- Financial
  - County Human/Social Services Office
    - Income and Resources
- Level of Care
  - SEP and CCB
    - ULTC 100.2 Level of Care Assessment
- Targeting Criteria
  - SEP and CCB
    - Waiver Criteria



# Financial Eligibility

- Applicant's income must be less than three times (300%) of the current Supplemental Security Income (SSI) limit
  - May be a combination of different types of income such as SSI, SSDI, Social Security Survival benefits, child support, or income from a trust or employment
- The individual resource limit is \$2,000
- The couple resource limit is \$3,000



# Level of Care

- Hospital Level of Care
  - Member's needs are similar to that of a person in a hospital.
  - They have acute care needs or their condition is unstable and unpredictable.
- Nursing Facility Level of Care
  - Member's needs are similar to that of a person in a nursing facility.
  - They require regular medical care, in home services at least once every 30 days, and oversight of a physician to maintain stability.
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Level of Care
  - Member's needs are similar to that of a person in an ICF-IID facility.
  - They require regular medical care and rehabilitation.

# Targeting Criteria

- Members may qualify for multiple HCBS waivers
- Case managers must be familiar with all waivers to best inform members of all options
- Members and families select option that works best for them
- Targeting Criteria Includes:
  - Age Range
  - Diagnoses
  - Injuries
  - Region

**Example:**

Brain Injury Waiver participants must:

- Be 16 years old or older
- Living with a diagnosed brain injury
- Sustained that injury prior to age 65

# Case Manager Member Responsibility

- Assist with development of a service plan
  - Assessed needs
  - Personal goals
- Help members navigate the system and understand all of their options to make informed choices
- Help connect members with providers
- Maintain contact with members regularly and monitor and adjust services as needed according to the member's changing needs





# Accountable Care Collaborative Overview

# Acronyms

**ACC** = Accountable Care Collaborative

**RAE** = Regional Accountable Entity

**PCMP** = Primary Care Medical Provider

**PMPM** = Per Member Per Month

# Accountable Care Collaborative



## Medical Home

Ensure Members have a focal point of care for physical, behavioral and social well-being. In the ACC, this is referred to as a Primary Care Medical Provider (PCMP).



## Regional Coordination

Health First Colorado Members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.



## Data

Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.



# Member Enrollment Experience

## Enrollment into ACC

- After Health First Colorado eligibility determination, Members\* are enrolled in the ACC, assigned to a RAE, and attributed to a PCMP
- RAE assignment is based on site-specific location of PCMP

## Welcome to RAE and PCMP

- A Welcome Letter is sent to all members who are enrolled in the ACC to provide member with RAE and PCMP information
- The RAE is accountable for the member beginning on the effective date of the enrollment

