

Case Management Agency Quarterly Meeting

May 4, 2023

HCPF, SEP, CCB, CMA



Introductions

☐ Housekeeping

☐ Attendance

☐ New Employees

☐ Staffing Changes

CMQP Updates

New Positions - Case Management and Quality Performance Division:

- ❖ **Dept. of Justice (DOJ) Long-Term Care Redesign**
 - Rendi Eichner - Policy Advisor
- ❖ **Case Management Unit**
 - Erin Munoz - Case Management Specialist

Case Management and Quality Performance Team Directory



COLORADO
Department of Health Care
Policy & Financing

Office of Community Living Case Management and Quality Performance Division Directory

CMQP Division Director: Amanda Lofgren Amanda.Lofgren@state.co.us			
Case Management Redesign Policy Advisor Tiffani Domokos Tiffani.Domokos@state.co.us	Case Management Redesign and Community Liaison Nicolette Anderson Nicolette.Anderson@state.co.us	Case Management Redesign / Department of Justice (DOJ) Policy Advisor Julie Becker Julie.Becker@state.co.us	DOJ Long-Term Care Redesign Policy Advisor Rendi Eichner Rendi.Eichner@state.co.us

Quality Section Manager: Rhyann Lubitz Rhyann.Lubitz@state.co.us			
Continuous Quality Improvement Unit Supervisor: Brent Salner Brent.Salner@state.co.us		Training and Technical Assistance Unit Supervisor: Karli Altman Karli.Altman@state.co.us	
Case Management Agency (CMA) Performance and Quality Reviews	Mandy Smith Mandy.Smith@state.co.us	Case Management Training Specialist	Vacant
Performs Quality Improvement Strategy (QIS) analysis and technical assistance	Sean Bevins Sean.Bevins@state.co.us	Training Design and Development Specialist	Joseph Good Joseph.Good@state.co.us
Case Management Agency (CMA) Performance and Quality Reviews	Leslee Hernandez Leslee.Hernandez@state.co.us	Case Management Training and Quality Assurance Specialist	Lydia Beals Lydia.Beals@state.co.us
Case Management Agency (CMA) Performance and Quality Reviews	Karly Gillaspie Karly.Gillaspie@state.co.us	ARPA Training Design and Development Specialist (Term Limited)	Joseph Shultz Joseph.Shultz@state.co.us
ARPA Quality Coordinator performs analysis of HCBS waiver performance measures	Katie Young Katherine.Young@state.co.us		
Case Management Agency (CMA) Performance and Quality Reviews	Courtney Montes Courtney.Montes@state.co.us		



COLORADO
Department of Health Care
Policy & Financing

Full document - hcpf.colorado.gov/case-management-agency-resources

Case Management and Quality Performance Team Directory

Entry Point and Case Management Section Manager: Michelle Topkoff Michelle.Topkoff@state.co.us			
Supports Intensity Scale (SIS) and Support Level Review (SLR) management, Invoice/Receiving Report management, Multiple Inbox support, Case Management Unit support		Program Assistant NaDean Smith NaDean.Smith@state.co.us	
Case Management Unit Supervisor: Kidron Backes Kidron.Backes@state.co.us		Care and Case Management System Improvement Unit Supervisor: Lori Thompson Lori.Thompson@state.co.us	
Long-Term Care Access support and Enrollment support for members and agencies, technical support to navigate Long-Term Care Waivers	Case Management Eligibility Navigator Stephanee Lopez Stephanee.Lopez@state.co.us	Leads ARPA projects related to the new Colorado Single Assessment and Support Plan in the new CCM system	CCM System Improvement Operations Specialist Heidi Shoemaker Heidi.Shoemaker@state.co.us
Reviews Critical Incident Reports (CIR) and Policy, creates CIR training for case managers	Critical Incident Policy Specialist Michael Pasillas Michael.Pasillas@state.co.us	Oversees the design, development and implementation of a new Person-Centered Budget Algorithm (PCBA) and is liaison for stakeholder engagement	PCBA Coordinator Kristie Blickman Kristie.Blickman@state.co.us
Reviews Critical Incident Reports (CIR) and leading Human Rights Committee Redesign	Critical Incident Policy Specialist Trisha Creech Trisha.Creech@state.co.us	Coordinates the management/maintenance of the new Care and Case Management system and future enhancements	CCM System Improvement Coordinator Leah Wenger Leah.Wegner@state.co.us
Home Modifications, Human Rights Committee (HRC), and Division of Vocational Rehabilitation (DVR) Case Management support	Case Management Specialist Erin Munoz Erin.Munoz@state.co.us	Conducts IRQRs ensuring consistency, quality and reliability amongst SIS Interviewers. Policy and Rule development for SIS/Support Level and transition to new CSA/PCBA	Assessment Quality Lead Mariah Kohlruess-Ecker Mariah.Kohlruess-Ecker@state.co.us
Regional Accountable Entity (RAE) Liaison, IHSS/CDASS Telligen review Case Management support	Case Management Care Coordination Specialist Cumba McCall Cumba.McCall@state.co.us		
Manages HCBS-DD Waiting list and Emergency Enrollments including inbox management	IDD Waiting List and Enrollment Coordinator Mary Stuckwisch Mary.Stuckwisch@state.co.us		

CMA Leadership Changes



- ☐ New Staff
- ☐ Reorganization
- ☐ Promotions
- ☐ Retirements

Please send updates to: hcpf_hcbs_casemanagement@state.co.us

Resources for Behavioral Health



Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center

[ACC Phase II Provider and Stakeholder Resource Center Page](#)

- [Accessing Regional Accountable Entity \(RAE\) - Covered Behavioral Health Services in Long-Term Care Settings](#) - April 2023
 - This document presents the authority, parameters, and processes related to accessing RAE-covered behavioral health services for Medicaid members living in long-term care settings.
 - This is intended to be a resource for facilities and clinical staff to secure appropriate care for residents needing additional services.

