

# Case Management Agency Quarterly Meeting

August 5, 2021

HCPF, SEP, CCB, CMA



**COLORADO**

Department of Health Care  
Policy & Financing

# Introductions

- Housekeeping
- Attendance
- New Employees
- Staffing changes

# Joining the CMQP Division



**Mary Stuckwisch**

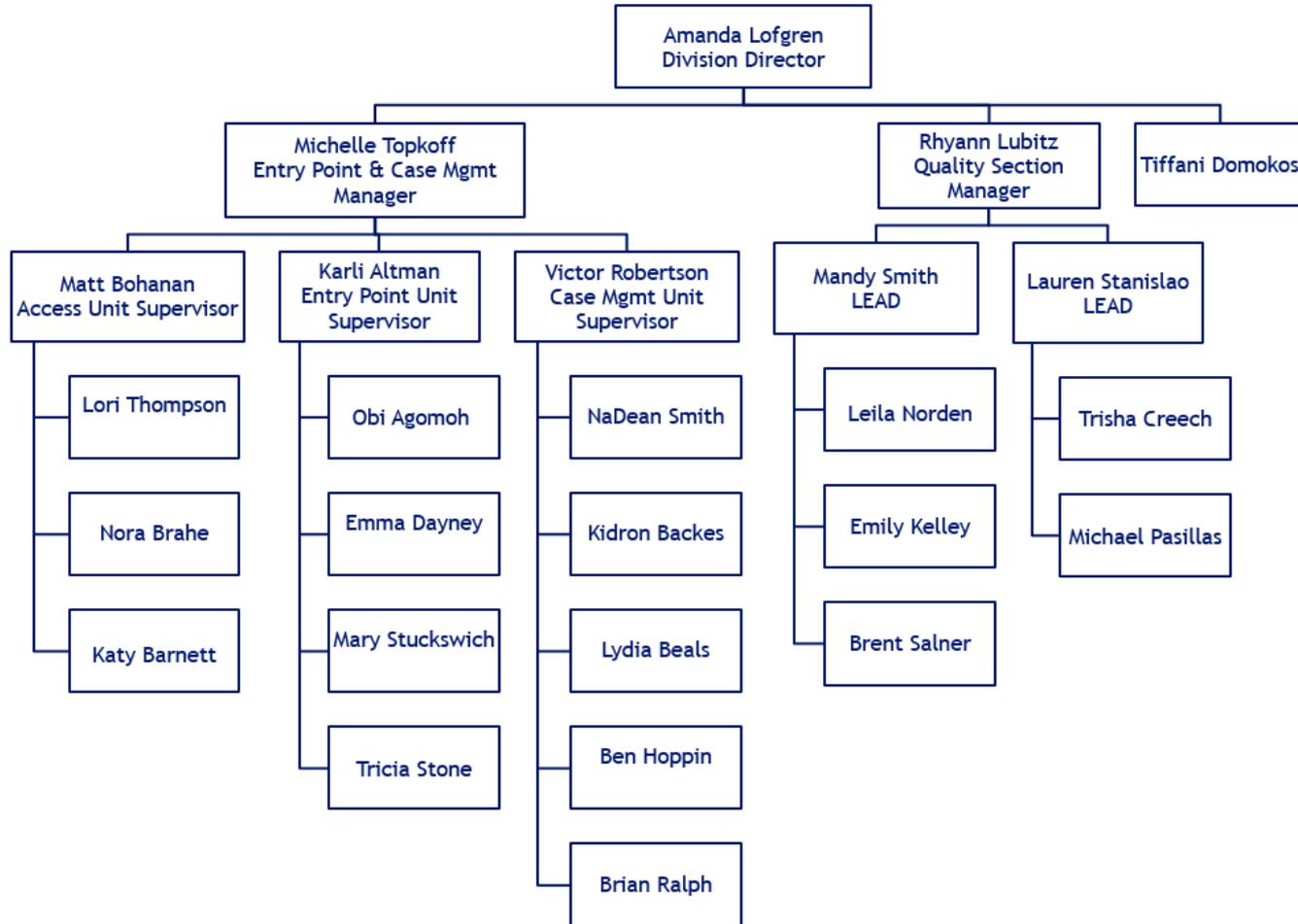
Case Management Aide  
Entry Point Unit



**Brian Ralph**

Case Management Aide  
Case Management Unit

# Case Management & Quality Performance Division



# CMA Leadership Changes



- New Staff
- Reorganization
- Promotions
- Retirements

# PACE Enrollment

- With the public health emergency, individuals on the PACE program will be “locked-in” under the PACE benefit aid code.
- This has caused issues with individuals that ultimately decided not to enroll into the PACE program. These individuals went through the whole process for enrollment including functional assessment and financial eligibility, but chose not to enroll.



**COLORADO**

Department of Health Care  
Policy & Financing

# PACE Enrollment

- Due to the “locked in” requirements, these individuals cannot access State Plan services due to PACE being an all-inclusive program.
- Going forward, please ensure that PACE enrollments did happen before closing out the case. In addition, Department staff are asking PACE providers to send a new referral to the CMA when an individual elects to not enroll with their program.



**COLORADO**

Department of Health Care  
Policy & Financing

# General COVID Check In/ Preparing for end of PHE

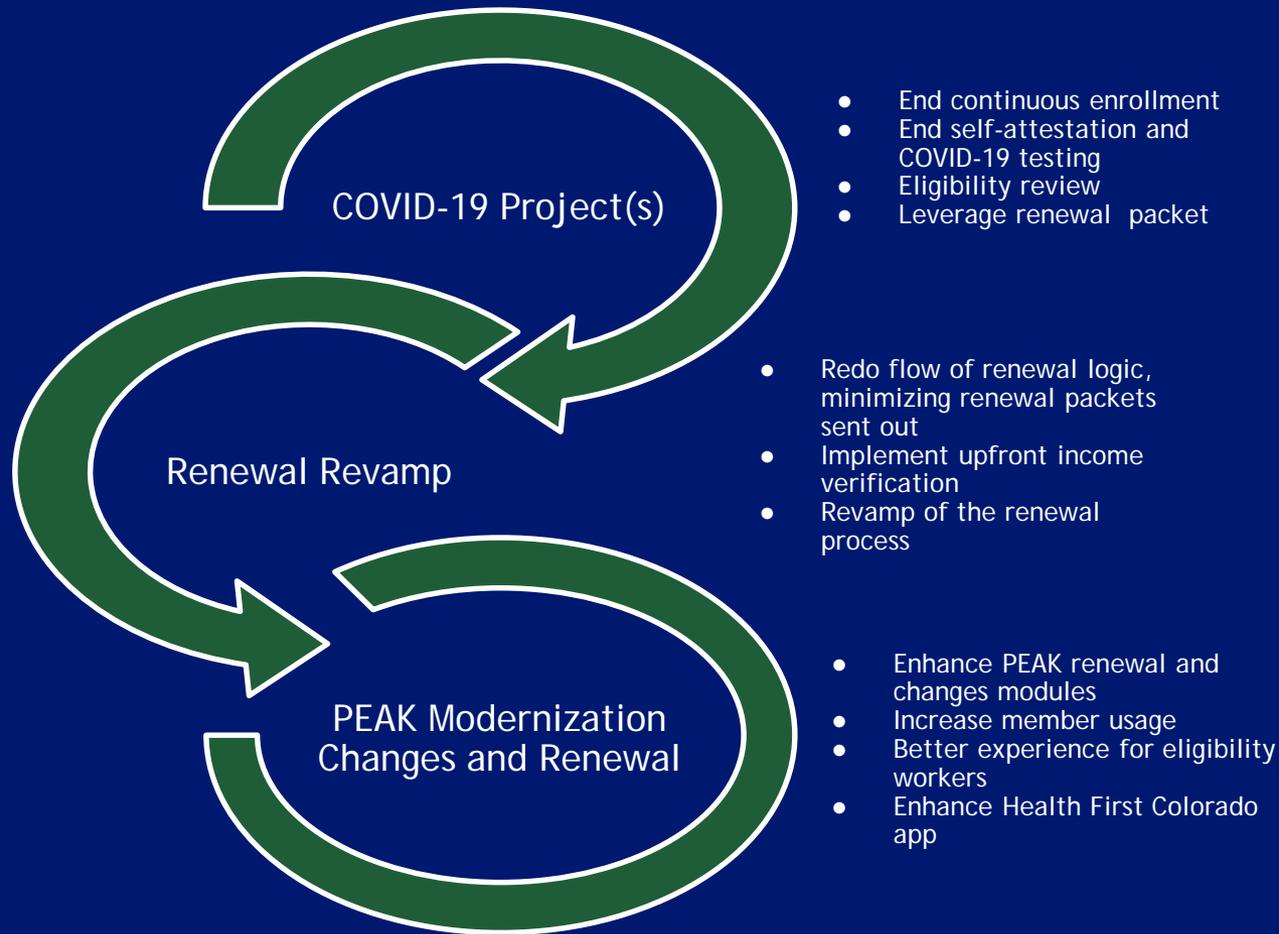
- COVID Related Memos
  - In-Person Optional Contact
- Tracking those who will need to be issued a notice of action (LTC 803) at the end of the PHE



**COLORADO**

Department of Health Care  
Policy & Financing

# Overview of 2021 Eligibility Initiatives



**COLORADO**

Department of Health Care  
Policy & Financing

# COVID-19 Project



**COLORADO**

Department of Health Care  
Policy & Financing

# COVID-19 Public Health Emergency (PHE)

- Biden Administration indicated that it "will likely" extend the PHE through 2021
- Updates are also posted to [hcpf.colorado.gov/phe-planning](https://hcpf.colorado.gov/phe-planning)

PHE End Date Scenarios	Last Day of PHE Scenarios	PHE SPAs, 1135 Waivers, and Optional Uninsured Testing Group Ends On...	Then Continuous Coverage Requirement Ends On...	Then MOE Requirement to Maintain Eligibility Levels & Benefits and Enhanced 6.2% FMAP Ends On...
Current PHE as Issued	April 20, 2021	April 20, 2021	April 30, 2021	June 30, 2021
January 22 Letter from HHS that PHE will likely remain in place for the entirety of 2021	December 31, 2021	December 31, 2021	December 31, 2021	December 31, 2021



# COVID-19 Project

- End of continuous enrollment (COVID Locked-In)
  - Eligibility reviews required for all members locked-in
  - Phased approach for the reviews (not all be sent out at once)
  - Department estimating 530K-540K members locked in by end of PHE
- COVID-19 Limited Test Group
- Mitigation of workload for eligibility workers
  - Income verification minimizing required reviews



**COLORADO**

Department of Health Care  
Policy & Financing

# COVID-19 Project

- Self-attestation reconciliation
  - Need to obtain verifications for eligibility data that was accepted as client verification only during the PHE
- Eligibility Review Packet (ERP)
  - Cover page on renewal packet
  - Exploring options for making this standout
- Coordination with C4HCO
- Member self-sufficiency through PEAK and Health First CO app



# COVID-19 Project

- Timing of work
  - Build targeted for October 2021
  - Activate at the end of PHE
  - Complete work 6 Months after end of PHE (or whatever time frame CMS may provide)
- Additional details will be provided in the next couple of months
  - Close coordination with eligibility workers and community partners to prepare