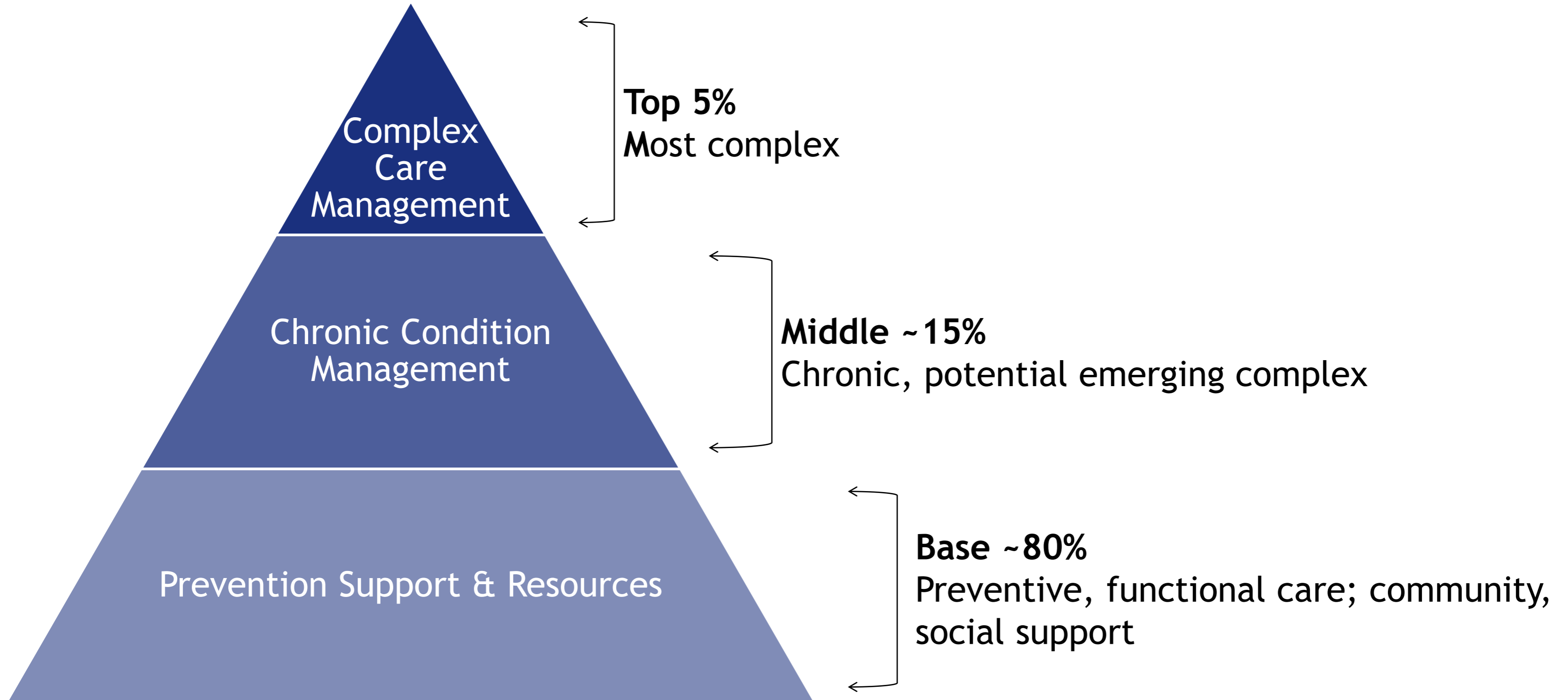
## Options

- Members can change their PCMP at any time by contacting Health First Colorado Enrollment
  - Phone: 303-839-2121 (in Denver) or 1-888-367-6557 (outside of Denver)
  - Online: <https://enroll.healthfirstcolorado.com>

# Core RAE Responsibilities

- Develop and maintain network of Primary Care Medical Providers (PCMP) to serve as medical home for members
- Develop and maintain statewide network of behavioral health providers
- Administer capitated behavioral health benefit
- **Onboard new members**
- Promote population health initiatives and **member engagement**
- **Coordinate care for members across health neighborhood and community to address whole-person health**

# ACC Population Pyramid



# ACC Phase II Goals and Objectives

## Goals

- To improve member health & reduce costs

## Objectives

1. Join physical and behavioral health under one Regional Accountable Entity (RAE)
2. Strengthen coordination of services by advancing team-based care and health neighborhoods
3. Promote member choice and engagement
4. Pay providers for the increased value they deliver
5. Ensure greater accountability and transparency

