

Case Management Agency Quarterly Meeting

November 2, 2023

HCPF, SEP, CCB, CMA



Introductions

- ❑ Housekeeping
- ❑ Attendance
- ❑ Phase 1 Transition
- ❑ New Employees

Phase 1 CMA Transition

November 1, 2023

CMQP Updates

New Positions - Case Management and Quality Performance Division:

❖ Quality Performance Section

- Tiffani Domokos - ARPA Case Management Redesign Policy Advisor

❖ Care and Case Management System Improvement Unit

- Amanda Steingiesser - CCM Operations Specialist

Case Management and Quality Performance Team Directory



Office of Community Living Case Management and Quality Performance Division Directory

CMQP Division			
Director: Amanda Lofgren Amanda.Lofgren@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			
ARPA Case Management Redesign Policy Advisor		Tiffani Domokos Tiffani.Domokos@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	Amanda Mohrlang Amanda.Mohrlang@state.co.us
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		

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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 Amanda Steingieser amanda.steingieser@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 Creach Trisha.Creach@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 Coulmba McCall Coulmba.McCall@state.co.us	Leads case management best practices and innovation efforts for LTSS case management operations	Case Management Innovation and Best Practices Policy Advisor Vacant
Manages HCBS-DD Waiting list and Emergency Enrollments including inbox management	IDD Waiting List and Enrollment Coordinator Mary Stuckwisch Mary.Stuckwisch@state.co.us		

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Case Management Quality Performance Email Directory

Email Inboxes	
Case Management Agency Questions or Concerns	hcpf_hcbs_casemanagement@state.co.us
CCM Stakeholder Questions	hcpf_ccm_stakeholder@state.co.us
Critical Incident Reports, Human Rights Committee, and Investigation Questions or Concerns	hcpf_cirs@state.co.us
Escalations regarding Case Management or Member Concerns	hcpf_hcbs_cmescalationinbox@state.co.us
HCBS-DD Emergency Enrollment Requests	hcpf_emergencyenrollment@state.co.us
Home and Community Based Services General Questions	hcpf_hcbs_questions@state.co.us
Pre-Admission Screening and Resident Review Questions or Concerns	hcpf_PASRR@state.co.us
Support Level Review (SLR) and SIS Reassessment Request Form Submission	sis_sl@state.co.us
Transition Coordination, Options Counseling, and Money Follows the Person Questions	hcpf_accessunit@state.co.us
PARs that are pending because they are over the cost containment, SPAL proration, SLS Exceptions	ltssocc@state.co.us
Issues accessing the LMS overall	soc_staffdevelopment@state.co.us

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

County Eligibility Public Health Emergency

Continuous Coverage Unwinding



COLORADO

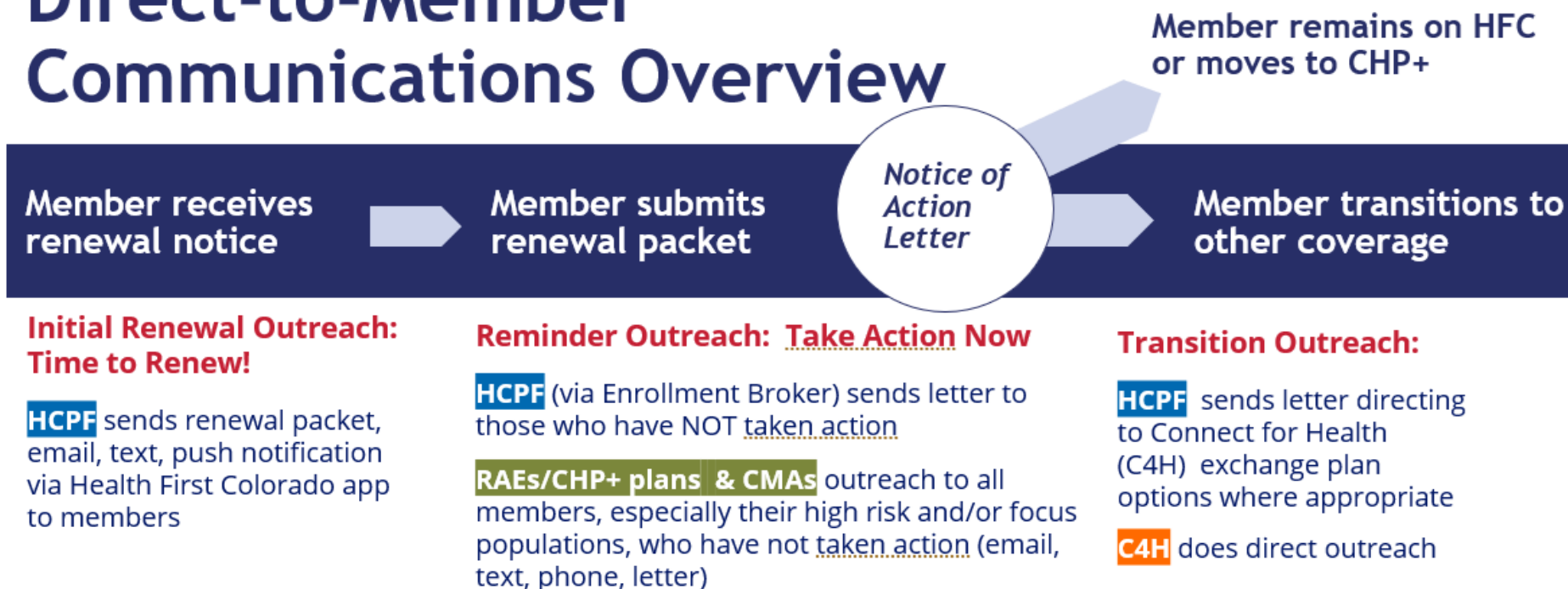
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Medicaid Redeterminations Return to Normal

After a three year pause in Medicaid redeterminations during the COVID-19 Public Health Emergency (PHE), Colorado resumed regular eligibility reviews for people enrolled in Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+).