**COLORADO**

Department of Health Care  
Policy & Financing

# Renewal Revamp Project



**COLORADO**

Department of Health Care  
Policy & Financing

# Renewal Revamp

- Renewal Revamp project objectives
  - Make eligibility determinations upfront for renewals and minimize the number of renewal packets sent out
    - Leverage interfaces (FDSH/Equifax for income verification) and other program information
  - Update packet to address federal policy requirements
- Preparation for end of PHE and CMS Compliance



# Initial Eligibility Determination Process

- Leverage interfaces and information within the case to make an eligibility determination
  - FDSH/Equifax (income verification), Asset Verification, combo cases, etc
- If all household members are eligible, all members will be approved and a Notice Of Action (NOA) will be sent. The NOA will include:
  - Information used to determine eligibility and the basis of continued eligibility
  - Member's obligation to provide updates if information is inaccurate or there are required changes
- Members are not required to sign or return notice



**COLORADO**

Department of Health Care  
Policy & Financing

# Renewal Packet Generation

- Renewal Packet will be sent out for members whose sufficient information is not available or that the available information indicates at least one member may be ineligible.
  - Members will not be renewed or terminated because of unavailable information; opportunity given to members to provide updates
  - The members must receive a pre-populated renewal form and a request for any changes
- Members are required to sign and return renewal



**COLORADO**

Department of Health Care  
Policy & Financing

# Methods for accepting signature

- Members must be able to return the signed form through all modes of submission available
  - Physical mail or fax
  - In-person
  - Online through PEAK - Signature option already exists today
  - Telephonic - Must retain recorded signature including the rights and responsibilities read to the member



**COLORADO**

Department of Health Care  
Policy & Financing

# Timelines



## Policy:

Policy changes will be taken to Medical Services Board (MSB) on October 8, 2021

## Systems:

This project will be implemented in December of 2021

## Operational:

This will be effective for PHE reviews starting January 1, 2022 and renewals month of TBD 2022





JUNE 2021

# PEAK Modernization RMC/RRR Project

Project #14978



# What is PEAK Modernization?

In response to client feedback around PEAK challenges and needs, the State has begun a major effort to improve the usability of PEAK.

The PEAK Modernization Team has been working for almost a year to gather PEAK user, community organization, and CBMS end user feedback and perspectives on PEAK. The Team is designing upcoming projects to address feedback and make PEAK easier to use for everybody.

## What we've heard:

We've heard from PEAK users that PEAK is challenging to use. We've also heard from CBMS end users that PEAK creates more work for county staff.

## Where we're going:

- Decrease processing burden on CBMS end users, call center staff, and community organizations
- Build client trust and satisfaction in PEAK
- Allow better client self-service through PEAK
- Improve the client experience at each stage of the benefit journey
- Deliver a mobile-friendly experience that meets PEAK users where they are

This work is being conducted in an agile, phased approach to deliver incremental PEAK improvements and collect client feedback along the way.

# What is the scope of the PEAK project?

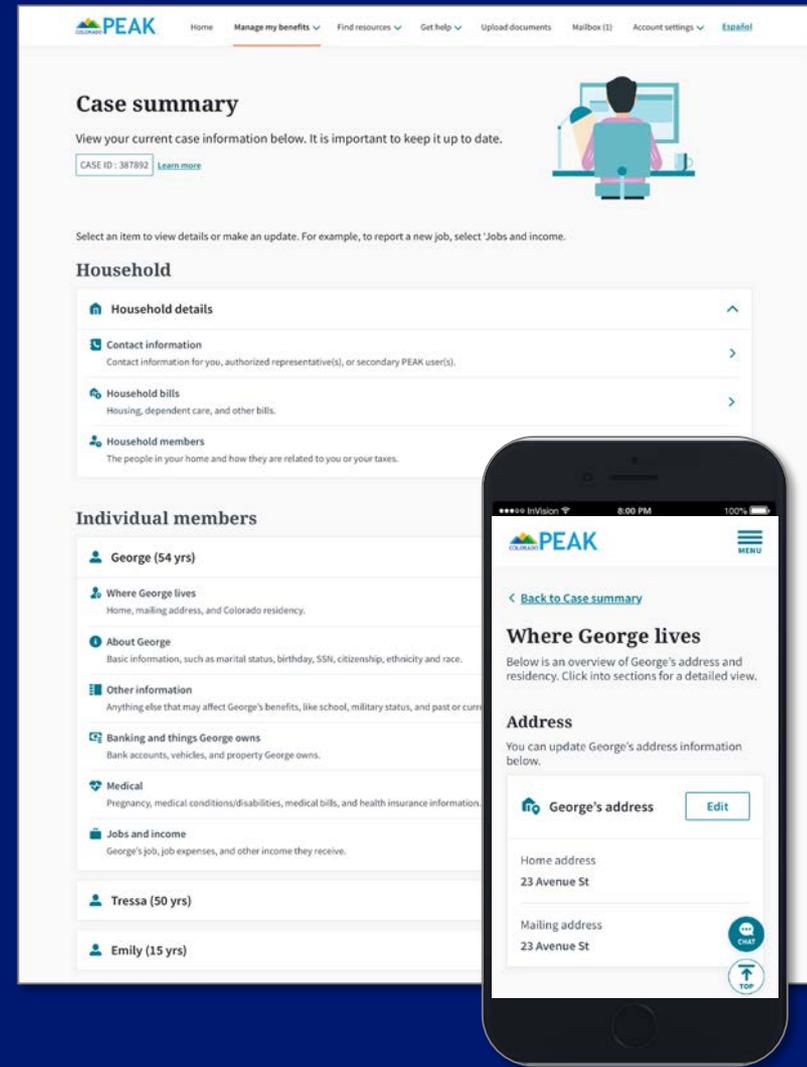
PROJECT 14978

The Changes and Renewal PEAK Modernization project will be implemented in December 2021. This project will replace the Report a Change / RRR module in PEAK. This project focuses on delivering a mobile-friendly, improved user experience across RMC and RRR.

This project will *not* change how information is transferred between PEAK and CBMS, except to address a couple of previously-agreed upon, specific pain points raised by county staff (e.g., end-dating income). It also will *not* change eligibility rules or policy as they relate to RMC / RRR for PEAK.

## Key Changes Include:

- Redesigned PEAK pages for reporting a change or completing an RRR
- New, client-friendly language across all updated screens
- New summary for clients to view case information and to determine if a change is needed
- Improved messaging of upcoming RRR deadline(s) and of submitted RMCs
- Redesigned queuing to make it easier for clients to provide additional information based what changes they report (e.g., asking if they need to ask a household member if they report a marriage)
- All redesigned pages from this project will be mobile-friendly



# Contact Info

**Marivel Klueckman**

Eligibility Division Director

[Marivel.Klueckman@state.co.us](mailto:Marivel.Klueckman@state.co.us)

**Kim Eisen**

Project Manager

[Kim.vanderscoff-eisen@state.co.us](mailto:Kim.vanderscoff-eisen@state.co.us)



**COLORADO**

Department of Health Care  
Policy & Financing

# Shadowing

The Department will be engaging with CMAs starting in September through Quality Community of Practice collaborative workgroup.

This workgroup will work collaboratively to design the Case Management shadowing tool.

# Monitoring

- A review of monitoring contacts for each CMA is currently being conducted.
  - Reviewing the completion and quality of the four quarterly monitoring contacts as well as provider contacts at 6 month and CSR.
  - A report and meeting will be conducted with each CMA upon completion of each agency.
- Early finding: provider contacts at 6 month and CSR are being documented in multiple ways
  - Department will be providing guidance on how to document these contacts in near future for consistency between each CMA
  - How are your Case Managers currently documenting these contacts?



# HRC Universal Forms

Multiple stakeholder meetings will be held in August to collaborate on universal forms for HRC meetings

Draft documents will be shared with each CCB for feedback late August/early September

Documents will be shared with larger HRC stakeholder workgroup in September

# Start Dates for IHSS/CDASS Cases that go through Telligen Review

Service start dates can be the date of submission to Telligen for review upon approval



**COLORADO**

Department of Health Care  
Policy & Financing

# CDASS/IHSS Telligent Data

- Monthly Data for all Case Management Agencies.
- CDASS/IHSS Approvals, Denials, Partial Denials, Technical Denials.
- RFI and Denial numbers and categories

This data helps the Department measure quality of reviews submitted and identify Statewide or Agency trends.



**COLORADO**

Department of Health Care  
Policy & Financing

# Telligen Reviews by Month

Review Type	April	May	June
CDASS	215	223	239
CDASS Rapid	30	40	47
IHSS	389	448	552
IHSS Rapid	59	90	143
<b>Grand Total</b>	<b>693</b>	<b>811</b>	<b>981</b>

- **May saw a 17% increase over April**
- **June an additional 21% increase over May**



**COLORADO**

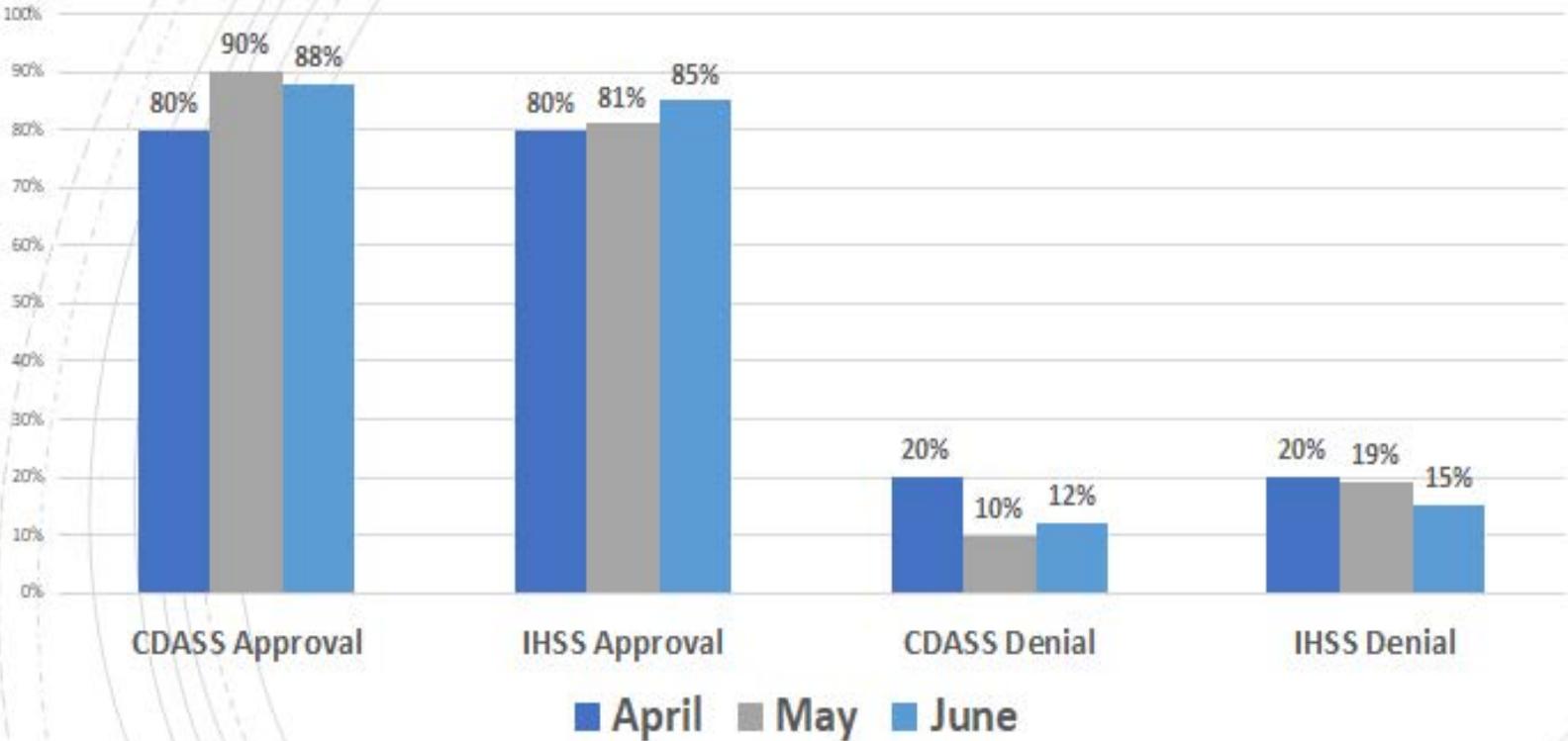
Department of Health Care  
Policy & Financing