# *ACC Objective 1:*

**Join physical and behavioral health under one regional accountable entity (RAE)**

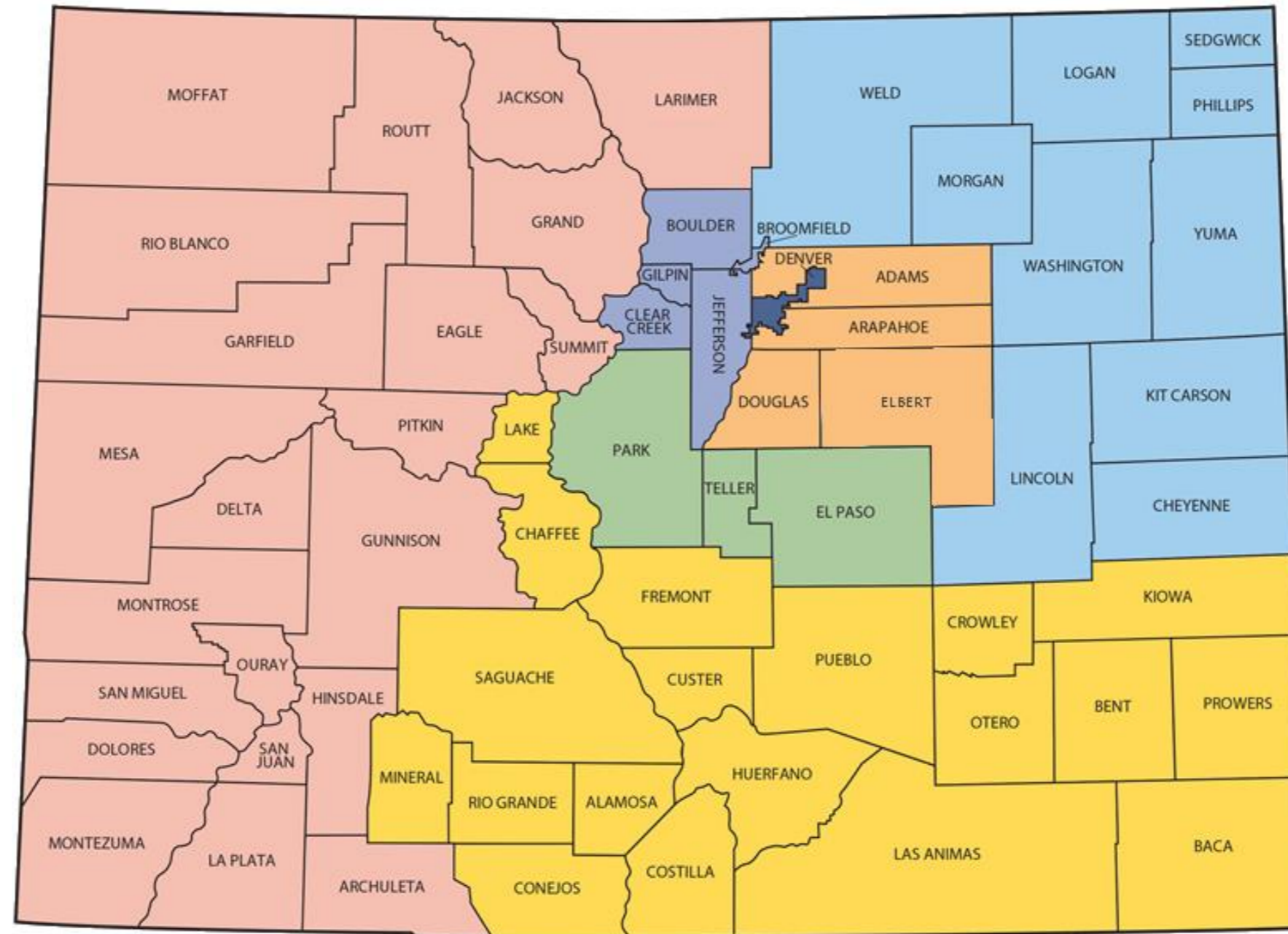
**Primary Care**

**Per Member/  
Per Month**

**Behavioral  
Health Care**

**Behavioral Health  
Capitation**

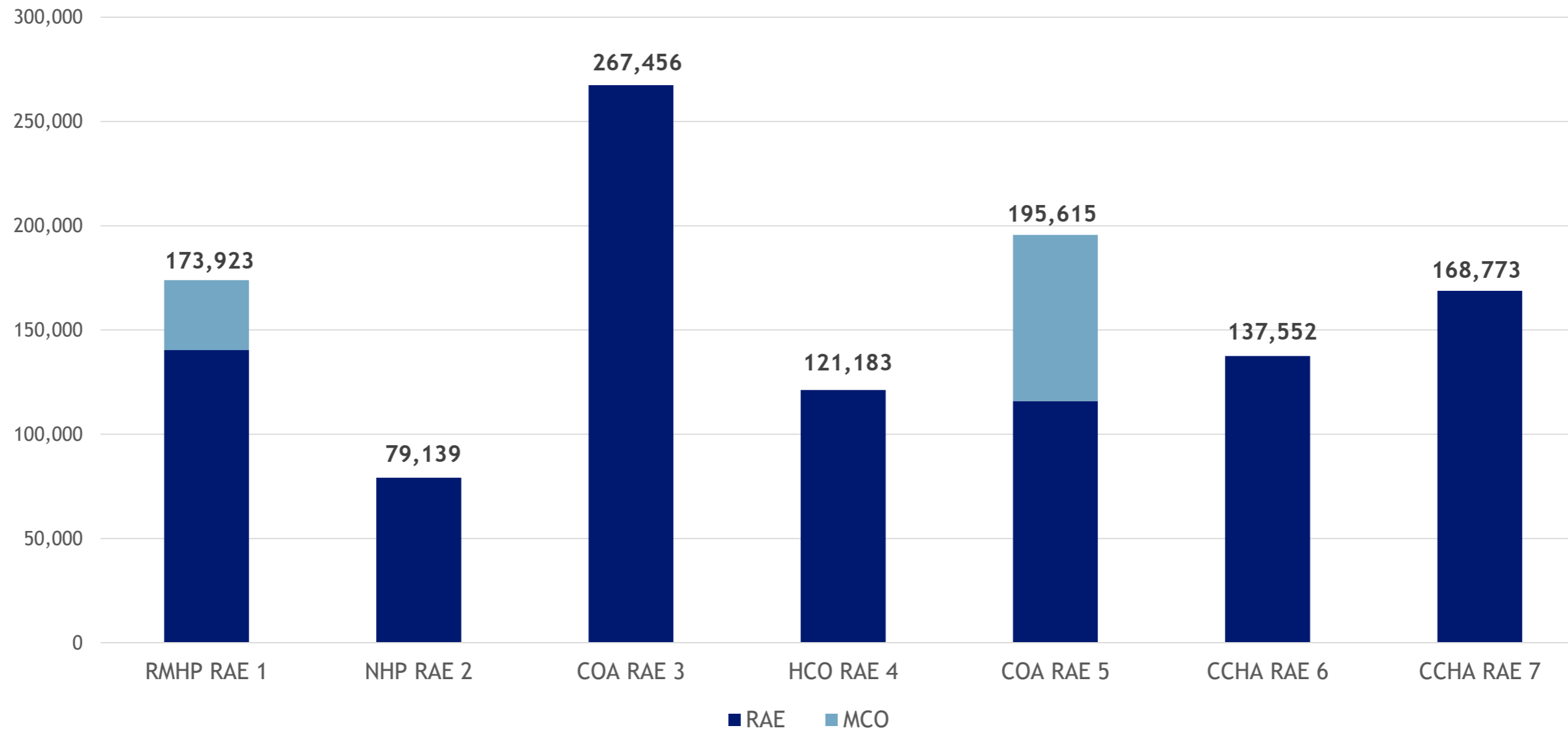
# Regions



- |          |   |                             |          |   |                                    |
|----------|---|-----------------------------|----------|---|------------------------------------|
| Region 1 |  | Rocky Mountain Health Plans | Region 5 |  | Colorado Access                    |
| Region 2 |  | Northeast Health Partners   | Region 6 |  | Colorado Community Health Alliance |
| Region 3 |  | Colorado Access             | Region 7 |  | Colorado Community Health Alliance |
| Region 4 |  | Health Colorado, Inc.       |          |   |                                    |

# ACC Enrollment

ACC Enrollment By RAE - July 2019



# *ACC Objective 2:* **Strengthen Coordination of Services**

- Population Health Management
- Health Neighborhood and Community
- Increase PCMP standards
- Enhance RAE Authority to support activities