During the pandemic, continuous coverage increased membership from 1.2 million to 1.75 million

Renewal Cycle Member Direct-to-Member Communications Overview



Ongoing broad outreach: HFC website, traditional & social media, HFC app, PEAK, member newsletters, call centers, partner & provider messaging, case managers, posters/flyer materials in libraries, homeless shelters, clinics, PSA campaign.

PHE Planning Resource Center

Links to Toolkits, FAQs, Reporting & more!

Public Health Emergency Planning



Toolkits

Update Your Address

Keep Coloradans
Covered

Take Action on Your
Renewal

Medicaid Scam
Warning

<https://hcpf.colorado.gov/covid-19-phe-planning>

Increasing Awareness:

Print and hang flyers in public areas to increase member awareness

Take Action
Toolkit/flyers

Keep CO Kids
Covered/flyers

With health insurance, they'll be ready for whatever the school year brings.

Kids who have health coverage are better prepared to do well in school and succeed in life. Health First Colorado (Colorado's Medicaid program) offers free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Families of four earning up to nearly \$39,000 annually or more may qualify.


Go to HealthFirstColorado.com or call 1-800-221-3943 to learn more about affordable health coverage for your family.

 InsureKidsNow.gov




 Health First COLORADO




 Health First COLORADO
Colorado's Medicaid Program

  CHP+
Child Health Plan Plus

**Do You Have Medicaid or CHP+?
Get Ready to Renew!**

-  Update your contact information and sign up for notifications in the Health First Colorado app or your PEAK account.
-  When it's your time to renew, complete, sign and return your paperwork right away.
-  Return documentation through the Health First Colorado app, online at co.gov/PEAK, or by mail.
-  Need help? Scan the QR code to find your County Department of Human Services or visit hfcgo.com/renewals



What if I no longer qualify?

Other health coverage options include:

- Employer coverage, check with your employer to learn about options, rules and deadlines.
- Coverage through a family member's health insurance.
- Coverage through **Connect for Health Colorado** (Colorado's official health insurance marketplace).
- Coverage through **Medicare**, for people age 65 or older or people under 65 with certain disabilities.
- Coverage for **active or former military, naval, or air service** through Tricare (active) or VA (veterans).

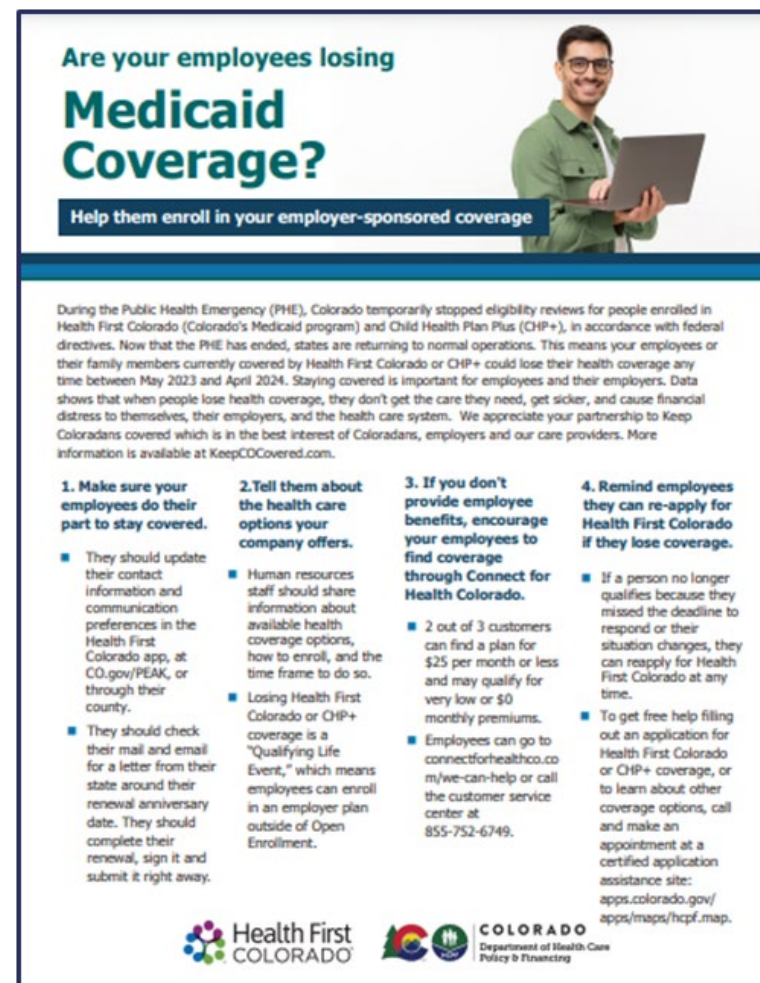
If you have questions or need help visit hfcgo.com/options to learn more.

New! Employer Flyers

HCPF connecting with Employers and Associations to raise awareness

- How Colorado Employers Can Help Employees Navigate Medicaid Renewals and Transitions to other coverage

[#KeepCOCovered Toolkit](#)





Are your employees losing Medicaid Coverage?

Help them enroll in your employer-sponsored coverage

During the Public Health Emergency (PHE), Colorado temporarily stopped eligibility reviews for people enrolled in Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHIP+), in accordance with federal directives. Now that the PHE has ended, states are returning to normal operations. This means your employees or their family members currently covered by Health First Colorado or CHIP+ could lose their health coverage any time between May 2023 and April 2024. Staying covered is important for employees and their employers. Data shows that when people lose health coverage, they don't get the care they need, get sicker, and cause financial distress to themselves, their employers, and the health care system. We appreciate your partnership to Keep Coloradans covered which is in the best interest of Coloradans, employers and our care providers. More information is available at KeepCOCovered.com.