# RFI Days Pending

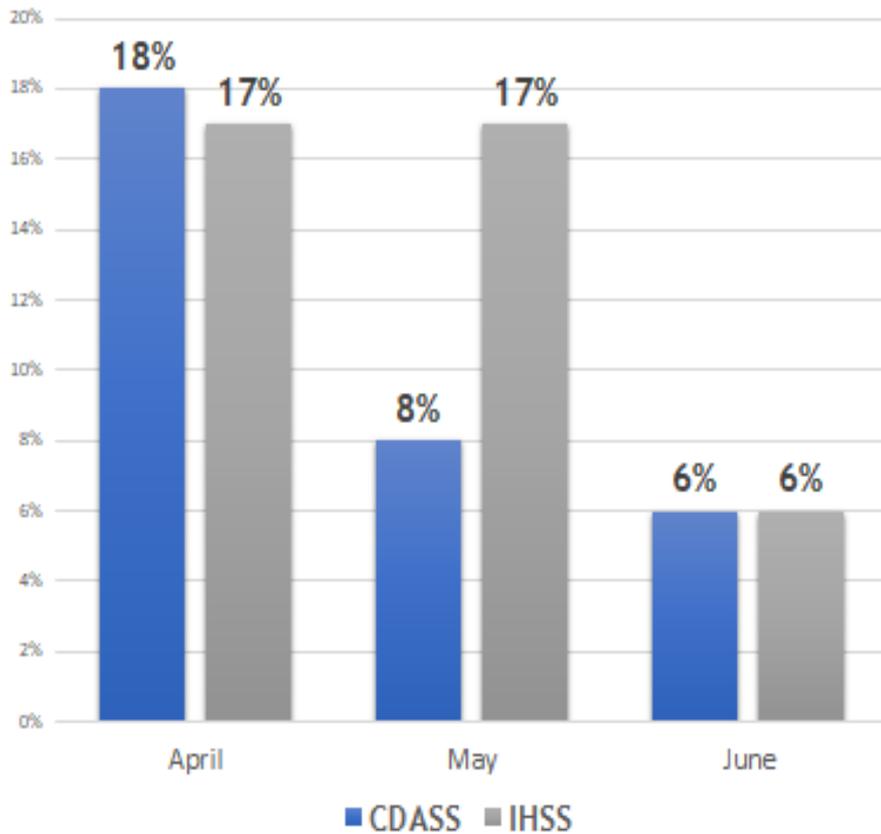
Quarter CMA  
RFI Days  
Pending

	March	April	May	June
CDASS	4.81	7.16	5.53	6.58
CDASS Rapid		8.67	5.94	6.22
IHSS	4.69	7.03	6.65	6.6
IHSS Rapid		5.66	6.79	6.82

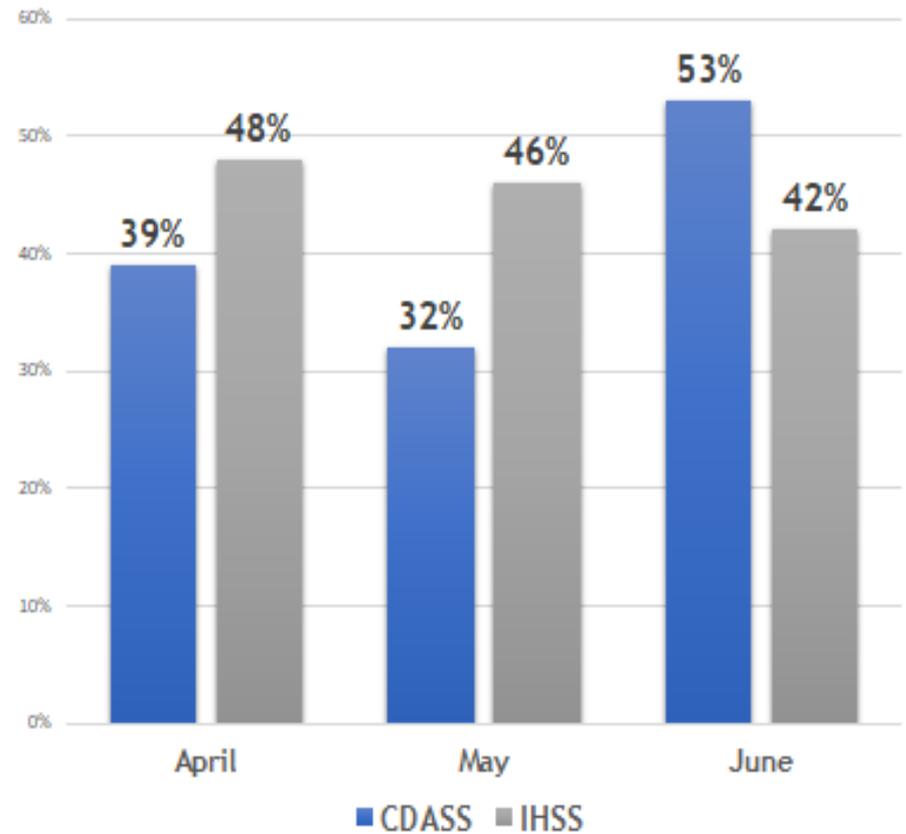
# Quarter Approvals/Denials



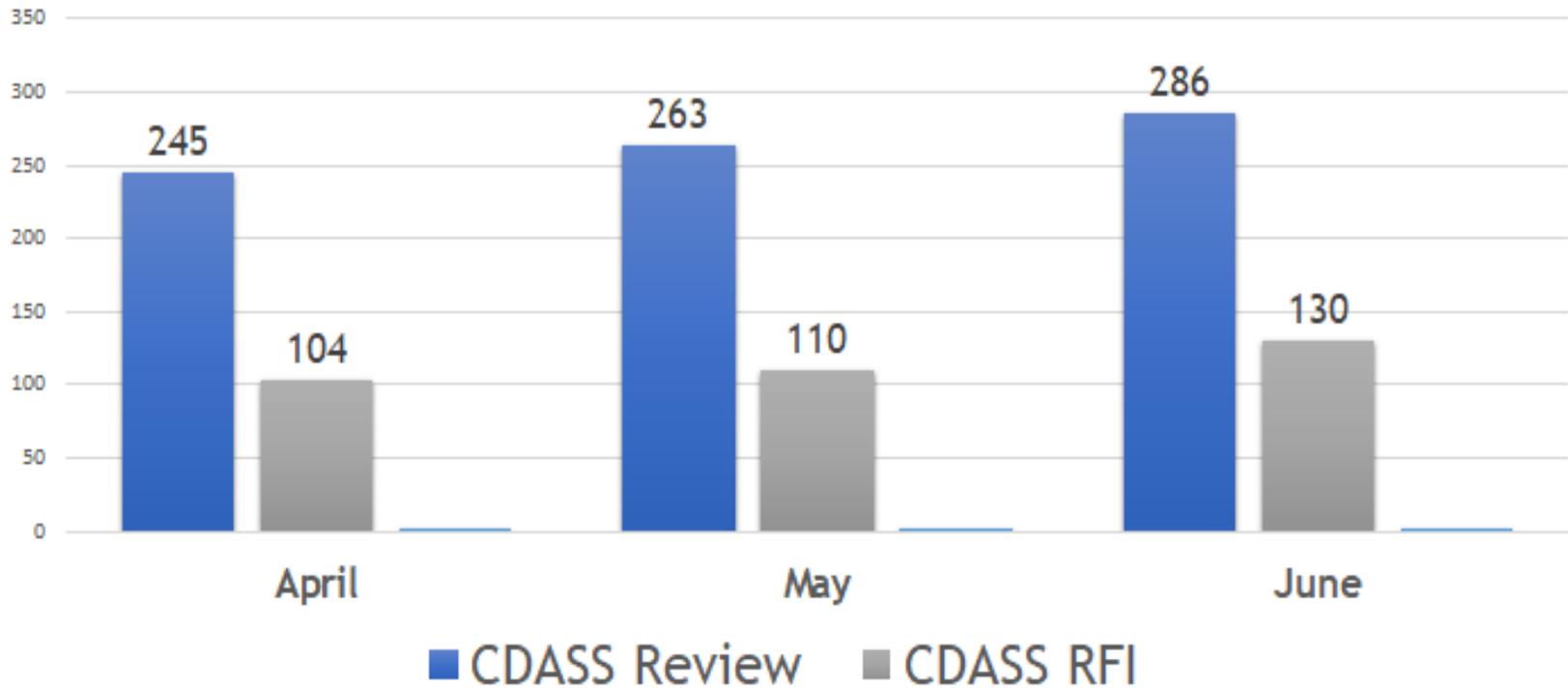
## Technical Denial Percentages (of total month reviews)