# *ACC Objective 3:* **Promote Member Choice and Engagement**

- Immediate Enrollment
- Choice of PCMP
- PCMP Selection Drives RAE Assignment
- Health Needs Survey
- Behavioral Health Services in Primary Care

# *ACC Objective 4:* Pay for Increased Value

- Pay for Performance
  - Key Performance Indicators
  - Behavioral Health Incentives
  - Flexible Funding Pool
- Increased RAE Flexibility
- Alignment with Alternative Payment Model

# *ACC Objective 5:* **Greater Accountability and Transparency**

- Increase Financial Transparency and Reporting
  - Utilization Management
  - Provider Network Decisions
  - Conflict of Interest in Governance
  - Financial Reporting
- Increase Funding Tied to Value
- Matrix Team Management

# RAE Member Responsibility

- Onboard new members
- Member engagement

**2.1.12. Care Coordination - The deliberate organization of Client care activities between two or more participants (including the Client and/or family members/caregivers) to facilitate the appropriate delivery of physical health, behavioral health, functional Long Term Services and Supports (LTSS) supports, oral health, specialty care, and other services. Care Coordination may range from deliberate provider interventions to coordinate with other aspects of the health system to interventions over an extended period of time by an individual designated to coordinate a Member's health and social needs.**

# Care Coordination

- Emphasis on acute, high risk, and complex patients, but available to all members
- Models vary across RAEs - can be provided by RAE or delegated to partner (e.g. PCMP, Integrated Community Care Team, etc.)

**11.3.6. - The Contractor shall not duplicate Care Coordination provided through LTSS and HCBS waivers and other programs designed for special populations; rather, the Contractor shall work to link and organize the different Care Coordination activities to promote a holistic approach to a Member's care.**



# CMA and RAE Intersection

# CMA and RAE Roles

## RAE

- Connect members to a Primary Care Medical Provider (PCMP) to serve as their medical home
- Coordinate services for physical and behavioral health needs

Coordinate across disparate providers, social, educational, justice, and other community agencies

## Entry Point & CMA

- Eligibility determination for long-term services and supports (LTSS)
- Service plan development and monitoring
- Coordination of long-term services and supports



# CMA and RAE: Hospitalizations

When a member receiving LTSS needs Care Coordination:

- RAE can be notified by the member themselves or their family if the member is hospitalized
- RAE must monitor inpatient notifications for members through the ADT files, but this varies with each RAE
- Must work with the CMA on discharge plans and follow-up care

When a member receiving LTSS needs Case Management:

- CMAs monitor the member while hospitalized and may coordinate services in the person's home and community to support discharge
- After 30 days of inpatient, the member is no longer eligible for the HCBS waiver and will be noticed by the CMA
- The hospital must contact the SEP or CCB and make a referral for re-enrollment in the HCBS waiver



# Scenarios

# Scenarios 1-2

For Members who are on an HCBS waiver, and...

1. Member has no other health needs
2. Member has emerging or is experiencing existing physical and/or behavioral health needs

# Scenario 3

4. For members with no LTSS

# Scenario 4-5

5. For an adult receiving LTHH services only
6. For a child receiving LTHH services only

# Scenario 6

7. For a child who is not on a waiver targeted to children with an intellectual or developmental disability

# What if...

A person has been hospitalized and now needs LTSS but is not yet enrolled in an HCBS waiver or living in a facility.



# What if...

A person has been hospitalized and is enrolled in an HCBS waiver and lives in the community.

# What if...

A person has been hospitalized and is lives in a facility.