- 1. Make sure your employees do their part to stay covered.**
 - They should update their contact information and communication preferences in the Health First Colorado app, at CO.gov/PEAK, or through their county.
 - They should check their mail and email for a letter from their state around their renewal anniversary date. They should complete their renewal, sign it and submit it right away.
- 2. Tell them about the health care options your company offers.**
 - Human resources staff should share information about available health coverage options, how to enroll, and the time frame to do so.
 - Losing Health First Colorado or CHIP+ coverage is a "Qualifying Life Event," which means employees can enroll in an employer plan outside of Open Enrollment.
- 3. If you don't provide employee benefits, encourage your employees to find coverage through Connect for Health Colorado.**
 - 2 out of 3 customers can find a plan for \$25 per month or less and may qualify for very low or \$0 monthly premiums.
 - Employees can go to connectforhealthco.com/we-can-help or call the customer service center at 855-752-6749.
- 4. Remind employees they can re-apply for Health First Colorado if they lose coverage.**
 - If a person no longer qualifies because they missed the deadline to respond or their situation changes, they can reapply for Health First Colorado at any time.
 - To get free help filling out an application for Health First Colorado or CHIP+ coverage, or to learn about other coverage options, call and make an appointment at a certified application assistance site: apps.colorado.gov/apps/maps/hcpf.map.

 **Health First COLORADO**  **COLORADO** Department of Health Care Policy & Financing

Scam Prevention

Please share this member alert!

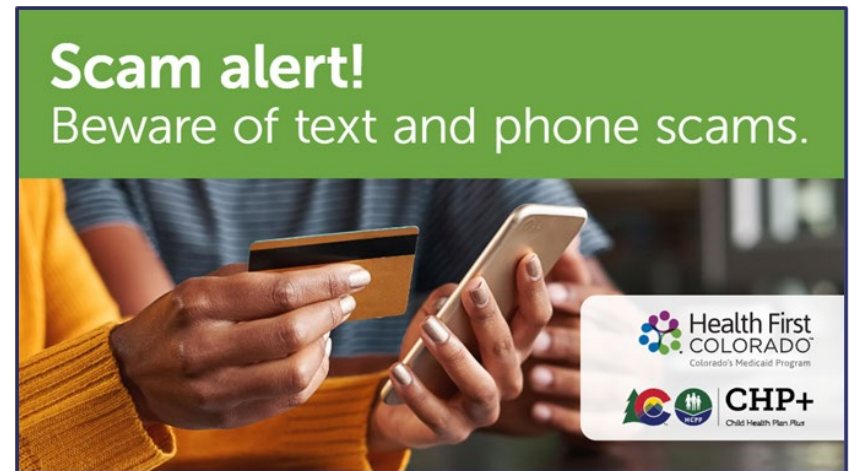
Partner resources:

hcpf.colorado.gov/alert

- Mini partner toolkit
- News release
- Other languages coming soon

Note: HCPF may contact members via phone to update their address if we have received returned mail

Members: hfcgo.com/alert



Transcreation of Materials

In addition to English & Spanish, materials in the following campaigns have been transcreated into the top 11 languages spoken by members

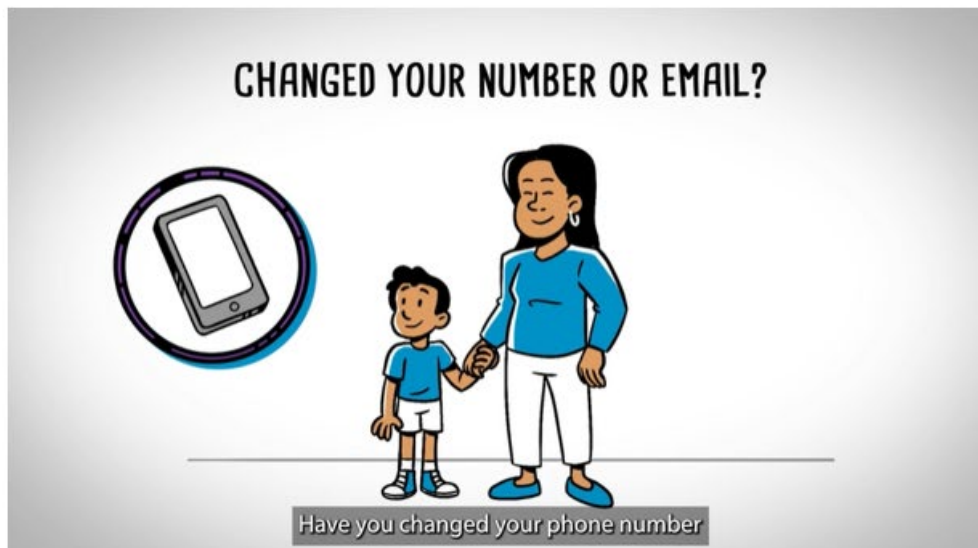
- [Take Action on Your Renewal](#)
- [Keep CO Covered](#)
- [Scam Alert](#)

Amharic, Arabic, Burmese, Chinese, Dari, Pashto, Russian, Somali, Swahili, Ukrainian, and Vietnamese

Increasing Member Awareness

Public Service Announcement

- Update Your Address and Communications Preferences So We Can Reach You
- Renewals are Starting - Complete, Sign & Return your Renewal Packet
- Transitions in Coverage - What if you no longer qualify?