Contact Information

Kara Gehring

Behavioral Health Policy Specialist
Behavioral Health Initiatives and Coverage

Kara.Gehring@state.co.us



Resources for Seniors and their Families



Contact Information

Bob Brocker
Founder and Board President
AgeWise Colorado

AgeWiseColorado.org

Supports Intensity Scale (SIS) Updates



SIS Assessment and Support Level (SL) Rule Changes

- Distribute SIS Assessment and SL Results within 30 days of SIS Interview (standardized form)
- Provide annual overview of SIS Assessment at initial and Continued Stay Review (CSR) support planning meeting (standardized form)
- Increased complaint process timeline for Members
- Updated SL algorithm table
- Risk Factor transition/step-down process

Contact Information

Mariah Kohlruss-Ecker
Assessment Quality Lead

Mariah.Kohlruss-Ecker@state.co.us

Care and Case Management (CCM) System Updates



CCM System Updates

Rules Update

- May 12 - LOC Screen rule hearing
- August 1 - Effective date

CCM Phase I Update

- June 1 - CCM testing/defect remediation complete
- July 1 - CCM production environment delivered to HCPF
- July 5, 2023 - Go Live

Contact Information

Michelle Topkoff

Entry Point and Case Management Manager

Michelle.Topkoff@state.co.us

Lori Thompson

Care and Case Management System Improvement
Unit Supervisor

Lori.Thompson@state.co.us

CCM System Training Check In



System Training

- All case managers should have completed all trainings offered to this point
 - If staff were unable to attend, log into the LMS and take recorded versions including recorded Demos
- Continue to log into CCM to practice
- Anyone in your agency that currently uses the BUS or DDDWeb should be completing training

Additional Information

- In June
 - Training on Reporting, Notice of Action, Workarounds/Known Issues and Support Plan
- Use the CCM FAQ webpage to find answers to common questions
 - hcpf.colorado.gov/care-case-management-faq

ARPA 5.05

- Create a comprehensive Case Management Curriculum
- Timeline - Full project completed by December 2024
- CSA Assessment and Support Plan e-learning modules are part of the larger curriculum and will begin to available through the LMS for Phase 2 of CCM training

Additional E-Learning

- Continue to be under development
- Engagement from agencies to review materials as they are developed
- Includes certification exams
- Communication of official start date for case managers to beginning taking all training in LMS rather than the LTSS Training web recordings
- Topics include all topics currently listed in CMA contracts . . . and more!

Contact Information

Karli Altman

Training and Technical Assistance Unit Supervisor

Karli.Altman@state.co.us

Case Management Redesign (CMRD) Updates



RFP Closed, what's next?



- Proposals Submission Deadline Closed on February 28, 2023
- Solicitation was opened back up for 2 Defined Service Areas through 3/30/23
- Evaluation Period is underway
- Notification of Intent to Award
- Please send questions to HCPF_RFPQuestions@state.co.us

Transitions Timeline

- June 2023: New CMAs announced
- July 2023: Begin CMA transition process
- Phase 1 Transitions: August - October 2023
 - November 2023: First group of CMAs transitioned
- Phase 2 Transition: November 2023 - February 2024
 - March 2024: Second group of CMAs transitioned
- Phase 3 Transitions: March - June 2024
 - July 2024: Third group of CMAs transitioned Conflict Free Case Management implemented!

Changes to CHCBS Waiver

- Case Management Redesign = Federal Conflict Free Case Management
- Case Management in the Children's Home and Community Based Services (CHCBS) waiver will align with other 9 waivers by moving to an admin function
- Case management will transition for CHCBS members beginning July 1, 2024
- A new benefit will be added to CHCBS (and all waivers). This benefit will help members remain waiver eligible.
 - Wellness Education Benefit - more info on upcoming slides
- Reminder: members will continue to receive case management

Wellness Education Benefit



What is the Wellness Education Benefit (WEB)

- Service designed to support HCBS waiver member's access to health and wellness education information
- Health and wellness articles mailed each month directly to members by third party vendor
- Articles
 - Individualized to member
 - Approximately 200 words or less
 - Plain language
 - Translated into preferred written language

Proposed WEB Implementation Timeline

- Spring 2023: Stakeholder Engagement begins
- Summer 2023: Medical Services Board process and waiver action begins
- Spring 2024: Available for CHCBS waiver members only
- Spring 2025: Available to all HCBS waiver members

Community First Choice



Community First Choice

Community First Choice (CFC) is a Medicaid program created by the Affordable Care Act (ACA) in 2011 with the goal of making home and community-based services (HCBS) accessible for more Medicaid members.