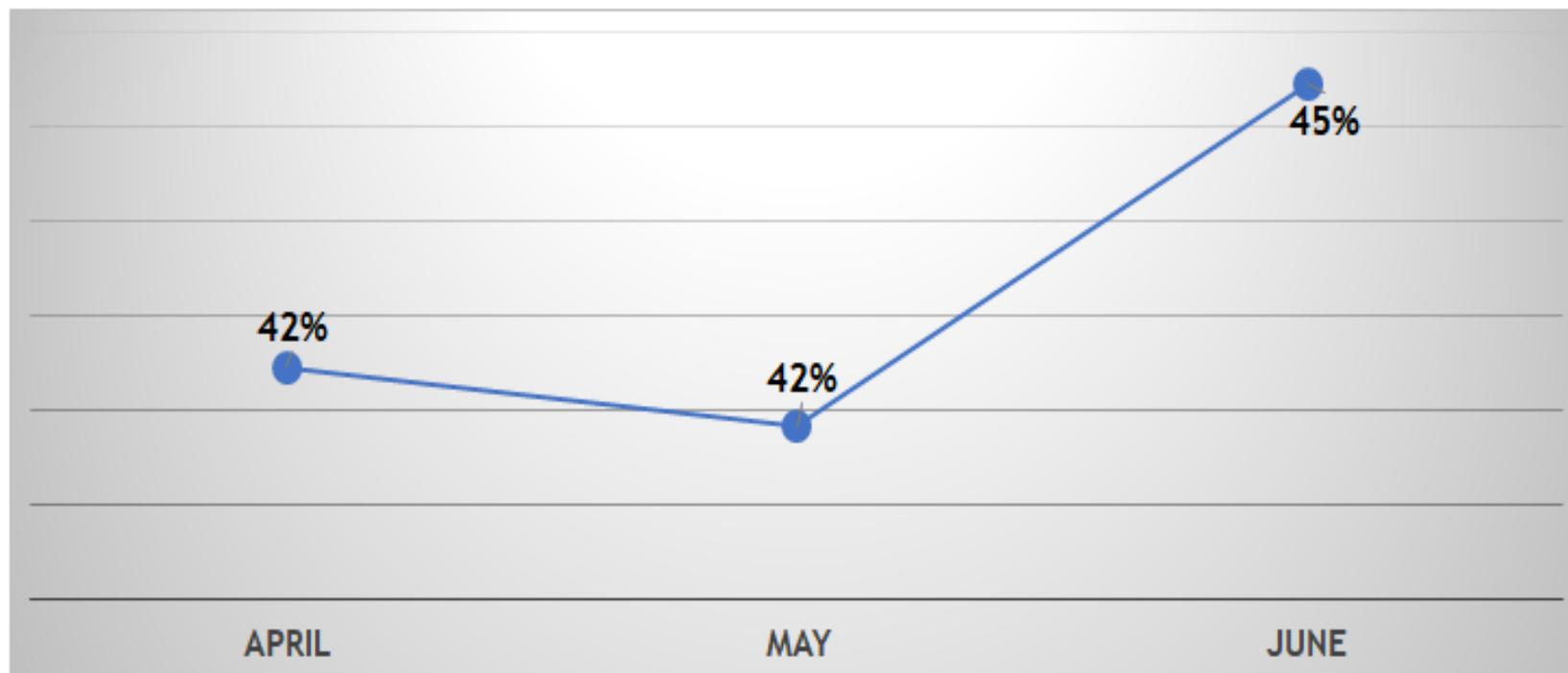
## Technical Denial Percentages (of only denial totals)



# Quarter CDASS Reviews and RFIs



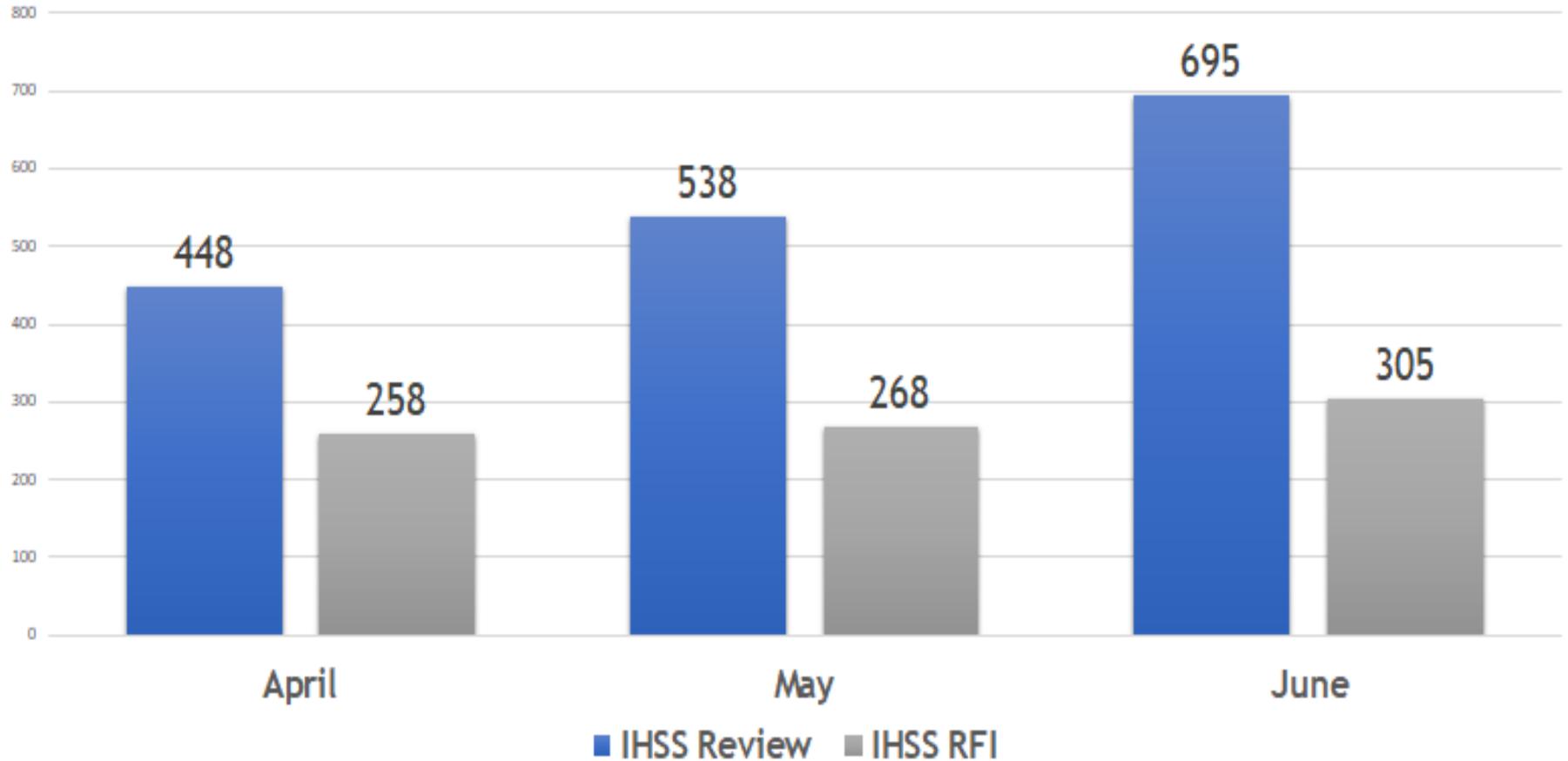
# CDASS RFI Percentages



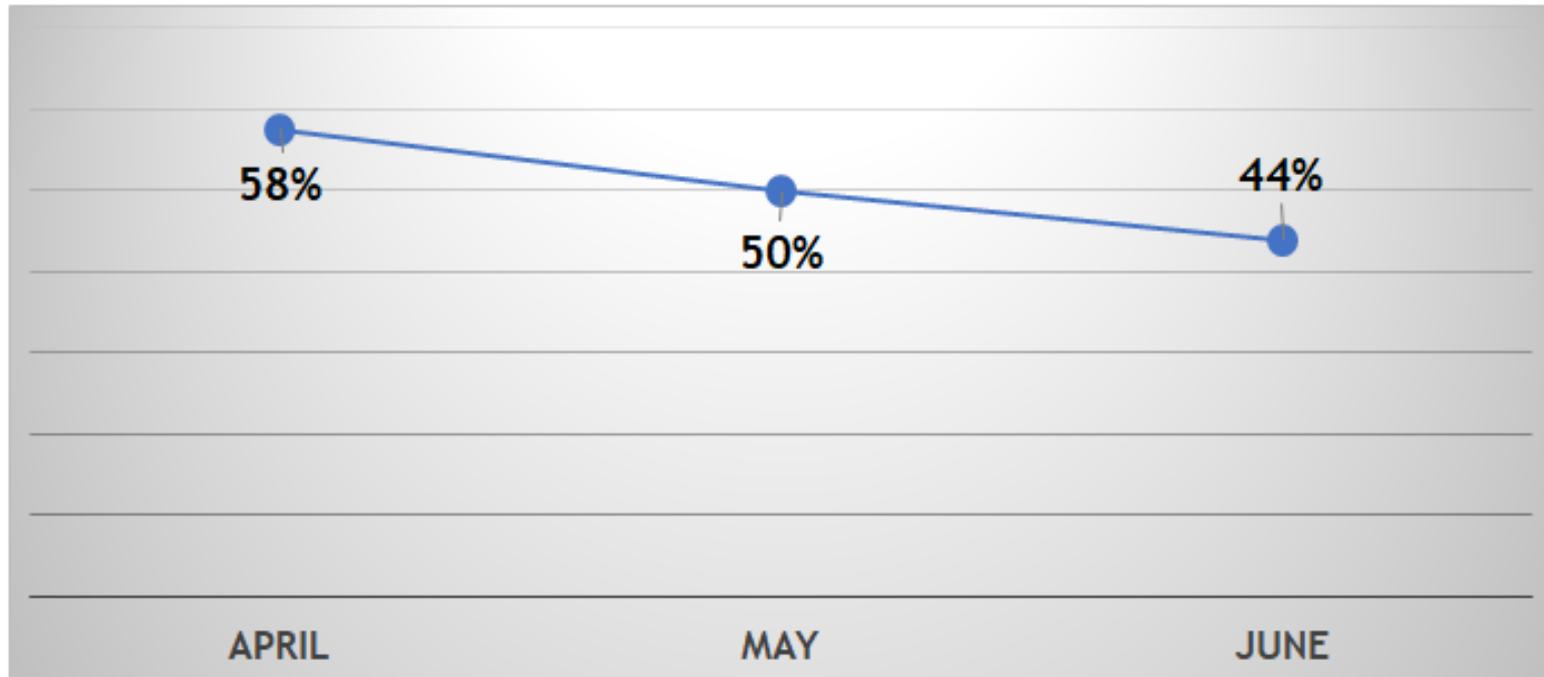
Percentages shown are relative to each month's total reviews.



# Quarter IHSS Reviews and RFIs



# IHSS RFI Percentage



RFI Trends-  
What are  
CMs  
missing?

## RFI Trends

Frequency on calculator does not match documentation

Missing Agency Care Plan

Missing IHSS Calculator

Missing Screenshot of PAR

Missing Task Worksheet

CM needs to justify care on ULTC 100.2  
Assessment and documentation

# Tools to help with RFIs and Denials

Ensure all Case Managers have the tools given to them for IHSS/CDASS Reviews.

Use the Health Maintenance Activities Documentation as your guide to all IHSS/CDASS review submissions.

- <https://www.colorado.gov/pacific/sites/default/files/HMA%20Documentation%20Guide.pdf>

Check for the following when submitting a review:

- Is all Basic Documentation needed for reviews included in the submission? (ULTC 100.2, IHSS Agency Care Plan (IHSS only), CDASS Task Worksheet or IHSS Care Plan Calculator, LTHH/PDN Plan of Care and Schedule (IHSS only).
- Has the Case Manager documented and justified the services needed in the ULTC 100.2 thoroughly?
- Has the Case Manager included the Screenshot of the PAR in the review submission?
- Does the frequency on the CDASS Task Worksheet or IHSS Care Plan Calculator match all documentation submitted?



**COLORADO**

Department of Health Care  
Policy & Financing

# Telligen Review Points of Interest

17% Review increase in May

21% Review increase in June

Increase in approval percentage in both CDASS and IHSS

RFIs percentages are steady or decreasing for CDASS and IHSS reviews submitted to Telligen.

RFI Days Pending somewhat fluctuating.



**COLORADO**

Department of Health Care  
Policy & Financing

# Technical Assistance to Case Management Agencies

- CMAs that represented 39% of all RFIs from April received targeted Technical Assistance within 2 weeks of April data being received.
- Subsequent Technical Assistance to Case Management Agencies on a case by case basis has been given since April.
- CMAs will continue to receive Technical Assistance based on trends and data from monthly Telligen reports.