Began in April 2023

Broadcast on 281 radio & TV
stations across Colorado

In English and Spanish

Outreach to Focus Populations

Collaboration with sister agencies to increase awareness

- Unhoused (CDHS, DOLA, Clinics)
- Kids & Families (SHS, FAMLI portals, Food Banks, WIC, Libraries, Rec Centers)
- Young Adults (CDHE to reach college students)
- Seniors and Veterans (DOI & DVA)
- Tribes
- Health professionals (DORA) - 230,000 emails sent
- Collaboration with Health Plans, Providers, CMAs

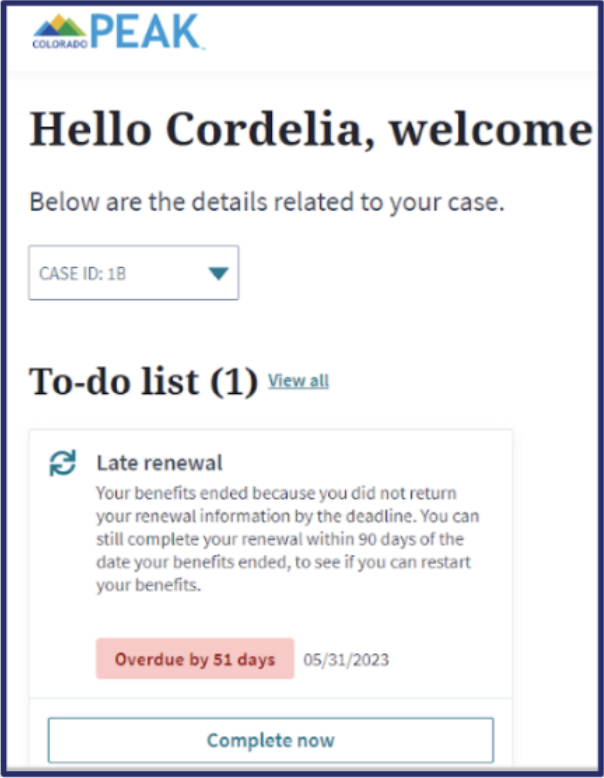
Helpful App & PEAK Features

Health First Colorado App

- **Report more detailed income and assets info** and easily upload related documents.
- **Opt-in to push notifications that give them status updates** on document submissions and important communications re: their benefits
- **See their renewal date** on the opening screen.

PEAK

- Renewal Button 60 days in advance of a member's renewal date
- When the members submits their renewal it will show as "submitted" in the dashboard
- Reminder of the 90 day reconsideration period



The screenshot shows the PEAK app interface. At the top is the "COLORADO PEAK" logo. Below it is a greeting: "Hello Cordelia, welcome". Underneath is the text "Below are the details related to your case." followed by a dropdown menu showing "CASE ID: 18". Below that is a section titled "To-do list (1)" with a link "View all". The first item in the list is "Late renewal", indicated by a circular arrow icon. The text for this item reads: "Your benefits ended because you did not return your renewal information by the deadline. You can still complete your renewal within 90 days of the date your benefits ended, to see if you can restart your benefits." Below this text is a red box that says "Overdue by 51 days" followed by the date "05/31/2023". At the bottom of the notification box is a button labeled "Complete now".

Health First Colorado Renewals Page

High-level information for members about the renewal process

Available in English and Spanish

[Log in to PEAK](#) | [En Español](#)[Select Language](#)[Apply Now](#)[Find a Doctor](#)[Benefits & Services](#)[News & Resources](#)[About](#)[Get Help](#)[Renewals](#)[FAQs](#)

Renewals: What you need to know

If you get health coverage through Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+), your eligibility is reviewed annually.

Some members will be automatically renewed based on the most recent information already on file with the state. Other members will need to go through the renewal process.

If you are auto-renewed

- You will get a letter about 60-70 days before your renewal deadline saying your health coverage has been renewed.
- No additional information is needed.
- Health coverage will be renewed for twelve months.

<https://www.healthfirstcolorado.com/renewals/>



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How can partners help?

- Use the renewal messaging and materials in the toolkits
 - Add messaging about renewals in emails, newsletters and on websites
 - Share social media messages and graphics
 - Post flyers in public areas and hand out to members
- Familiarize themselves with the Partner Education Toolkit to help members who may need assistance and/or direct them to someone who can help.
- [Check regularly updated FAQs](#)
- Sign up for the COVID-19 Public Health Emergency Updates Newsletter to receive important updates and new tools as they are released

hcpf.colorado.gov/covid-19-phe-planning



**What other tools
would be helpful to
increase member
awareness?**



**Please share your feedback and
questions with:**
HCPF_CountyRelations@state.co.us

Contact Information

County and Eligibility Site Member Complaint and Escalation
Webform

HCPF_CountyRelations@state.co.us

Terri Alexander

County Administration Compliance Supervisor

Terri.Alexander@state.co.us

Joshua Montoya

Partner Relations & Administration Division Director

Joshua.Montoya@state.co.us

Updated Support Level Review (SLR) Form Reminder



Support Level Review Form

- Find the updated Support Level Review (SLR) Form and updated Desk Guide on the [LTSS Case Management Forms and Tools](#) page
- Please ensure that you are using the most up to date version of the Support Level Review (SLR) Form - updated May 2023
- Fill out the document completely and thoroughly with as much detail as possible
- Be sure funding request is appropriate (i.e. vehicle purchases are not funded by the waivers)
- Effective November, 2023, incomplete request forms may be returned with a request for additional information before being considered further
- Submit completed SLR Request form to sis_sl@state.co.us for SLR panel review

Contact Information

Kidron Backes

Case Management Unit Supervisor

Kidron.Backes@state.co.us

Support Level Reviews and SIS Reassessment request
submissions:

sis_sl@state.co.us

SIS Assessor Capacity Concerns



SIS Assessor Capacity Concerns

- No SIS Assessor Training
 - Significant amount of time goes into certifying SIS Assessors
 - A *minimum* of 15-20 hours per SIS Assessor in training (not including the 2 day training)
- SIS Assessor Training was held September 2022 with 18 SIS Trainees
- SIS-A expiring 12/31/2024
 - The Department is developing a transition plan in the interim