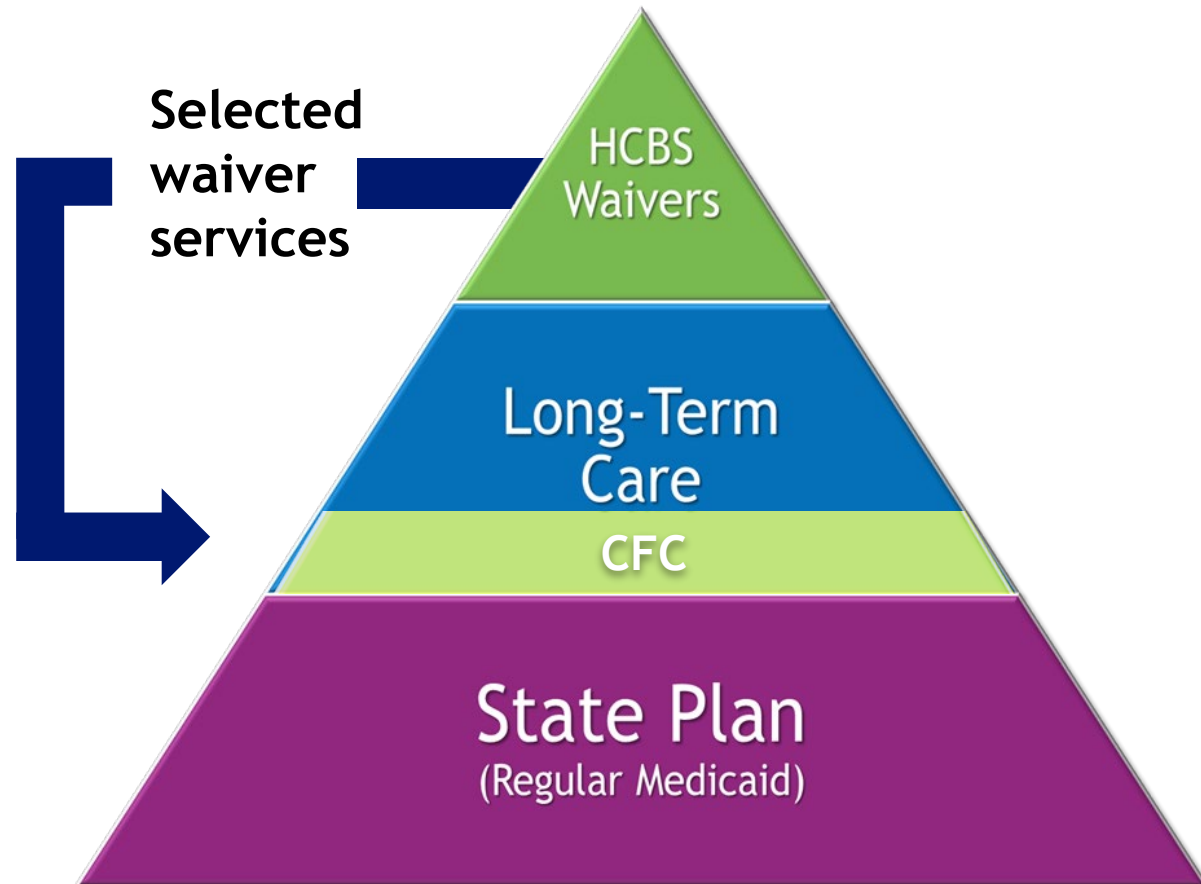
- CFC will expand options and availability for self-directed care.
- Implementation will begin July of 2025
 - Majority of members will transition during their annual support planning process

Community First Choice

Goal of CFC: Making HCBS accessible for more Medicaid members with expanded options and availability for self-directed care

Mandatory and Select Optional Services:

- Homemaker
- Personal Care
- Health Maintenance Activities
- Acquisition, Maintenance, and Enhancement of Skills (new federally required service)
- Remote Supports
- Remote Supports Technology
- Life Skills Training
- Transition Services
- Electronic Monitoring
- Personal Emergency Response System
- Medication Reminders



CHCBS and CLLI Waiver Merger



COLORADO

Department of Health Care
Policy & Financing

Overview

- Due to changes necessary for CFC and CMRD, the Department recommends merging the Children with Life-Limiting Illness (CLLI) and the Children's Home and Community Based Service (CHCBS) waivers
- Under CMRD, the Case Management Service will be moved out of the CHCBS waiver and CMAs will be paid administratively for providing case management for members enrolled in CHCBS
- With CFC implementation, In-Home Support Services (IHSS) will be moved from the CHCBS waiver into CFC
- **These changes will streamline and increase access to services for members**

New Waiver

- The new waiver will include all current CLLI services, plus the new Wellness Education Benefit
- The new waiver will have expanded eligibility criteria
- Services available to CHCBS members will increase
- Services available to CLLI members will remain the same (plus the WEB benefit)
- [Draft CFC vs. Children's Waiver Comparison Chart](#)

New Waiver Services

- **Proposed Service Package for Merged Waiver**
 - Counseling/Bereavement Services
 - Expressive Therapy
 - Massage Therapy
 - Palliative/Supportive Care
 - Respite Care Services
 - Therapeutic Life-Limiting Illness Support
 - Wellness Education Benefit
- **Targeting Criteria and Level of Care Requirements**
 - Will be expanded so all current CLLI and CHCBS members meet eligibility requirements

What does this mean for Case Managers?



CHCBS waiver member

2024

Case Management Transition.
Add WEB benefit to members PAR.

2025

At time of CSR*, move member to the new merged waiver and authorize additional services, if needed. Authorize CFC services.

Going forward

Case Manager will assess for and authorize both CFC and waiver services.



CLLI waiver member

Status Quo

Add WEB benefit to member PAR. At time of CSR*, assess for and authorize CFC and waiver services.

Case Manager will assess for and authorize both CFC and waiver services.

*CSR: Continued Stay Review

2286 members on the
CHCBS waiver

1540 members on CHCBS
use IHSS and Case Mgmt.

746 members on CHCBS
use Case Mgmt. alone

What should this new waiver be called?

*Submit a
suggestion*

Contact Information

Tiffani Domokos

Case Management Redesign Policy Advisor

Tiffani.Domokos@state.co.us

hcpf.colorado.gov/case-management-redesign

Lana Eggers

Waiver Innovation and Compliance Manager

Lana.Eggers@state.co.us

Adam Tucker

Waiver Innovation Supervisor

Adam.Tucker@state.co.us

Community First Choice

hcpf_cfc@state.co.us

hcpf.colorado.gov/community-first-choice-option

End of the COVID-19 Public Health Emergency (PHE) Updates



Preparing for End of PHE

Please follow Operational Memo [OM 23-024](#)

Immediate action steps a case manager will take

April-June 2023

- Outreach members who are no longer meeting programmatic eligibility requirements** to inform them of
 - End of the PHE/ Continuous Coverage Requirements
 - Discuss programmatic requirements

**CMAs have been instructed to keep an updated record of members who are no longer meeting programmatic eligibility requirements during the PHE.

Two attempts are to be made and documented

Preparing for End of PHE

- CMA's will document the outreach to members on their “PHE members pending closure” spreadsheet on Sharepoint and in the Department Prescribed System.
- Spreadsheet (Information A-H) must be completed by June 15, 2023.

Eligibility Unwind Process

- Following the financial renewal date, the CMA will contact members who no longer meet functional eligibility requirements to determine if the member meets programmatic requirements, requires an assessment, a change of program, or service coordination.
- Each CMA has a list of members with financial renewal dates of May, June or July 2023. These lists are available in the CMA SharePoint folder.
 - Additional lists will be provided to CMAs for renewals occurring August 2023 forward.
- Those who are not meeting requirements will begin the Notice of Action (LTC-803) process.
- [Continuous Coverage Unwind](#)

Eligibility Unwind Process

What if someone stops meeting programmatic requirements today?