The Case Management team at the Department continues to welcome feedback for unique situations that may not be reflected in monthly Telligen reports such as RFI counts/reasons and denials.



**COLORADO**

Department of Health Care  
Policy & Financing

## Working Together-

Each CMA can do the following to ensure there is a steady decline in RFIs and Denials for CDASS/IHSS reviews:

- Ensure that all Case Managers receive required training from our vendor, Consumer Direct.
- Provide internal technical assistance for Case Managers that are struggling with IHSS/CDASS review submission and timely response to RFIs.
- Ensure that all Technical Assistance from the Department given to Leadership teams reaches managers/supervisors and Case Managers.
- Ensure your Case Management Agency has solid internal standard operating procedures for CDASS/IHSS Case Management activities.
- Ensure your Case Management Agency has solid internal standard operating procedures for coverage/turnover with Case Management Staff.
- Ensure your Case Management Agency communicates frequently with members about the status of reviews submitted.



**COLORADO**

Department of Health Care  
Policy & Financing

# Feedback

1. Thoughts on what has contributed to the decline in RFI percentages for IHSS reviews compared to CDASS reviews?
2. How does your Case Management Agency identify cases that:
  - Have a Continued Stay Review coming up?
  - May need additional time for the Telligen Review process (such as the CM anticipating difficulty obtaining an Agency Care Plan, or difficulty reaching the member)?



**COLORADO**

Department of Health Care  
Policy & Financing

# PASRR

- No change in the PASRR process
- Providers will be notified in advance upon any changes

# Telehealth in HCBS

- CMS approved waiver application language to include Telehealth effective 7/1/21
  - See "[Approved Waiver Documents](#)"
- Medical Services Board (MSB) approved rules effective in the Colorado Code of Regulations (CCR) 8/14/21
  - See [10 CCR 2505 - 10 8.615](#)
- The Department will published an Operational Memo which will outline CMA's next steps for implementation



# SLS Waiver Exception Review Process

- The SLS Waiver Exception Review Process refers to the “Supported Living Services Flexibility,” budget request as authorized by the 21-22 Long Bill, SB 21-205. The Department is authorized to implement an exceptions process for the existing Service Plan Authorization Limits (SPAL) amounts and service cap limitations on a member-by-member basis for those members on the SLS waiver.
- [Supported Living Services \(SLS\) Waiver Exception Review Process](#) web page



**COLORADO**

Department of Health Care  
Policy & Financing

# SLS Waiver Exception Review Process

- Stakeholder Engagement Opportunities
  - Listed on the [SLS Waiver Exception Review Process web page](#) (Aug. 9, Aug. 17, Sept. 13, 2021)
- Topics to review:
  - Regulatory language
  - Process Review
    - 3rd party reviewer
  - Impact to Member, CCB, Provider
- Early on in process development and CMA perspective is needed!



**COLORADO**

Department of Health Care  
Policy & Financing

# Provider Capacity

- The Department is aware of a need for additional providers for specific services and in specific geographic locations.
- The Department is working to increase provider capacity in all areas, but is focusing on areas and services with the greatest need.
- The Department will partner closely with CMAs to focus on services most in need.



**COLORADO**

Department of Health Care  
Policy & Financing

# Rights modification and informed consent documentation

- Required documentation for members in HCBS-CES, DD, and SLS when applicable.
- Refer to [OM 21-032](#) and [OM 20-103](#) to complete Rights Modifications for members.
- Ensure Case Managers are using the new [Informed Consent Template](#) and [BUS documentation](#) to complete this process.



# Rights modification and informed consent training

Reminder: there is an online, self-paced training that providers and CMAs are required to complete by August 18. There will be an optional Q+A session on August 26 for those that have questions.

- [Informational Memo](#)
- [Training recording](#)
- [Training slide deck](#)



# SIS Assessments & Support Level Reviews

## FY 2020-2021

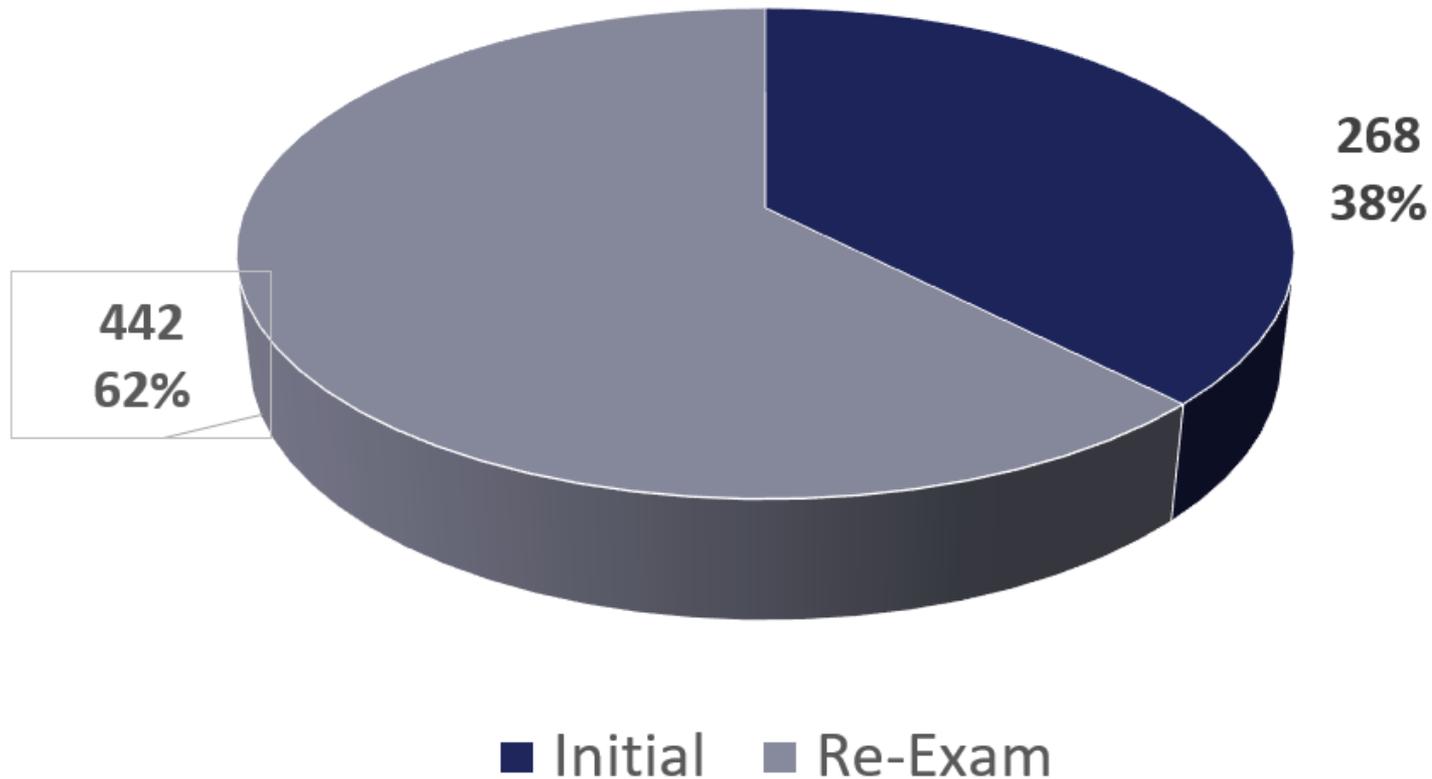


**COLORADO**

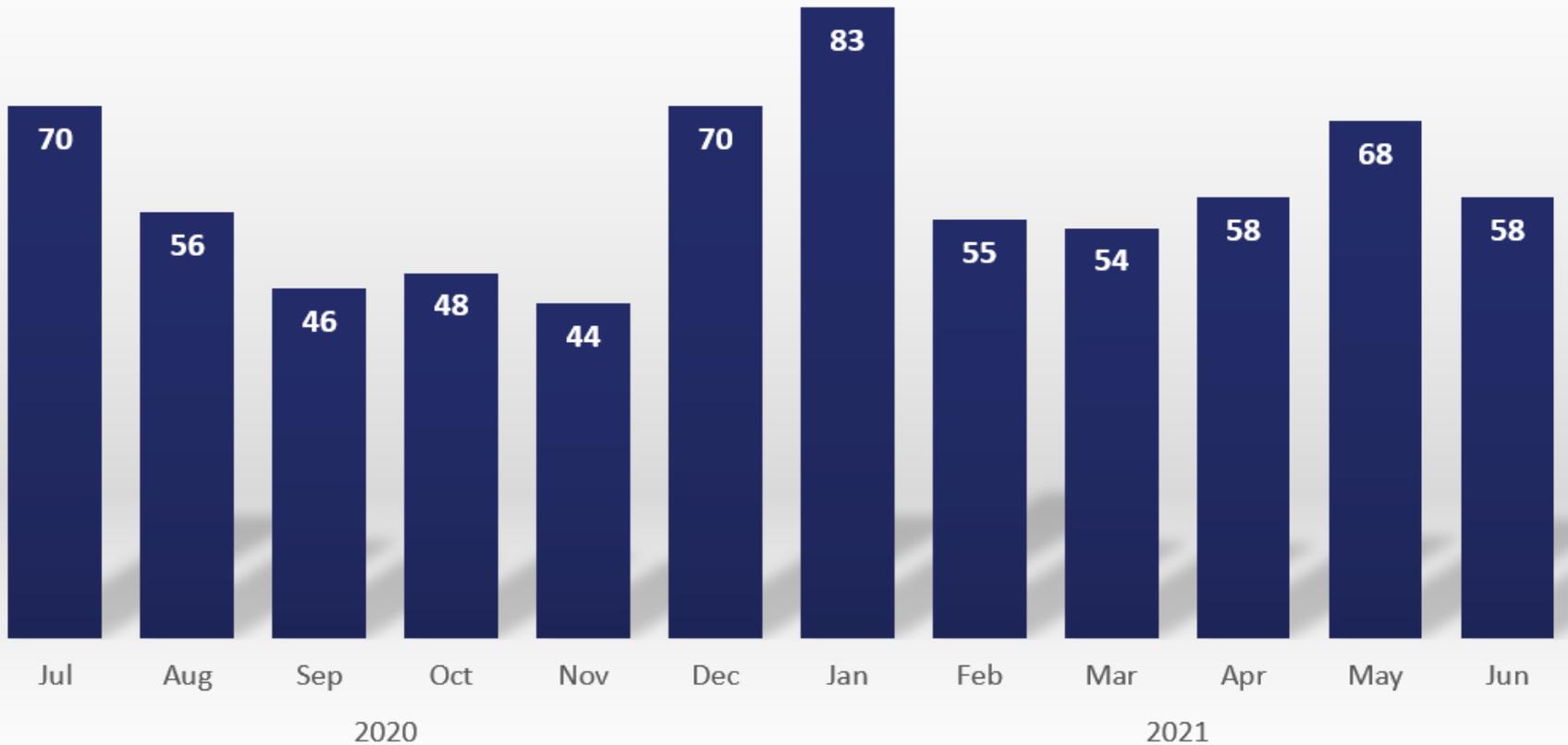
Department of Health Care  
Policy & Financing