SIS Assessor Capacity Concerns

- Maximizing our current SIS Assessor resources
 - List of SIS Contractors
 - 20-25 SIS Assessors willing to contract with CMAs
 - Several eager SIS Assessors willing to help
 - In-person vs. Virtual Interviews
 - Training CMAs to defer to SLR process (vs. RA)
 - Looking into the auto-approval process in order to best utilize our SIS Assessors' time

Refer Teams to SLR Process

- Referring Members, families, and teams to use the SLR Process instead of the SIS Reassessment Process whenever possible - this may be the better route for a lot of teams
- Save SIS Reassessment requests for when it is truly needed and there has been **significant changes across the board**
- Department is working to increase SLR Panel resources to assist with additional requests being processed
- Extending time period for SLR effective dates (2 years)

What other strategies are CMAs currently using to help with any capacity issues?

Contact Information

Lori Thompson

CCM System Improvement Unit Supervisor
SIS Trainer/Quality Lead

Lori.Thompson@state.co.us

Mariah Kohlruss-Ecker

Assessment Quality Lead

Mariah.Kohlruss-Ecker@state.co.us

Message from our Office Director



Care and Case Management (CCM) System Updates



CCM Updates

- Program Record Script
 - Friday night run
 - Type, Certification Dates, Status
- Closed Programs
- CP/SP Record Script

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

Case Management Monitoring Contacts



Monitoring Contacts

Case Management Contact Requirements and In-Person Meetings [OM 23-068](#) in effect starting 11/1/2023

For CMAs that have been awarded a new CMA contract effective Nov. 1, 2023, and current contracted Community Centered Boards performing Targeted Case Management activities

- One required in-person monitoring contact per certification period (In addition to CSR visit)
- Additional three required monitoring contacts can be performed in-person or virtual based on member preference.

Monitoring Contacts

Monitoring Contacts completed by SEP and Private CHCBS CMAs (which are operating under contracts executed on July 1, 2023 and have not undergone case management redesign) will continue to perform Monitoring Contacts as outlined in programmatic regulations and Operational Memo

SEP:

- One required in-person monitoring contact per certification period (In addition to CSR visit).
- One optional monitoring contact can be performed in-person or virtual based on member preference.
- Operational Memo [OM 21-082](#)

CHCBS: [CHCBS Training](#)

Monitoring Documentation

- Contact date in the activity log should reflect the date the contact took place with the member
- In the CCM, under “Type of Contact” either of the following selections will qualify for a monitoring payment:
 - Monitoring Contact - Scheduled
 - Monitoring Contact - Unscheduled

The case manager shall document the member’s preference within the monitoring contact narrative when the contact is completed on the phone or through other technological modalities (virtually)

Targeted Case Management



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Targeted Case Management Fee Schedule Effective November 1, 2023

Procedure Code	Modifier 1	Modifier 2	Service Description	Rate Effective 7/1/2023	New Rate Effective 11/1/2023	Unit	Unit Limits
Targeted Case Management (TCM) - CHRP CES, DD, SLS: Community Centered Boards with contracts terminating between October 31, 2023 and June 30, 2024							
T2023			Targeted Case Management - Per Member, Per Month	\$ 148.86	\$ 148.86	1 Unit	Maximum of 12 Units per service plan year
T2024			Targeted Case Management - Monitoring Visit	\$ 102.65	\$ 102.65	1 Unit	Maximum of four (4) units per service plan year
A0170			Targeted Case Management - Monitoring Visit, Rural Add On	\$ 36.72	\$ 36.72	1 Unit	Maximum of four (4) units per service plan year
Targeted Case Management (TCM) - BI, CHRP, CES, CHRP, CIH, CLLI, CMHS, DD, EBD, SLS: Case Management Agencies Upon Contract Start Date (11/1/2023 and after)							
T2023	HI		Targeted Case Management - Per Member, Per Month		\$ 153.65	1 Unit	Maximum of 12 Units per service plan year
T2024	HI		Targeted Case Management - Monitoring Visit		\$ 102.65	1 Unit	Maximum of four (4) units per service plan year
T2024	HI	GT	Targeted Case Management – Virtual Monitoring Visit (telephone, video, etc.)		\$ 85.74	1 Unit	Maximum of four (4) units per service plan year
A0170	HI		Targeted Case Management - Monitoring Visit, Rural Add On		\$ 36.72	1 Unit	Maximum of four (4) units per service plan year



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Contact Information

Rhyann Lubitz

Case Management Quality Performance
Section Manager

Rhyann.Lubitz@state.co.us

Kidron Backes

Case Management Unit Supervisor

Kidron.Backes@state.co.us

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



Changes to Signature Requirements for Member Paperwork

Operational Memo OM 23-069

Effective November 11, 2023 CMAs will continue to accept physical or digital signatures. Verbal consent will no longer be accepted as an alternative to physical or digital signatures.

Eligibility Unwind Process

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

Reminders:

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 through December. These lists are available in the CMA Sharepoint folder.
 - Updated lists are being pulled now and will be provided to CMAs shortly.
- Those who are not meeting requirements will begin the Notice of Action (LTC-803) process.

Renewal Strategies for LTSS Members

For CMAs:

- Review their information sharing procedures with County and Eligibility sites to ensure Level of Care Certifications are received by the County and Eligibility sites and processed by the County and Eligibility sites before any current certification period expires.
- Continue to partner with County DHS and Eligibility sites to address any questions or concerns.
- Reminder to use the [County and Eligibility Site Member Complaint and Escalation Webform](#)



Contact Information

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

Case Management Ratio



Case Management Agency Caseload Requirements

Operational Memo OM 23-061

- Applies only to awarded CMAs through Case Management Redesign (November 1st /forward)
- CMAs are required to implement a caseload requirement of no more than 65 members per 1 case manager.
- CMAs may submit a formal request to HCPF to exceed this requirement based on identified business practices that provide for quality case management.
- Approvals will be given a date span
 - CMA can request to continue their modified caseload ratio which must include quality metrics/data.