- Prior to issuing Notice of Action (LTC-803), the CMA will consult the list of members who have had their financial eligibility renewal completed. Members who have not had their financial eligibility renewal completed will remain open with the CMA or “locked in” to their program until their financial eligibility renewal has been completed.
- Members who are past their financial eligibility renewal date will be issued a Notice of Action (LTC-803) when they stop meeting a programmatic requirement.

Recap

- CMAs are to outreach members who are not meeting programmatic requirements and complete “PHE members pending closure” spreadsheet (A-H) on SharePoint by June 15, 2023.
- Contact members who are not meeting programmatic requirements following their financial renewal date to determine if the member meets programmatic requirements, requires an assessment, a change of program, or service coordination.
- Issue a Notice of Action (LTC-803) if programmatic requirements are not met only after
 - Verifying financial renewal date has passed.
 - Contacting the member/member representative to discuss programmatic requirements.
 - Coordinating an assessment, change of program or initiating of services based on the members wants/needs.

Contact Information

Rhyann Lubitz
Case Management Quality Performance
Section Manager
Rhyann.Lubitz@state.co.us

COGNOS Reporting



Available COGNOS Reports

CMAAs are to use COGNOS reports. Below is a list of report names and their uses

1. **Current Waiver Prior Authorization Request (PAR) and Eligibility**
CMAAs can use this report to identify members with an active PAR but an inactive HCBS span (and vice versa)
2. **CMA User Reports SIS Level Information**
Provides information on a members calculated support level; override support level
3. **Provider Speciality Report**
Use this report to ensure a provider is authorized to perform service
4. **Targeted Case Management (TCM) billing code T2023**
Tracks TCM utilization from MMIS
5. **Unapproved Pre Prior Authorization (PPA) Report**
Shows PARs that in interChange with a status of rejected, submitted and work in progress
6. **Utilization Report by Member**
Tracks Medicaid enrollment and utilization by member

Contact Information

Rhyann Lubitz

Case Management Quality Performance
Section Manager

Rhyann.Lubitz@state.co.us

[COGNOS Training](#)

Remote Supports Update



Remote Supports Update

- PHE Unwind Reminder: Personal Care and Homemaker are not available for telehealth
- Remote Supports is available for Personal Care and Homemaker Tasks that do not require hands on assistance and promote greater independence for members to live in their homes
- hcpf.colorado.gov/remote-supports is now online to find enrolled providers and to help members understand the service
- Remote Supports Questions?

Contact Information

Kacey Wardle
HCBS Benefits Specialist
Kacey.Wardle@state.co.us

hcpf.colorado.gov/remote-supports

ARPA and Home Modifications



ARPA Funds

- Currently ARPA funds can be used as an additional \$10,000 towards home modifications projects.
- The ARPA money must be spent no later than December 31, 2024. This means that all Home Modifications using ARPA funds must be completed, billed and paid for before the end of 2024.
- There will be a wind down process to the ARPA funds. HCPF and DOLA will no longer approve home mods requesting use of the ARPA funds effective August 2024
- There will be training opportunities preparing case managers and members for this change

Contact Information

Emily Walsh
HCBS Benefits Specialist
Emily.Walsh1@state.co.us

Group In-Reach

Community Programs and Supports Informational



Background

The 2022 DOJ findings letter, recommended the state of Colorado make improvements to the Home and Community Based System by:

1. Providing Information to prevent unnecessary institutionalization
2. Providing Effective transition Services
3. Expanding Access to Colorado's Community-Based Service System
4. Increasing Access to Integrated Community-Based Housing Opportunities

Progress to Date

- DOJ negotiation are still in process with hopes of reaching an agreement this summer
- Last fall stakeholders were informed on BA-07 budget request
 - Proactively addresses the DOJ findings and recommendations
 - Included in that request are a number of policy changes that build upon the current structure
 - Group and Individual In-Reach to be conducted bi-annually
 - Individual In-Reach is not expected to be implemented until 2024

Purpose

The purpose of Group In-Reach is to educate individuals living in a Nursing Facility and their natural supports about community-based living options and supports.

Implementation

- Individual In-Reach will coincide with the current CMA timelines
- Over the next 12-16 months HCPF Internal team will complete Group In-Reach
 - At the conclusion we will seek feedback on the process for continuance and/or improvements

Group In-Reach Meeting Format

- In-Person group setting
- Held in the Nursing Facilities
- Visual presentation (where available) with handouts Timeline
- After the presentation provide support with making referrals

Information to be Shared

- Qualifications for state programs
- Services and Supports
- Waiver Program
- Transition Services Process
- Regional Contacts

Case Management Agencies Specific Details

- Group In-Reach may result in an increase in referrals
- We are still in the process of developing expectations for Individual In-Reach and will be engaging CMA stakeholders as we progress.

Contact Information

Chanelle Pugh
In-Reach Unit Supervisor
Chanelle.Pugh@state.co.us

CMA Quarterly Meeting Survey

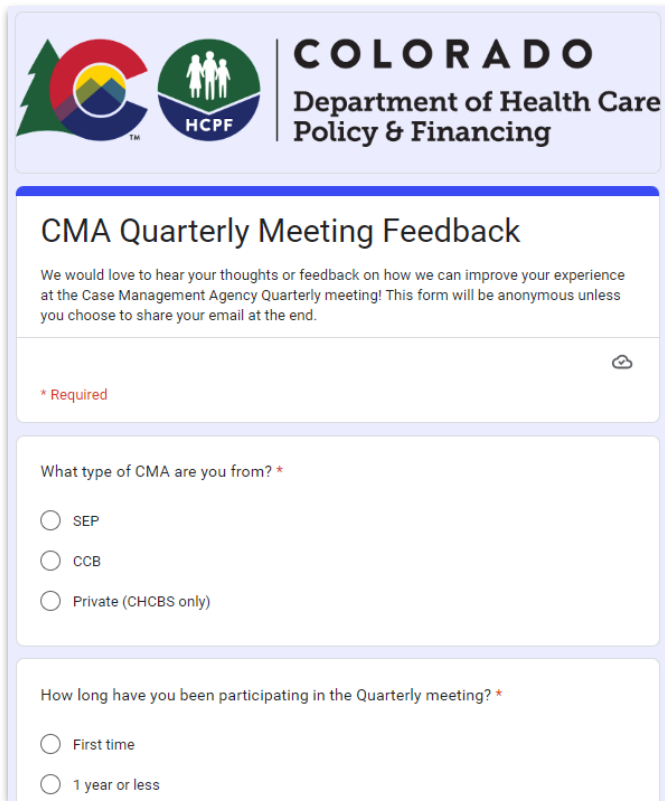
We want to hear from you!