# FY 2020-2021 Support Level Reviews

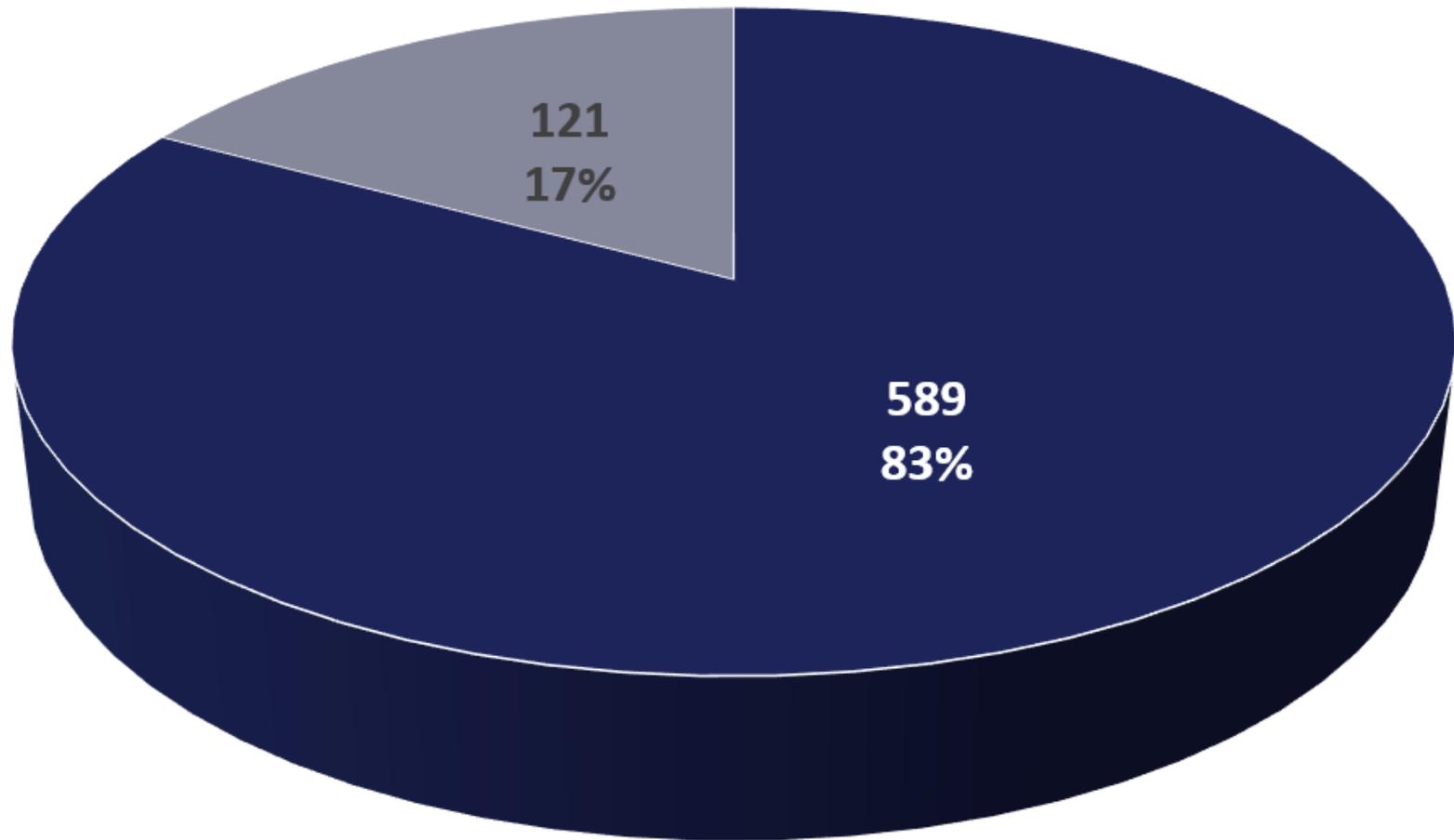
Total # of Reviews: 710



# Support Level Review by Month



# Support Level Review Outcomes

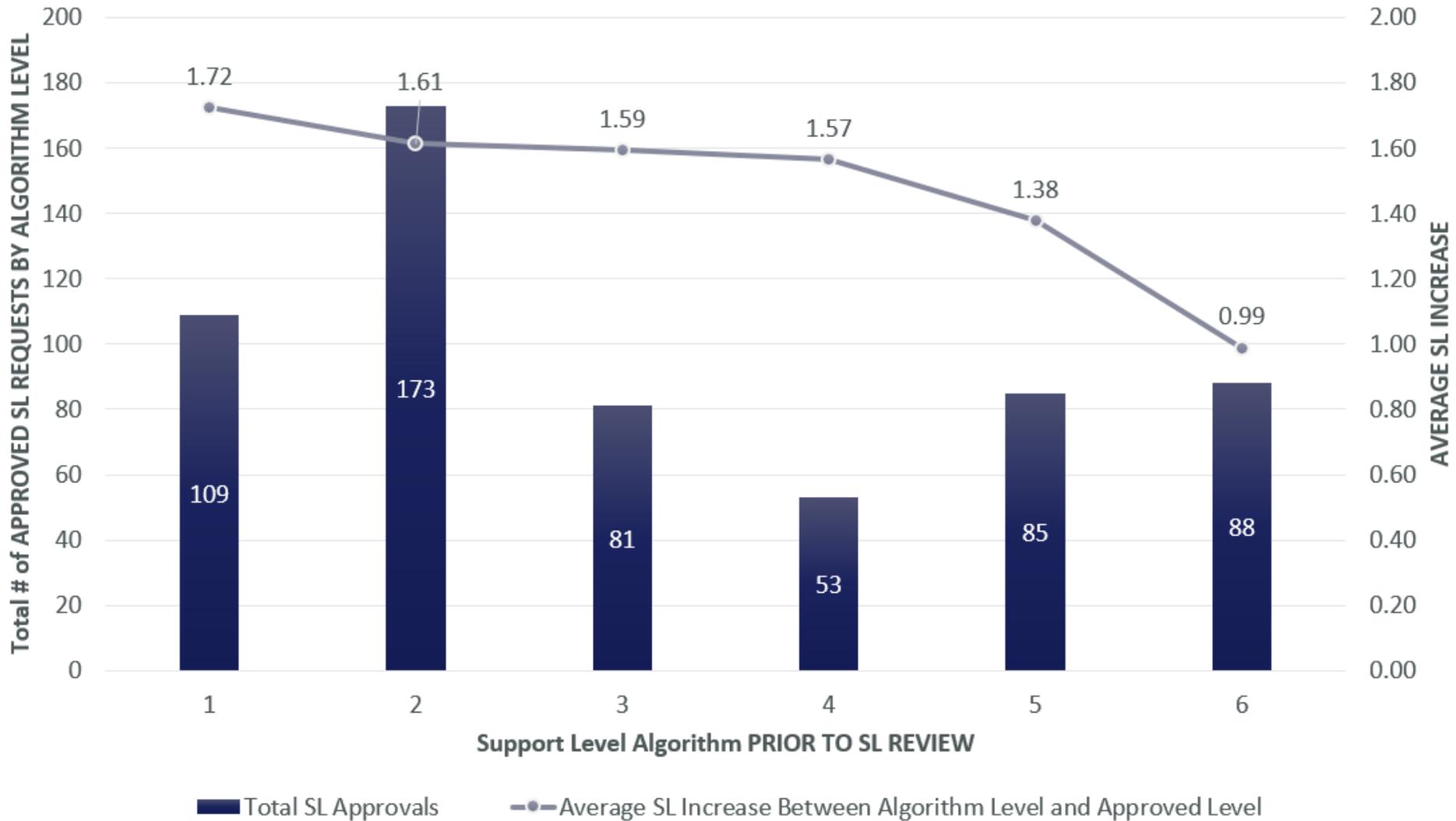


■ Finalized - Approval

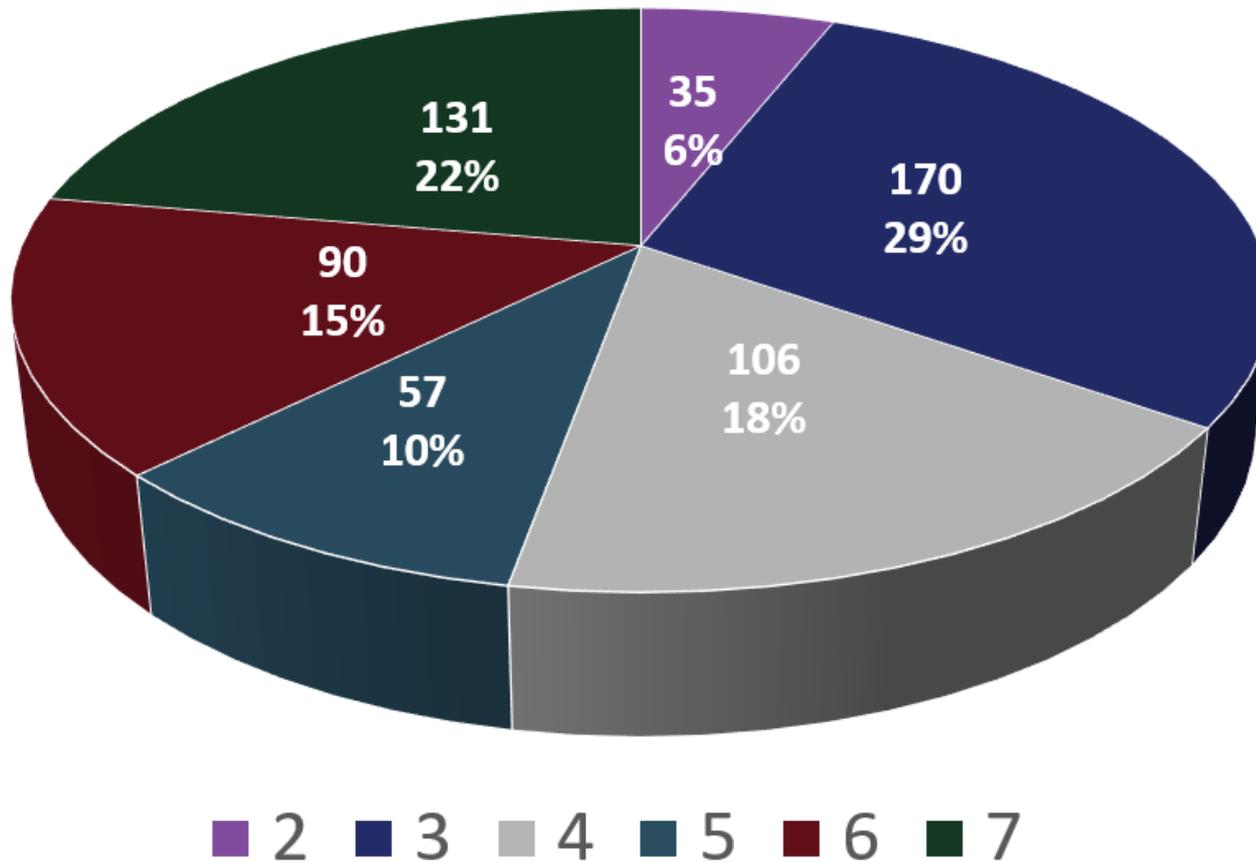
■ Finalized - Denial

# Average SL Increase for Approvals By Algorithm Level

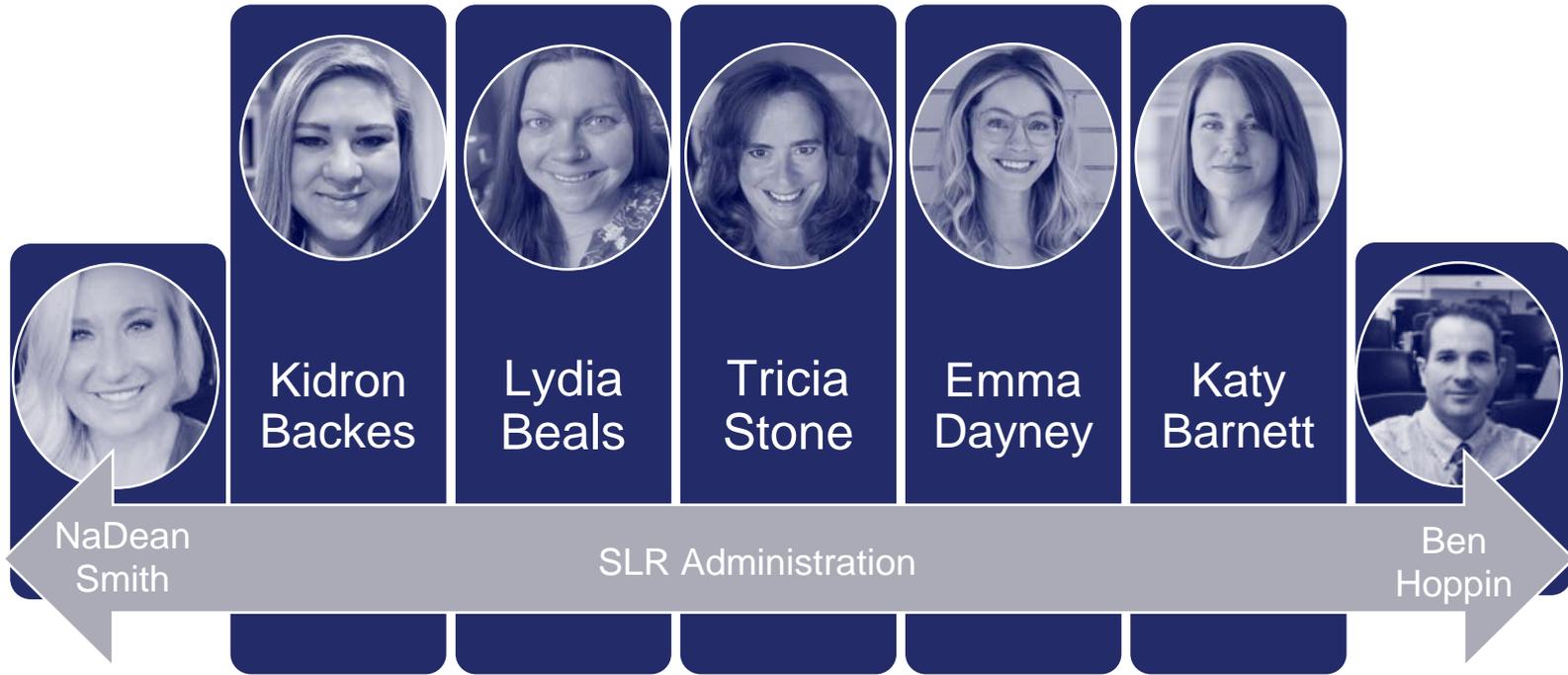
## Average SL Increase for All Requests = 1.50



# Support Level Review Outcomes by Approved Levels



# Support Level Review Panel



## Back Up Panel Participants



# Ensuring Requests can be Reviewed on Schedule

- Verify all demographic information is current and accurate
- Fully address all questions in a person-centered manner. Include a clear plan for how the potential increased rate will be used to support the member
- Level 7 Requests must include spreadsheet "REQUEST FORM FOR NEGOTIATED LEVEL 7 RESIDENTIAL DAILY RATE FOR HCBS-DD"

# Contact Information

[sis\\_sl@state.co.us](mailto:sis_sl@state.co.us)

This email should be used exclusively for:

- CCB submission of Support Level Review and SIS Re-Assessment requests.
- CCB submission of documents meant to supplement a Support Level Review or SIS Re-Assessment request.

[hcpf\\_hcbs\\_casemanagement@state.co.us](mailto:hcpf_hcbs_casemanagement@state.co.us)

This email should be used for all other SIS and Support Level related inquiries

[Operational Memo 20-088](#)



# Risk Factor Impact on Support Level

Support Level Without Risk Factors	Support Level With Extreme Danger to Self Risk Factor	Support Level With Public Safety Risk Factor (Convicted or Non-Convicted status)	Rule(s) governing support level increase with Extreme Danger to Self Risk Factors	Rule(s) governing support level increase with Public Safety Risk Factors
1	3	5	A support level shall increase from a 1 to a 3, if there is an extreme danger to self risk factor.	A support level shall increase from a 1 to a 5, if there is a public safety risk factor of either status.
2	4	5	A support level shall increase from a 2 to a 4, if there is an extreme danger to self risk factor.	A support level shall increase from a 2 to a 5, if there is a public safety risk factor of either status.
3	4	5 or 6	A support level shall increase from a 3 to a 4, if there is an extreme danger to self risk factor.	A support level shall increase from a 3 to a 5, if there is a public safety risk factor (either status) and a 3b score of $\leq 11$ , and from a 3 to a 6, if there is a public safety risk factor (either status) and a 3b score $\geq 12$ .
4	5	6	A support level shall increase from a 4 to a 5, if there is an extreme danger to self risk factor.	A support level shall increase from a 4 to a 6, if there is a public safety risk factor of either status.
5	No change	No change or 6	A support level will not change from a 5, even if there is an extreme danger to self risk factor.	A support level shall not change from a 5, if there is a public safety risk factor (either status) and a 3b score of $\leq 11$ , and shall change from a 5 to a 6, if there is a public safety risk factor (either status) and a 3b score $\geq 12$ .

# Regulation Related to Risk Factor and Support Level

Areas for Proposed Updates in 10 CCR 2505-10 8.612.3:

- Replace “Community Safety” with “Public Safety Risk”
- Under “Extreme Safety Risk” add:
  - 3 increases to 5 if public safety risk factor (either status) and a 3b score of  $\leq 11$ , and from a 3 to a 6, if there is a public safety risk factor (either status) and a 3b score  $\geq 12$