Contact Information

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

Notice of Action 803



LTC NOAs

1. CMAs should ensure a Long-Term Care Notice of Action (LTC NOA) is sent to members if a Continued Stay Review (CSR)/Service Plan are not completed at minimum 11 days prior to the end of the current certification period.
 - a. This includes when a County or Eligibility Site has not verified financial eligibility.
 - i. The NOA sent by CMAs is **not** in regards to financial ability - it is to inform the member that their Person-Centered Support Plan is not completed prior to the end of the certification period.

Services During an Appeal

1. Case managers should verify that a member has filed an appeal with the Office of Administrative Court for the adverse action which allows the member to continue receiving services as approved in their previous service plan through the appeal period. No changes in services may be made during the appeal period - the service plan must be entered exactly as it was previously.
2. If a member receives a NOA from the County or Eligibility Site they may file an appeal and ARE eligible to continue receiving services as approved in previously in their service plan. Again, no changes can be made to services during the appeal period.

CBMS Override

1. When an appeal is initiated and the member requests their services remain intact, A Department level manual override may be necessary in CBMS to keep the member's LTC coding in place during the appeal period.
 - a. To notify the Department that a member has filed an appeal and a manual override is necessary, case managers should submit a [County and Eligibility Site Member Complaint and Escalation form](#).

Contact Information

Stephane Lopez

Case Management Eligibility Navigator

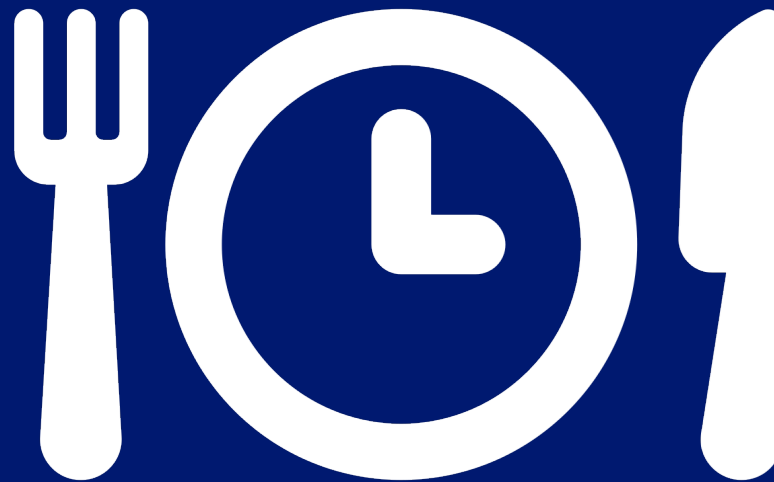
Stephane.Lopez@state.co.us

Erin Munoz

Case Management Specialist

Erin.Munoz@state.co.us

LUNCH



Fall Photos



Homemaker and Community Connections



Homemaker and Community Connections

- HCPF is seeking to permanently maintain the flexibility for legally responsible persons to provide Community Connector in the Children's Extensive Support (CES) and Children's Habilitation Residential Program (CHRP) waivers and Homemaker Services in the CES waiver.
- Changes are in the current waiver applications being reviewed by the Centers for Medicare and Medicaid Services (CMS)
- Anticipated effective date is January 1, 2024.

Homemaker and Community Connections

- Limitations
 - 2,080 units annually, or 10 hours per week, per service - 10 hours for CC and another 10 hours for homemaker (enhanced & basic)
 - Cap does not start until 1/1/24. However, if you are creating a new service plan, it would be a good idea to implement the unit limitations now rather than reduce units come January.
 - If a member is in the middle of the service plan and will exceed the limit, that is fine. The PAR will need to be adjusted 1/1/24 to align with the cap for the remaining part of the service plan.
 - There will also be an easy-to-utilize exception process for families to this limit for those experiencing extenuating services.

Contact Information

Cassandra Keller
Community Options Benefits Section Manager
cassandra.keller@state.co.us

Case Management Redesign (CMRD) Updates



Transition Phasing Timeline

- Phase 1 Transitions: August - October 2023
 - November 2023: First group of CMAs transition COMPLETE!
- Phase 2 Transition: November - February 2024
 - March 2024: Second group of CMAs transitioned
- Phase 3 Transitions: March - June 2024
 - July 2024: Third group of CMAs transitioned

Transition Process

- Department kickoff meeting with all agencies in cohort
- Department kickoff meeting with incoming and outgoing in cohort/service area
- Bi-weekly meetings with Department (first 2 months)
- Weekly meetings (last month)
- HMA coach support (optional)
- Training and onboarding of staff
- Post transition support from Department

Transition Timeline

Phase 2 Meeting Schedule

Week #	Date	Time	Agencies	Topics
Week 1	11/7/23	2:30 to 4 p.m.	All Agencies	General, Communication, Policy
Week 2	11/15/23	10 a.m. to 12 p.m.	All Agencies	Systems
Thanksgiving Week				
Week 3	11/29/23	10 a.m. to 12 p.m.	Incoming Agencies	Contract
Week 4	12/7/23	10:30 a.m. to 12:30 p.m.	All Agencies	Contract, Policy, Benefits & Services, Training, Communication
Week 5	12/12/23	9 to 11 a.m.	All Agencies	Office Hours
Week 5	12/13/23	2 to 4 p.m.	All Agencies	Office Hours
Break for Holidays				
Week 6	1/4/24	9 a.m. to 12 p.m.	Incoming Agencies	Eligibility, Benefits & Services, Policy
Week 7	1/9/24	9:30 to 10:30 a.m.	Incoming Agencies	Systems
Week 7	1/11/24	9:30 to 11:30 a.m.	All Agencies	Contract, Systems, Benefits & Services
Week 8	1/17/24	9 to 11 a.m.	All Agencies	Office Hours
Week 8	1/18/24	2 to 4 p.m.	All Agencies	Office Hours
Week 9	1/24/24	1 to 4 p.m.	Incoming Agencies	Communication, Contract, Policy