How are we doing?
Is this meeting effective for you?

What is working well?
What ideas do you have?

Click the link in the chat
to take the survey now

[CMA Quarterly Meeting Survey](#)



The screenshot shows a survey form titled "CMA Quarterly Meeting Feedback" from the Colorado Department of Health Care Policy & Financing (HCPF). The form includes a header with the state of Colorado logo and HCPF logo. The title "CMA Quarterly Meeting Feedback" is followed by a brief introduction: "We would love to hear your thoughts or feedback on how we can improve your experience at the Case Management Agency Quarterly meeting! This form will be anonymous unless you choose to share your email at the end." Below this is a section for "What type of CMA are you from?" with three radio button options: "SEP", "CCB", and "Private (CHCBS only)". The next section is "How long have you been participating in the Quarterly meeting?" with two radio button options: "First time" and "1 year or less". A red asterisk and the word "Required" are visible next to the first question.

Supported Employment Updates



Employment First and SB 21-039

- Employment First = **ALL** people should have the **opportunity to work**
- [Senate Bill 21-039](#) phases out sub-minimum wage employment in Colorado
- Directs the Department to seek federal approval for services to address:
 - Line-of-Sight Supervision
 - Ongoing Benefits Counseling
- Removing Individual Supported Employment (SE) services from Service Plan Authorization Limit (SPAL)

Review of SE Services



Job
Development



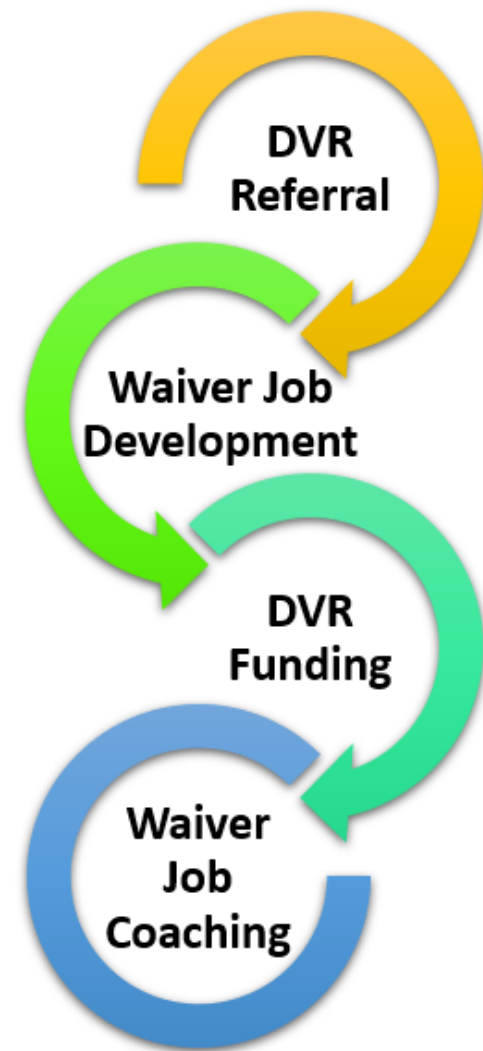
Job
Placement



Job
Coaching

Supported Employment

Sequencing with the Division of Vocational Rehabilitation (DVR)



New Services

Benefits Planning

- Benefits Counseling
- New stand-alone service

Workplace Assistance

- Addresses line-of-sight Supervision
- Falls under the umbrella of Supported Employment

Benefits Planning: Overview

- Will connect members and their teams with certified Benefits Planners who can provide accurate information about the impact of income on benefits
 - Specific to their individual situation
 - Providing info on Waiver benefits (including Buy-In options) and federal/state/local programs
 - Assisting with referrals and connecting members to resources, including DVR
- Reduce fears that working would jeopardize benefits and encourage informed choice about employment

Benefits Planning: Who/When?

- Available to **any** member enrolled in the DD/SLS Waivers regardless of work history or lack thereof
- Case managers will be responsible for determining and documenting if DVR is an option prior to authorizing
 - DVR's Benefits Counseling should be accessed when available (e.g. member has open case with DVR)
 - If DVR's response/projected timeline does not meet member's needs, then Waiver can be utilized

Benefits Planning: Providers

- Required Certification (one of the following):
 - Community Work Incentives Coordinator (CWIC),
 - Community Partner Work Incentives Coordinator (CPWIC),
 - Credentialed Work Incentives Practitioner (WIP-C)
- Expected to maintain knowledge of:
 - Colorado's Medicaid Waiver system
 - Federal, state, and local benefits
- Provider Types:
 - Individual Provider - Benefits Planning
 - Program Approved Service Agency (PASA)
 - Enrolled Medicaid Provider - Benefits Planning

Workplace Assistance: Overview

- Supports members with elevated supervision needs who, because of **valid safety concerns**, may need **assistance from a paid caregiver** that is above and beyond what could be regularly supported by the workplace supervisor, co-workers, or job coach.
- Training/Job Coaching, accommodations, technology, and natural supports are to be used to maximize the member's independence and minimize need for the consistent presence of a paid caregiver.

Workplace Assistance: Who?

- Target Population
 - Intensive Supervision / Rights Modifications
 - Safety Concerns, for example:
 - Behaviors that cause direct harm to self/others
 - Intentionally or unintentionally putting self in unsafe situations
 - Often demonstrate poor safety awareness or making poor decisions related to personal safety
- Job must be individual (not group) and at/above minimum wage; service delivered in-person 1:1

Workplace Assistance: What?