  - No change to level 5 if 3b score of  $\leq 11$ , and shall change from a 5 to a 6, if there is a public safety risk factor (either status) and a 3b score  $\geq 12$
- Under Public Safety Risk, edit:
  - ~~No change to levels 5 or 6 as this factor is already considered in the algorithm.~~

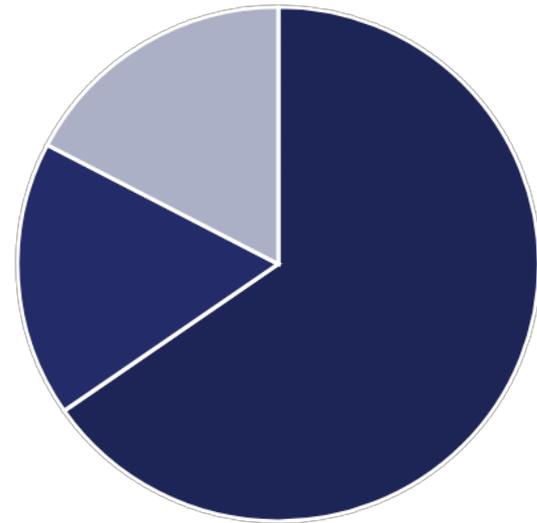


# Support Level & Service Authorization Mismatch



84 Cases where Services were authorized at rate higher than the Support Level

## Errors by Type



■ Data Entry ■ Support Level Related ■ Risk Factor

# Mismatch Overview

- Nine CCBs had no cases
- 11 CCBs were responsible for all 84
  - Five CCBs had nine or more cases
  - Six CCBs had three or fewer cases
- Projected annual cost of unapproved services (RHSS only) \$1.4 million

# Remediation Plan

- CCBs with no case will be notified by email
- All CCBs with cases will receive detailed case information by email
  - Information should be reviewed to verify accuracy
  - CCB staff shall work with members and teams to develop a plan to rectify the discrepancy, minimizing impact on the member

# Remediation Plan cont'

- CCBs with three or fewer cases will send an email outlining the plan to rectify their discrepancies
- CCBs with nine or more cases will meet with the Department to discuss their cases and plan
- All Agencies are asked to review and update their Standard Operating Procedures and ensure proper quality controls are in place
- Department will complete monthly data pulls

# Open Discussion



# LUNCH



# CCM, Assessment & PCSP

## Roadmap to Implementation Case Management Infrastructure

Updated July 27, 2021

### Soft Launch & Training

#### Soft Launch (Nov. 2021):

Begin conducting assessments and support plans in the new IT system

#### Training (Feb. 2022.):

Case manager training on new member access processes and new IT system

Nov.-Feb. 2021-22

**Pilot PCBA**  
Rollout pilot of resource allocation for all waivers, called Person-Centered Budget Algorithm (PCBA)

Summer 2022

February 2021

**Communications Kick-Off**  
Launch regular communications to members, case managers and the broader community about coming changes

July 2024

Summer 2023

### Implement PCBA

- Implement PCBA for all waiver members
- Phase out temporary Bridge functionality and use of SIS

April 2022

### Go Live!

#### New Member Access Processes:

- Assessment
- Person-Centered Support Plan
- Eligibility Determination Changes

#### New IT System:

- Care & Case Management
- Temporary Bridge functionality



**COLORADO**

Department of Health Care  
Policy & Financing

# Soft Launch

- Soft Launch November 8, 2021
  - 25 CMAs are participating
  - 1-3 case managers per CMA
- Approximately 1700 waiver specific assessments



**COLORADO**

Department of Health Care  
Policy & Financing

# Soft Launch Participating CMAs

SEP/Private	CCB
Otero County Dept. of Human Services	Community Options
Bent County Public Health	Developmental Pathways
Delta County Dept. of Health & Human Services	Foothills Gateway
Prowers County Public Health and Environment	Eastern Colorado Services
Rio Grand County Options for Long-term Care (OLTC)	North Metro Community Services
Jefferson County Dept. of Human Services	Envision
Rocky Mountain Health Plans*	Community Connections Inc.*
Larimer County Dept. of Human Services	Horizon Specialized Services
Montrose County Dept. of Health & Human Services	Rocky Mountain Human Services*
Pueblo County Dept. of Social Services	The Resource Exchange (TRE)*
Nursing and Therapy Services of Colorado	Mountain Valley Developmental Services
Weld County Area Agency on Aging	Developmental Disabilities Resource Center
	Imagine!