Transition Timeline

Phase 2 Meeting Schedule

Week #	Date	Time	Agencies	Topics
Week 9	1/25/24	1:30 to 3:00 p.m.	All Agencies	Contract, Benefits & Services, Policy
Week 10	1/30/24	10 a.m. to 12 p.m.	All Agencies	Office Hours
Week 10	1/31/24	2 to 4 p.m.	All Agencies	Office Hours
Week 11	2/7/24	9 to 11 a.m.	All Agencies	General, Systems
Week 12	2/13/24	9 to 11 a.m.	Incoming Agencies	Systems, Contract, Benefits & Services
Week 12	2/15/24	10 to 11 a.m.	All Agencies	Systems, Benefits & Services
Week 13	2/21/24	11 a.m. to 12 p.m.	All Agencies	Office Hours
Week 13	2/22/24	1 to 2 p.m.	All Agencies	General
Week 14	2/28/24	11 a.m. to 12 p.m.	All Agencies	General
Week 14	2/29/24	10 to 11 a.m.	All Agencies	General
Transition Go Live				
Week 15	TBD (3/4/24-3/8/24)	TBD	All Agencies	TBD
Week 16	TBD (3/11/24-3/15/24)	TBD	All Agencies	TBD
Week 17	TBD (3/18/24-3/22/24)	TBD	All Agencies	TBD
Week 18	TBD (3/25/24-3/29/24)	TBD	All Agencies	TBD

Member Communication Toolkit

CMA Announcements and Toolkit

- Purpose of the toolkit:
 - Ensure members know where to go for accurate information
 - Easy and ready to use information distribute through your social media outlets.
 - If you do not use these tools, all communication must be approved by the Department

Communication

- Member Letters
 - Member mail - please help with messaging if members were confused by letters.
- CMA Member Outreach
 - CMAs should also be sending outreach messaging to help fill any gaps and reach all members affected by change.
- Communication between outgoing and incoming CMAs
 - All CMAs should be communicating with each other to aide in a seamless transition.

Exceptions Process

- Incoming and outgoing should coordinate
- Approved process required for incoming CMA only
- Needed components:
 - exceptions for current members to stay or leave
 - exceptions for out of DSA members incoming
- Outgoing agencies interim transition

Rule Timeline

- Rule Revision Stakeholder Engagement - October 2022 to June 2023
- Initial preparation meeting with MSB - October 2023
- First MSB reading - December 2023
- Second MSB reading - January 2024
- Final rule adoption - March 2024

ARPA Updates

3-in-1 CMA Startup Grant Application

- All for incoming awarded CMAs
- 3 ARPA Grants opportunities
- 5.01 Operations
- 6.06 EHR
- 6.08 Devices
- One application in the works to begin July 2023

Part 1: CMA start up funds

For in-coming CMAs in 2023-24

- Start-up funds may include:
 - Marketing Costs e.g.: Website design, digital advertising, brochures, signage, booth rentals etc.
 - Inventory, office supplies e.g.: Computers, Docking Stations, Keyboards and Monitors, Printers (Wireless), Software Needed, Security, Antivirus Software, Cell Phones, Office Phones, headsets, Desks, Chairs, General Office, Supplies/Operating Supplies, Copy Machines, Postage, Rental Space, Utilities, Phone Service, etc.

Part 2: Dollars to Digitize for CMAs

CMAs selected for the redesign	Outgoing CMAs
<p>The APRA 6.06 Grant program provides funding for the 3-in-1 start-up grant to CMAs selected for the redesign to upgrade or implement an Electronic Health Record (EHR) up to \$100k.</p>	<p>Outgoing CMAs (not selected for the redesign) are able to apply for the ARPA 6.06 Dollars to Digitize Grant Summer RFA (late July or August).</p> <p>D2D provides funding for EHRs, Telehealth, Devices, HIEs, referral platforms, and technical assistance.</p>

Part 3: Devices for CMAs

CCM Compatible Devices Grant

- Purchase Care and Case Management Tool Compatible Devices
- Grant application has an exhibit list of recommended devices and device peripheral and accessories
- HCPF strongly recommends that CMAs purchase Windows 10/11 Touch Screen devices and configurations to maximize the functionality and operational requirements of the new CCM system
- Additionally, HCPF will allow up to \$300.00 per device for the purchase of peripherals and accessories to expand the ability of and help protect and maintain the device

One Application Process

- Application Opens: July 1, 2023
- Application Due: August 10, 2023
- Three sections for each funding source
 - Fill out the grant section you are applying for
- Avoid Duplication Guidance
- Awardees Notified: August 15, 2023
 - We will have a quick turn around to get those dollars out the door!

ARPA funds separate from the 3-in-1 application

- HMA coaches will continue to provide support through transitions for incoming and outgoing agencies.
- HMA coaches will also help navigate TA funds for incoming and outgoing agencies.
- Retention payments for all qualified Case Managers staying in case management system.

HMA Coaching and TA

What to expect:

- More flexibility to navigate and utilize the coach's expertise and Technical Assistance (TA) ARPA funding!
- Individual CMA Transition Planning
- Technical Assistance Planning and Funding for FY24
- Learning Collaboratives aimed to support outside of the box thinking, workforce innovations, leading through change, professional development etc.

Retention Payments

Initial Retention Payment Applications completed!