- Address the safety-related needs in order to sustain employment while promoting the member's independence and integration
- Workplace Assistance services could include:
 - Reinforcing/modeling safety skills
 - Reminders to follow work-related protocols/strategies
 - Addressing supervision expectations for members with Rights Modifications
 - Supporting behavioral needs: e.g. implementing a Behavioral Support Plan
 - Facilitating opportunities beyond job-related tasks (lunch, breaks, work events)

Workplace Assistance: Level of Support and Supervision

- Having a paid caregiver consistently watching over the member accentuates their disability and ‘differentness’
- The level of paid caregiver supervision needed at work may be different than other settings
 - A member’s place of employment is very likely to have natural supports available
 - Appropriate job match can help control for many variables

Workplace Assistance: Authorization

- Prior to being authorized, need documentation in the CM record of the following:
 - Specific safety concern(s) are identified and outline how staff could support the member
 - Job Coaching services have been or will be leveraged, ensuring adequate job training, accommodations, natural supports etc.
 - A Supported Employment provider's informed opinion, informed by Employment First concepts
 - A provider who has completed nationally recognized training
 - Representative from HCPF Supported Employment team

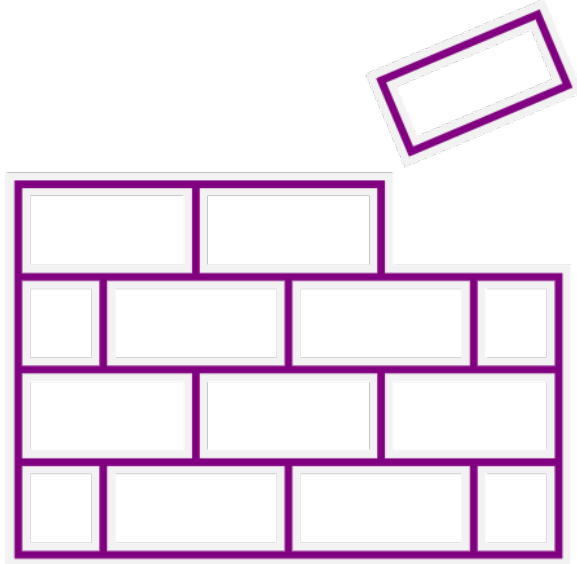
Workplace Assistance: Authorization Cont'

- Need for a paid caregiver should be based on actual need, considering factors such as:
 - Nature of the job and work location
 - Member's longevity with the employer
 - Degree of continuity at the worksite
 - Likelihood of member putting themselves or others in harm's way
- Member's desire to have a paid caregiver present for the identified time periods

Service Plan Authorization Limit (SPAL)

- Beginning July 1, 2023, the following services will no longer be subject to the Service Plan Authorization Limit (SPAL):
 - Individual Job Coaching
 - Individual Job Development
 - Individual Job Placement
 - Workplace Assistance
 - Benefits Planning

Work in Progress



- Rules on Final Approval Agenda for Medical Services Board (MSB) in May
- Waiver Amendment in process with Centers for Medicare and Medicaid Services (CMS)
- Working with internal systems teams regarding Provider Enrollment/ Bridge etc.

Next Steps

- Develop/distribute materials for Case Managers
- Assist interested providers determine what their next step is to deliver new services
- Educate members and community about new services and how to access them



Contact Information

Kim Cortes

Competitive and Supported Employment
Unit Supervisor

Kim.Cortes@state.co.us

Jenny Jordan

HCBS Employment Specialist

Jenny.Jordan@state.co.us

hcpf.colorado.gov/supported-employment-program

CIRS Investigations



CIR Investigation

Question:

Why are investigations handled differently from one CMA to another?

CCB Investigations

- Community Centered Boards are required to have written policies and procedures for handling cases of alleged mistreatment, abuse, neglect, exploitation (MANE). [10 CCR 2505-10 8.608.8B](#)
- All alleged incidents of MANE shall be thoroughly investigated in a timely manner using the specified (CCB) investigation procedures. Investigation procedures must not be used in lieu of Mandatory reporting requirements, i.e. law enforcement and APS. [10 CCR 2505-10 8.608.8D](#)
- CCBs shall ensure appropriate actions are taken for allegations of MANE and maintain records of the investigation. [10 CCR 2505-10 8.608.8.D.3](#)

CIR Requirements and Best Practice

Case Manager/CMA Requirements

- Review incoming incident reports from providers, or the member/family/community members and determine if it meets CIR criteria.
- Fulfill Mandatory reporting requirements.

Case Manager/CMA Best Practices

- Identify immediate support or services that may be necessary to mitigate health and safety risks.
- Identify any need for referrals to other services due to incident.
- Follow-up with the member as necessary and during future monitoring contacts.

Contact Information

[HCBS Waiver Critical Incident Reporting](#)

HCPF_CIRs@state.co.us

Hospital Discharge Planning



HCBS Referral

Hospital Staff	RAE	CMA	CDHS Staff (CPS)	HCPF
<p>Complete referral to RAE for any, medical, clinical, or mental/behavioral health services. (See maps for catchment area).</p> <p>Complete referral to CMA for Long Term Services and Supports/Home and Community Based Services Waivers.</p> <p>Attend discharge staffings, provide up to date clinical and medical information to the discharge team, provide level of care recommendations.</p>	<p>Process referral from County staff for any medical, clinical, or mental/behavioral health services needed for members.</p> <p>Identify if there is also a referral to a CMA for LTSS services.</p> <p>Begin communication and collaboration with CMA/County staff.</p>	<p>Process referral County or RAE.</p> <p>Complete Long Term Care Assessment.</p> <p>Identify if there is also a referral to a RAE for support.</p> <p>Conduct options counseling and assistance for selecting appropriate Waiver for members.</p> <p>Begin communication and collaboration with RAE/County staff.</p> <p>Assist County staff to find appropriate providers/placement.</p>	<p>Make referrals for medical, clinical, or mental/behavioral health services to the RAE in your catchment area.</p> <p>Make referrals for members that need HCBS Waiver services to the CMA in your county.</p> <p>Do not “screen” children for HCBS Waivers. The CMA will determine functional eligibility and if children meet Waiver target criteria.</p>	<p>Train, support, and monitor contracted partners-RAEs and CMAs in Referral activities.</p> <p>Provide resources and guidance for teams that experience barriers to HCBS Waivers/planning.</p>

Primary Hospital Discharge Priorities

- Identify a safe discharge plan for members that need post-discharge services and supports.
- Include members in options counseling and identification of safe discharge plan.
- Effective communication with other agencies and entities throughout the hospital discharge and enrollment in new services and supports.
- Effective communication with members throughout the hospital discharge and enrollment in new services and supports.