**Emily Berry**  
ACC Program Specialist  
[Emily.berry@state.co.us](mailto:Emily.berry@state.co.us)

**Brooke Powers**  
ACC Program Specialist  
[Brooke.powers@state.co.us](mailto:Brooke.powers@state.co.us)

**Brittani Trujillo**  
Case Management Section Manager  
[Brittani.Trujillo@state.co.us](mailto:Brittani.Trujillo@state.co.us)

# Thank You!

# Resources

# LTSS Programs Overview

Overview of all LTSS programs and links to more detail:

<https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>

# Waiver Charts and Flow Charts

- Waiver Charts
  - Provide a side-by-side comparison of key components and eligibility requirements of each waiver
  - Includes program contact information
- Flow Charts
  - Provide participants and families a decision-tree to help them understand the program options

[www.colorado.gov/hcpf/long-term-services-and-supports-training](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)





# Entry Point & Case Management Agency and County Contacts

- Single Entry Point Agencies
  - [www.colorado.gov/hcpf/single-entry-point-agencies](http://www.colorado.gov/hcpf/single-entry-point-agencies)
- Community Centered Boards
  - [www.colorado.gov/hcpf/community-centered-boards](http://www.colorado.gov/hcpf/community-centered-boards)
- County Eligibility
  - [www.colorado.gov/cdhs/contact-your-county](http://www.colorado.gov/cdhs/contact-your-county)



# Adult Waivers Rules

Waiver regulations:

[www.colorado.gov/hcpf/department-program-rules-and-regulations](http://www.colorado.gov/hcpf/department-program-rules-and-regulations)

Department Waiver Rules, Colorado Code of Regulations:

BI	<a href="#">10 CCR 2505-10, Section 8.515</a>
CMHS	<a href="#">10 CCR 2505-10, Section 8.509</a>
DD	<a href="#">10 CCR 2505-10, Section 8.500</a>
EBD	<a href="#">10 CCR 2505-10, Section 8.485</a>
SCI	<a href="#">10 CCR 2505-10, Section 8.517</a>
SLS	<a href="#">10 CCR 2505-10, Section 8.500.90</a>



# Children's Waivers Rules

Waiver regulations:

[www.colorado.gov/hcpf/department-program-rules-and-regulations](http://www.colorado.gov/hcpf/department-program-rules-and-regulations)

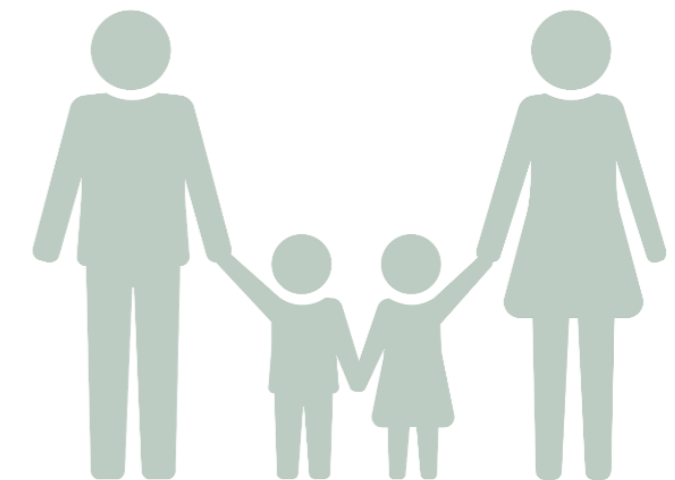
Department Waiver Rules, Colorado Code of Regulations:

CES [10 CCR 2505-10, Section 8.503](#)

CHCBS [10 CCR 2505-10, Section 8.506](#)

CHRP [10 CCR 2505-10, Section 8.508](#)

CLLI [10 CCR 2505-10, Section 8.504](#)



# Other LTSS Programs and Services

Colorado Choice Transitions (CCT)

[www.colorado.gov/hcpf/colorado-choice-transitions](http://www.colorado.gov/hcpf/colorado-choice-transitions)

Consumer Directed Attendant Support Services (CDASS)

[www.colorado.gov/hcpf/consumer-directed-attendant-support-services](http://www.colorado.gov/hcpf/consumer-directed-attendant-support-services)

In-Home Support Services (IHSS)

[www.colorado.gov/hcpf/in-home-support-services](http://www.colorado.gov/hcpf/in-home-support-services)

Health First Colorado Buy-In Program for Working Adults and Children with Disabilities