# Soft Launch Sampling

Model Group	Waiver	Waiver-Specific Sample Total
A-IDD	Developmental Disabilities	253
A-IDD	Supported Living Services	193
A-Non-IDD	Elderly Blind and Disabled	390
A-Non-IDD	Community Mental Health Supports	55
A-Non-IDD	Brain Injury	8
A-Non-IDD	Spinal Cord Injury	4
C-IDD	Children's Extensive Support	382
C-IDD	Children's Habilitation Residential Program	6
C-Non-IDD	Children's HCBS	347
C-Non-IDD	Children with Life Limiting Illness	34
<b>Total</b>		<b>1,672</b>



# CCM

- System demo prior to Soft Launch
- February- CM Training
- April- Final Go Live
- Email questions:  
[HCPF\\_CCM\\_Stakeholder@state.co.us](mailto:HCPF_CCM_Stakeholder@state.co.us)



# MFP Capacity Building Grant

CMS funding opportunity tied to the PHE

- \$5M maximum award
- Funding and project timeline

HCPF submitted two proposals

- Phase Project
  - Evaluation
  - Capacity Building
  - Innovation
- Community Grant
  - Statewide grant opportunity available to Transition Services organizations



**COLORADO**

Department of Health Care  
Policy & Financing

# Transitions Services

## Resources and Reminders

- Community-to-community transitions
  - Members experiencing life-changing event
  - Member-facing guide
- Transitions Stakeholder Advisory Council
  - Monthly, public engagement opportunity
  - Katy Barnett ([katy.barnett@state.co.us](mailto:katy.barnett@state.co.us))
- Housing Navigation
  - Statewide navigation resource
  - Nora Brahe ([nora.brahe@state.co.us](mailto:nora.brahe@state.co.us))



**COLORADO**

Department of Health Care  
Policy & Financing

# C-HCBS Cost Containment Rule Revision

- Removal of Cost Containment Form
- Addition of CSR Targeting Criteria Review
- Cost Containment/Cost effectiveness for waiver completed at Department level.



**COLORADO**

Department of Health Care  
Policy & Financing

# Updates to Billing Procedure for Home Modification Second Unit

- Effective August 01, 2021, only one Home Modification unit will be available for billing on the PAR initially.
- The second Home Modification unit will be authorized once home modification providers successfully submit the required documents as outlined in Home Accessibility/Home Modification Reimbursement regulation to the Department of Housing (DOH).
- CCBs acting as the provider on record are required to follow the same procedures.

Additional information can be found in [Operational Memo 21-053: Updates to Billing Procedure for Home Modification Second Unit](#).



**COLORADO**

Department of Health Care  
Policy & Financing

# Home Modification CES

- CES vs. SLS benefit coverage
- Timing of Home Modifications for transition aged youth
  - The Home Modification benefit is not an available service on the DD waiver.
  - Must be completely finished prior to turning 18
  - Timeline of review
  - Availability of contractors



**COLORADO**

Department of Health Care  
Policy & Financing

# Supported Employment Incentive Based Pilot

- Easterseals Colorado, Continuum Colorado, and Parker Personal Care Homes all contracted with the Department to provide Supported Employment Services
- Job Coaching and Job Development services available
- Information available on our HCPF website
- contact Megan Hertwig at the Department with any questions or if you'd like more information- [megan.hertwig@state.co.us](mailto:megan.hertwig@state.co.us)



**COLORADO**

Department of Health Care  
Policy & Financing

# EVV and CDASS

- What is Electronic Visit Verification?
- The Department is implementing a protocol to enforce CDASS compliance with EVV.
- CDASS employers must satisfy monthly compliance standards, or risk participation in the CDASS program.
- The basics:
  - Each month, 80% or more of CDASS claims must match to an EVV record
  - Each month below 80% will result in a strike
  - 5 strikes in a calendar year result in removal from CDASS
  - Strikes reset to zero (0) every year on January 1st



**COLORADO**

Department of Health Care  
Policy & Financing

# EVV and CDASS

- Case Management Role?
  - CMAs will be notified when members have reached a certain number of strikes (tentatively 4 strikes).
  - Department will notify CMAs when a member is no longer eligible for CDASS.
  - Case Manager sends LTC-803 to member for one-year termination and assists the member in finding new services.
- Timeline
  - Goal is to implement by end of CY 2021.

[Review draft protocol for additional details.](#)



**COLORADO**

Department of Health Care  
Policy & Financing

# Systems

- Revalidation
- HCBS Provider Enrollment Instructions
- New Staff
- Bridge Issues and Updates
- Claims issues & COGNOS



# Prior Authorization Requests (PAR)

- Administered by new UM Vendor, Kepro (as of May 1, 2021).
- Additional information on the ColoradoPAR program can be found at [hcpf.colorado.gov/par](https://hcpf.colorado.gov/par)
- Any questions regarding data sharing and UM process please contact the UM Team at [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)



# PDN/PLTHH PAR Process

- Pediatric Long Term Home Health and Private Duty Nursing Prior Authorization Requests (PARs) are resuming on September 1, 2021.
- Implementation will be in phases.
- Successful implementation requires coordination between RAEs and CMAs to support members.
- An operational memo to RAEs and CMAs has been written and will be posted to the [memo series](#).
- Summary information, training, and resources can be found on the [PDN/PLTHH project webpage](#).
- Fill out google form from agenda for CMA Contact



**COLORADO**

Department of Health Care  
Policy & Financing

# Case Management Redesign Updates

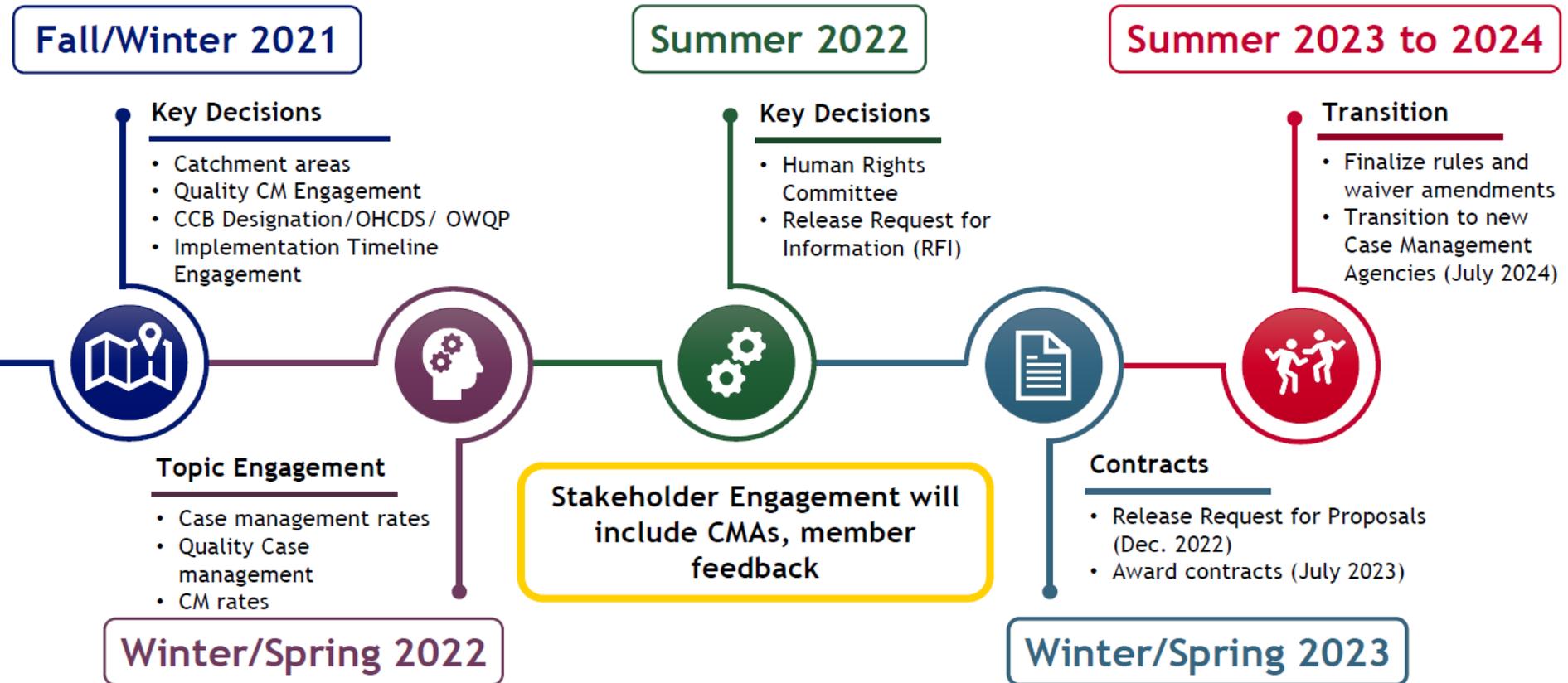
- July family and member listening sessions
- New contracts for FY22
  - HCBS Strategies
  - CCDC
- Catchment area, OHCDS and OWQP decisions coming in September



**COLORADO**

Department of Health Care  
Policy & Financing

# High-Level Timeline



# Fall/Winter 2021

August 2021

Key Events

- CMD Meeting
- CCDC Contract starts
- CHCBS Focus Discussion
- Q1 Local Leader Planning meeting

October 2021

Key Events

- CMRD CMA/Quality engagement
- Transitions Focus Discussion

December 2021

Key Events

- Detailed timeline due
- Q2 External steering committee
- Q2 Local leader planning meeting

Key Events

- CMA Quality Framework Engagement Starts
- Q1 External Steering Committee
- CCDC Member materials

September 2021

**Stakeholder Engagement**

Will include CMAs, members, advocates, case managers; CM quality engagement and discussions will continue throughout FY 22

Key Events

- CMRD Timeline Focus Discussion
- CMA quality framework engagement continues

November 2021

# Member Listening Session Takeaways

- Consistent alignment about definition of “quality case management”
- Consistency in information, support and resources across the state with CMs
- Consistent training for case managers
- Education for members about systems and transitions
- The tech systems need to talk to each other
- More focus on quality CM than catchment areas

# CCDC Contract

- Goal: Educating members on the changes coming to case management; both policy changes and infrastructure
- Objectives:
  - Steering Committee
  - Material Development
  - Local Leader Meetings
- Anticipated Start Mid/Late August

# CMRD FAQs

- HCPF developing FAQs for public and CMs
- Publish on website and CM newsletter
- Discussion:
  - What do CMs need to know about CMRD?
  - What would be most helpful for them?
  - What kinds of questions do CMs/CMAAs receive from members about CMRD?

# CMRD Next Steps

- [Case Manager Survey](#)
- Catchment, OHCDS, Only Willing Qualified Decisions end of September
- Case Manager Listening Sessions
- CMA Executive Leadership Quality Discussions

# Input on Changes to Case Management Qualifications

- Currently bachelor's degree in one of the human behavioral sciences or related field of study
  - *Thoughts on this requirement?*
  - *Does "human behavioral sciences or related field of study" capture the types of majors that prepare a person to be a case manager? Are there others that should be allowed?*
  - *Besides a bachelor's degree, are there other concrete qualifications that indicate readiness of a candidate?*
- Alternative qualifications which allow the bachelor's degree to be waived:
  - Experience as a caseworker or case manager with the LTSS population in a private or public social services Agency may substitute for the required education on a year for year basis. (SEP/Private)
  - Experience working with long-term services and supports (LTSS) population, in a private or public agency, which can substitute for the required education on a year for year basis;
  - combination of education and experience
    - *Should other types of professional experience be considered?*
    - *Are their other, non-work types of experience that might be considered?*
    - *Any other ideas or suggestions?*

(Full regulatory language can be found at : [10 CCR 2505-10 8.393.1.J. and 10 CCR 2505-10 8.519.5.](#))

Send ideas and insights to: [victor.robertson@state.co.us](mailto:victor.robertson@state.co.us)

Subject line: Input on Changes to Case Management Qualifications



# Open Discussion & Closing Remarks



# Next Meeting

November 4, 2021



# Thank you!