When to Escalate to HCPF

- There is Medicaid Eligibility.
- Issues with Medicaid eligibility-County DHS Financial Eligibility tickets: [HCPF County Relation Escalation Form](#)
- Discharge planning has included all appropriate referrals and agencies participating.
- Discharge planning efforts have not been successful.
- Discharge planning team is “stuck” and does not have resources available to determine next steps.
- Immediate health and safety risks requiring Department assistance.

Creative Solutions (Youth) Referrals

Hospital Staff	RAE	CMA	Other Community Partners	HCPF
Attend any Creative Solutions calls as needed - recommend next level of care	Schedule, facilitate and provide follow up for Creative Solutions requests - arrange for all needed/ necessary partners to attend the calls.	Attend any Creative Solutions calls as needed - assist with access and recommend Waiver services as needed.	Attend Creative Solutions calls - be willing to think outside the box to assist the family and team	Attend CS calls as needed - remove barriers to care, explain process, rules, etc. Facilitate EPSDT Exception request for OOS care.

Creative Solutions (Adult) Referrals

Hospital Staff	RAE	CMA	Other Community Partners	HCPF
<p>Attend any Complex Solutions calls as needed - recommend next level of care.</p> <p>Post-discharge recommendations for ongoing care/medical/behavioral/mental health services.</p>	<p>Schedule, facilitate and provide follow up for meeting as requested by HCPF.</p> <p>Attend any Complex Solutions calls as needed - assist with access to clinical, medical, and mental/behavioral services as needs are identified.</p>	<p>Schedule, facilitate and provide follow up for meeting as requested by HCPF.</p> <p>Attend any Complex Solutions calls as needed - assist with access and recommend Waiver services as needed.</p>	<p>Attend Creative Solutions calls - be willing to think outside the box to assist the family and team.</p>	<p>Attend CS calls as needed - remove barriers to care, explain process, rules, etc.</p> <p>Provide support to identified barriers (right resources and information) and subject matter experts to participate in calls as needed.</p>

Complex Solutions Referral Form

[HCPF Complex Solution Request form](#)

(To be submitted by RAE or CMA only)

Contact Information

Issues with County DHS/Financial Eligibility:
[HCPF County Relation Escalation Form](#)

Submit Medicaid Eligibility Policy questions to:
HCPF_Medicaid.Eligibility@state.co.us

Send Case Management Policy questions to:
hcpf_hcbs_casemanagement@state.co.us

Home Delivered Meals ADT Updates



Home Delivered Meals Post-Hospital Discharge

New benefit effective April 1, 2023

Admit, Discharge, Transfer (ADT) Reporting

- Weekly reports are uploaded to all CMA external SharePoint sites
- Reports are provided as a tool for the agency to reach out to members who may qualify for the benefit
- Agencies are not obligated to follow up with the Department regarding member outreach
- Contact the Department to update authorized users, or links to the site

[10 CCR 2505-10 8.553.7](#)

Home Delivered Meals Providers

Providers currently enrolled for the 752 specialty:

G.A. Food Services, Inc. 12200 32nd Court N. St. Petersburg, FL 33716 727-573-2211 gafoods.com	Project Angel Heart 4950 Washington St. Denver, CO 80216 303-830-0202 www.projectangelheart.org
Homestyle Direct, LLC 2032 Highland Ave. E. Twin Falls, ID 83301 866-735-0921 www.homestyledirect.com	Mom's Meals 3210 SE. Corporate Woods Drive Ankeny, IA 50021 866-716-3257 www.momsmeals.com
Magic Kitchen, Inc. 11310 W. 80th St. Lenexa, KS 66214 816-492-3234 www.magickitchen.com	Nutrition for Longevity 101 Bilby Road, Ste. 3 Hackettstown, NJ 07840 970-970-9063 nutritionforlongevity.com

Contact Information

Janelle Poullier
HCBS Benefits Specialist
Janelle.Poullier@state.co.us

Angela Goodell
Waiver Administrator
Angela.Goodell@state.co.us

Sarah Hoerle
Waiver Unit Supervisor
Sarah.Hoerle@state.co.us

Transition Services: Eligibility Determination



Transition Services Benefits

Which benefits fall under Transition Services?

- Life Skills Training - CIH, CMHS, EBD, SLS
- Home Delivered Meals - BI, CIH, CMHS, DD, EBD, and SLS
- Peer Mentorship - BI, CIH, CMHS, DD, EBD, and SLS
- Transition Set Up - BI, CIH, CMHS, DD, EBD, SLS

New benefit effective April 1, 2023

- Home Delivered Meals Post-Hospital Discharge - BI, CIH, CMHS, DD, EBD, and SLS

10 CCR 2505-10 8.553

Service Access and Authorization

For Life Skills Training, Home Delivered Meals, or Peer Mentorship, members must satisfy **two** sets of criteria:

1. General Criteria

- The member is **transitioning from an institutional setting to a home and community-based setting**, or is experiencing a **change in life circumstance** that affects a member's stability and endangers their ability to remain in the community;
- The member demonstrates a need to develop or sustain independence to live or remain in the community upon their transitioning; ***and***
- The member demonstrates that they need the service to establish community supports or resources where they may not otherwise exist.

2. Criteria Unique to Each Service

These are located in the regulations here: 10 CCR 2505-10 8.553.2(A)(2a-c)

Transition Setup - a member must be transitioning from an institutional setting to a community living arrangement, as well as satisfy additional requirements in 8.553.6.