[www.colorado.gov/hcpf/medicaidbuyinprograms](http://www.colorado.gov/hcpf/medicaidbuyinprograms)

Program of All-Inclusive Care for the Elderly (PACE)

[www.colorado.gov/hcpf/program-all-inclusive-care-elderly](http://www.colorado.gov/hcpf/program-all-inclusive-care-elderly)

Nursing Facilities

[www.colorado.gov/hcpf/nursing-facilities](http://www.colorado.gov/hcpf/nursing-facilities)

# LTSS Web Resources

Alzheimer's Association of Colorado

[www.alz.org/co](http://www.alz.org/co)

Health First Colorado Member Handbook

[www.healthfirstcolorado.com/benefits-services/#member-handbook](http://www.healthfirstcolorado.com/benefits-services/#member-handbook)

Health First Colorado State Plan Benefits & Services

[www.healthfirstcolorado.com/benefits-services](http://www.healthfirstcolorado.com/benefits-services)

Long-Term Services and Supports Programs Website

[www.colorado.gov/hcpf/long-term-services-and-supports-programs](http://www.colorado.gov/hcpf/long-term-services-and-supports-programs)

Seniors Blue Book

[www.seniorsbluebook.com](http://www.seniorsbluebook.com)

Veteran-Directed HCBS Federal Waiver

[drcog.org/programs/area-agency-aging/veteran-directed-home-and-community-based-services](http://drcog.org/programs/area-agency-aging/veteran-directed-home-and-community-based-services)

# ACC Attribution Methodology

## 1. Utilization

- Members with claims history with PCMP in past 18 months
- Majority of paid Evaluation & Management claims

## 2. Family Connection

- Members with no utilization history with PCMP
- If member has family member with claims history to PCMP, attribute to that PCMP if appropriate

## 3. Proximity

- Members with no utilization history with PCMP in past 18 months
- Attribute to closest appropriate PCMP in region

## Member Choice

- Members can change their PCMP at any time by contacting Health First Colorado Enrollment

# RAE Contacts

Region	Counties Served	Entity	Contact Information for Providers
1	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit	Rocky Mountain Health Plans	1-888-282-8801 <a href="mailto:RAESupport@rmhp.org">RAESupport@rmhp.org</a> <a href="https://www.rmhp.org/">https://www.rmhp.org/</a>
2	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Washington, Weld, Yuma	Northeast Health Partners	1-800-804-5040 <a href="mailto:COProviderRelations@beaconhealthoptions.com">COProviderRelations@beaconhealthoptions.com</a> <a href="https://www.northeasthealthpartners.org/">https://www.northeasthealthpartners.org/</a>
3	Adams, Arapahoe, Douglas, Elbert	Colorado Access	Provider Engagement 720-744-5667 or 1-844-430-6684 <a href="mailto:ProviderRelations@coaccess.com">ProviderRelations@coaccess.com</a> <a href="https://www.coaccess.com/">https://www.coaccess.com/</a>
4	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache	Health Colorado, Inc.	1-800-804-5040 <a href="mailto:COProviderRelations@beaconhealthoptions.com">COProviderRelations@beaconhealthoptions.com</a> <a href="https://www.healthcoloradorae.com/">https://www.healthcoloradorae.com/</a>
5	Denver	Colorado Access	Provider Engagement 720-744-5667 or 1-844-430-6684 <a href="mailto:ProviderRelations@coaccess.com">ProviderRelations@coaccess.com</a> <a href="https://www.coaccess.com/">https://www.coaccess.com/</a>
6	Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	Colorado Community Health Alliance	303-256-1717 (local) or 1-855-627-4685 (toll free) <a href="https://www.cchacares.com/">https://www.cchacares.com/</a>
7	El Paso, Park, Teller	Colorado Community Health Alliance	719-598-1540 (local) or 1-855-627-4685 (toll free) <a href="https://www.cchacares.com/">https://www.cchacares.com/</a>