Transitioning into the Community

Institutional
Setting

Transition from an institutional setting into the community

Community
Setting

- Skilled Nursing Facility to an Assisted Care Facility
- Intermediate Care Facility to a Group Home

More
Restrictive

Member is stepping down from a more restrictive/supportive setting to a less restrictive/independent one

Less
Restrictive

- ACF to an independent/family home
- Group Home to a Host Home

Change in Life Circumstance

Examples that *could* qualify a member for services

- Loss of primary caregiver
- Moving from a family home into one's own apartment
- Aged out of Medicaid program for children
- Medical event requiring the member to adapt to new ways of performing daily tasks (e.g. stroke, loss of limb)

Would not qualify

- Loss of employment
- Moving from one residence to another

The event must have resulted in a loss of daily life skills that, without the service, the member is at risk of institutionalization.

Navigating Eligibility

Who determines a member's eligibility for Transitions Services?

A member's case manager

Is there guidance to assist CMAs in determining eligibility?

Yes, Operational Memo [OM 19-022](#) provides guidance for “Justifying and Documenting Need for Transition Services Within HCBS Waivers” by requiring appropriate assessments, and working with the member to identify their specific goals

Do these assessments and goals need to be documented?

Yes, a log note in the Benefits Utilization System (BUS) that clearly summarizes the life transition or change in circumstances that the HCBS member will experience soon or is already experiencing that may put the person at greater risk for institutionalization

Service Extension Requests

Services for **Life Skills Training, Home Delivered Meals, or Peer Mentorship** can be authorized for up to **365 days**. The Department, in its sole discretion, may grant an exception based on extraordinary circumstances and documented need.

The initial assessment for services shall indicate that a member can meet their goals within a 365 day period. To consider an extension request, the provider must provide the following:

- Documented timelines within the provider's service plan for achievement of a member's goals
- Justification for why they were unable to assist the member in achieving their stated goals within the 365 day period
- Information for what skills were not achieved, strategies for meeting those goals, and specific timelines for when these goals can still be met

Contact Information

Janelle Poullier
HCBS Benefits Specialist
Janelle.Poullier@state.co.us

Dental and Vision Benefit Updates



State Plan Dental Benefits

Health First Colorado dental benefits include up to \$1500 for:

- Basic preventive dental exams and cleanings
- Diagnostic and restorative dental services (such as x-rays and fillings)
- Extractions (tooth pulling)
- Root canals
- Crowns
- Partial dentures*
- Complete dentures*
- Periodontal scaling
- Root planing
- Other procedures requiring prior authorization

*Emergency services and dentures not subject to \$1500 cap

hcpf.colorado.gov/dental-benefits



HCBS DD and SLS Waiver Dental Benefits

Members participating in the HCBS for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers are eligible for Health First Colorado (Colorado's Medicaid Program) dental services. They are also eligible for additional dental benefits:

- Waiver members age 20 or younger may receive additional benefits through Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Waiver members age **21 or older** may receive additional dental benefits through their waiver if their dental needs are not met by Health First Colorado services

hcpf.colorado.gov/hcbs-dental-services



HCBS Waiver Dental Benefits

Preventative and Basic services up to \$2,000 per service plan year:

Periodic examination and diagnosis	Radiographs when indicated
Basic and deep cleanings	Non-intravenous sedation
Fillings	Mouth guards
Topical fluoride treatment	Retention/recovery of space between teeth
Root canals	Denture realigning or repairs
Non-emergency extractions	Treatment of injuries
Restoration or recovery of decayed or fractured teeth	Repairs/re-cementing crowns and bridges

Major Services up to \$10,000 for the 5-year waiver renewal period:

- Crowns, Bridges and Dentures
- Implants when necessary to support a dental bridge for the replacement of multiple missing teeth or when necessary to increase the stability of dentures, crowns, bridges, and dentures. The cost of implants is only reimbursable with prior approval in accordance with Operating Agency procedures.

DentaQuest

- The Department contracts with DentaQuest as the Administrative Service Organization to manage Health First Colorado, HCBS-DD, and HCBS-SLS waiver dental services - **except** when HCBS-DD or HCBS-SLS waiver dental services provided through a Federally Qualified Health Center (FQHC) are submitted to the Community Centered Board (CCB)
- **All Claims for HCBS-DD and HCBS-SLS waiver dental services must be submitted to DentaQuest, meet clinical criteria, and may be required to have a prior authorization or pre-payment review**
- Dental providers must be enrolled Health First Colorado providers and affiliated with DentaQuest

DentaQuest.com



Vision Benefits

Vision services for members **through age 20** are provided through EPSDT and include:

- At a minimum, diagnosis and treatment for defects in vision, including eyeglasses.

Vision Services for members **21 and over** include:

- Eye exams or diagnosis
- Glasses, contacts, or other medically necessary methods used to improve specific dysfunctions of the vision system when delivered by a licensed optometrist or physician
 - Lasik and other similar types of procedures are only allowable when the procedure is necessary to the Client's documented specific behavioral complexities that result in other more traditional remedies being impractical or not cost effective, and
 - Prior authorized in accordance with Operating Agency procedures

Contact Information

Janelle Poullier
HCBS Benefits Specialist
Janelle.Poullier@state.co.us

DentaQuest
[dentaquest.com/state-plans/regions/colorado/
health-first-colorado/memberpage/](https://dentaquest.com/state-plans/regions/colorado/health-first-colorado/memberpage/)

CDASS/IHSS Update



Welcome Jo to CDCO!

Jo Myers

Financial Management
Service (FMS) and
CMA Coordinator for
Consumer Direct of
Colorado



Contact Information

Jo Myers

FMS and CMA Coordinator
Consumer Direct of Colorado

jomyers@consumerdirectcare.com

[Consumer Direct for Colorado Website](#)

Open Discussion

Next Meeting

August 3, 2023

hcpf.colorado.gov/case-management-agency-resources

hcpf.colorado.gov/long-term-services-and-supports-programs



Thank you!