# ACC Resources

- ACC: <https://www.colorado.gov/pacific/hcpf/accphase2>
- State Program Improvement Advisory Committee (PIAC) and Subcommittees: <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-program-improvement-advisory-committee>
- Regional PIACs and Member Experience Advisory Councils (MEAC):
  - Region 1: PIAC and MEAC: [www.rmhp.org/medicaid-chp-plus/get-involved](http://www.rmhp.org/medicaid-chp-plus/get-involved)
  - Region 2: PIAC and MEAC: [www.northeasthealthpartners.org](http://www.northeasthealthpartners.org)
  - Region 3 & 5: PIAC: <https://www.coaccess.com/partnering/partnerships> // MEAC: <https://www.coaccess.com/members/services/>
  - Region 4: PIAC and MEAC: [www.healthcoloradae.com](http://www.healthcoloradae.com)
  - Region 6 & 7: PIAC and MEAC: [www.cchacares.com/about-ccha/advisory-committees](http://www.cchacares.com/about-ccha/advisory-committees)



# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

7

EPSDT is the Medicaid program's federally guaranteed benefit for all Medicaid enrollees under age 21.



E P S	D	T
<p><b>Early and Periodic Screenings</b></p> <ul style="list-style-type: none"> <li>▪ Regularly scheduled comprehensive health and developmental screenings</li> <li>▪ Comprehensive unclothed physical exam</li> <li>▪ Appropriate vision and hearing testing</li> <li>▪ Appropriate immunizations (according to age and history)</li> <li>▪ Appropriate laboratory tests</li> <li>▪ Dental screenings and referrals to a dentist (for children beginning at age 1)</li> <li>▪ Health education</li> </ul>	<p><b>Diagnostic Services</b></p> <ul style="list-style-type: none"> <li>▪ Medically necessary diagnostic services when a risk is identified, including follow-up testing, evaluation, and referrals</li> </ul>	<p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>▪ States must provide timely treatment services as determined by child health screenings</li> <li>▪ Health care or treatment services include those that are medically necessary to correct or ameliorate defects and address physical and behavioral health conditions</li> </ul> <p><i>Source: SSA§ 1905(r); 42 CFR§ 441.56</i></p>

# Just ASK

Providers who feel a service or item is medically necessary can and should ask for that service even if it is not listed as a covered services - this is possible because of the EPSDT program!

Follow the direction on the ColoradoPAR website for how to make an EPSDT request

## Under EPSDT, states must cover all medically necessary services, including those that are “optional” for adults

### Mandatory Services

- ✓ Family planning services and supplies
- ✓ Federally Qualified Health Clinics and Rural Health Clinics
- ✓ Home health services
- ✓ Inpatient and outpatient hospital services
- ✓ Laboratory and X-Rays
- ✓ Medical supplies and durable medical equipment
- ✓ Non-emergency medical transportation
- ✓ Nurse-midwife services
- ✓ Pediatric and family nurse practitioner services
- ✓ Physician services
- ✓ Pregnancy-related services
- ✓ Tobacco cessation counseling and pharmacotherapy for pregnant women

### Optional Services

- ✓ Community supported living arrangements
- ✓ **Chiropractic services**
- ✓ Clinic services
- ✓ Critical access hospital services
- ✓ Dental services
- ✓ Dentures
- ✓ Emergency hospital services (in a hospital not meeting certain federal requirements)
- ✓ Eyeglasses
- ✓ State Plan Home and Community Based Services
- ✓ Inpatient psychiatric services for individuals under age 21
- ✓ Intermediate care facility services for individuals with intellectual disabilities
- ✓ Optometry services
- ✓ Other diagnostic, screening, preventive and rehabilitative services
- ✓ Other licensed practitioners' services
- ✓ Physical therapy services
- ✓ Prescribed drugs
- ✓ Primary care case management services
- ✓ Private duty nursing services
- ✓ Program of All-Inclusive Care for the Elderly (PACE) services
- ✓ Prosthetic devices
- ✓ Respiratory care for ventilator dependent individuals
- ✓ Speech, hearing and language disorder services
- ✓ Targeted case management
- ✓ Tuberculosis-related services