- **Phase 2 has been initiated!**
- Applications closed June 15, 2023
- Final invoices **due August 15, 2023** to our contracted provider Public Consulting Group (PCG).
- **PHASE 3 retention payment planning and case manager Sign on Bonuses are underway!**
 - Memo coming soon

Phase 3 Retention and Bonus Plan

- Money up-front with requirement of a quarterly report on spending
- Applications Open September 1 through 15, 2023
- Payment lump sum disbursement October 15, 2023
- Third and Final retention **\$1000** per approved case management staff
 - Retention payments depending on CMA Transition Phases
 - Suggest:
 - October 1 - October 31, 2023
 - February 1 - February 28, 2024
 - June 1 to June 30, 2024
- Sign on bonus **\$1500** per approved Case Manager
 - Suggest 2-3 months after hired on/remain with new CMA

Contact Information

Nicolette Cordova

Case Management Redesign and Community Liaison

Nicolette.Cordova@state.co.us

Day Habilitation Services Appendix K Changes



Tier 3, 1:1 Day Habilitation

IM 23-033 - Long-Term Tier 3 Day Habilitation Services

1:1 Specialized Habilitation (SH) services end on Nov. 11

- Members should work with case managers to find other SH services

1:1 Supported Community Connections (SCC) services have been implemented long-term

- Required to stay within member's pre-pandemic utilization dollar limit
- Dollar limit spreadsheets located on CMA SharePoint sites along with CMA 1:1 Day Habilitation Instructions document
- Members new to Day Habilitation services have dollar limits based on the average utilization by waiver and Support Level
- Previous Supported Employment utilization can supplement for additional 1:1 SCC services
- Members with an exceptional need to exceed their dollar limit can have the case manager request additional funding through the Department's exception process

Tier 3, 1:1 Day Hab. cont.

- Members with only previous Supported Employment utilization can use either the average dollar limit based on Support Level or their Supported Employment utilization dollar limit
- Members with prior utilization below \$1000 should use the average dollar limit based on Support Level instead
- Support Level 6 & 7 members should use Tier 1 & Tier 2 rates, even if SCC services are provided 1:1

Adding Tier 3, 1:1 SCC services to a PAR - S5100

- The Case Manager Supervisor needs to submit PAR
- S5100 services automatically pend for state review
- Any time the PAR is resubmitted, S5100 services will need to be re-approved by HCPF

RHSS & SCC - Same Direct Care Worker

OM 23-066 RHSS & SCC Provided by Same Direct Care Worker

- Allowance continues beyond November 11, 2023
- Following requirements remain:
 - Decision is made solely by the member or guardian
 - Must be documented in Person-Centered Support Plan
 - SCC services cannot be provided by the Residential Habilitation Services and Supports (RHSS) provider using virtual/telehealth means to access the community
- Provider must document what community activities the member participates in under both RHSS & SCC
- SCC provider agencies must maintain documentation that includes the date, start/end times of activities completed, what activities were completed, and what Support Plan goals of the member are being achieved through the activity/ies

SCC & NMT

- SCC providers are to decide whether to bill for SCC services for the entirety of the service, or alternate billing between Non-Medical Transportation (NMT) and SCC, as outlined in [Informational Memo 20-014](#), as there can be no overlapping timeframe where both NMT and SCC are billed
- Agencies seeking reimbursement for NMT must be enrolled to provide the service
- All drivers being reimbursed on behalf of the provider agency for transportation provided during SCC must meet all driver and vehicle requirements set forth in the regulations (8.494.40)

Contact Information

Kyra Acuna
HCBS Benefits Specialist
Kyra.Acuna@state.co.us

NCI-IDD Survey Announcement



NCI-IDD Survey

- Vital Research has partnered with the Department to administer the National Core Indicator (NCI) Individuals with Intellectual and Developmental Disabilities (IDD) survey.
- The survey launched the end of October 2023
 - 3,500 members enrolled on the DD and SLS waivers received a notification letter stating they may be asked to participate.
 - Flyer sent to Case Management Agencies via email to announce launch.
- Background Information
 - Case managers will be asked to complete background information that is unable to be collected through data systems.
 - Background information will be collected in 3 phases, coordinated with the 3 phases of CMA transitions.

2020-2021 Results

What the NCI-IDD data tells us about Case Management and Staff in Colorado

- **90%** Have met or spoken with their service coordinator
- **89%** Are able to contact their service coordinator when they want
- **94%** Said their service coordinator asks them what they want
- **88%** Can change their service coordinator if they want to
- **93%** Said staff treat them with respect
- **88%** Said staff come and leave when they are supposed to
- **81%** Can choose or change their staff if they want to

NCI-IDD Survey

- CMA Contact Information
 - In the past, we've had one contact within the CMA, who passed along the surveys to the correct case manager to complete the background information.
 - As CMAs transition during the 3 phases, please contact us and let us know who you would like to be the contact for Vital Research to request background information.
 - If you have any issues with completing or accessing the background information surveys, please contact Melineh Soukiasian at MSoukiasian@vitalresearch.com

We appreciate your assistance in completing this survey!

Contact Information

Sarah Hoerle

Waiver Administration and Compliance Supervisor

Sarah.Hoerle@state.co.us

Rachel Newton

HCBS Policy Specialist

Rachel.Newton@state.co.us

Trust and Estate Refresher



Which Trusts are Reviewed?

- Trusts that meet either of following the criteria:
 - Applicant/member or their spouse has transferred assets into the trust; or
 - Applicant/member or their spouse is a beneficiary of the trust.
- Common Types of Trusts:
 - “Payback” Trusts - Income Trusts, Pooled Trusts and Disability Trusts
 - Miscellaneous Trusts - Revocable Trusts, Irrevocable Trusts, and Third Party Trusts

Trust Review FAQ

- Does an unfunded trust need to be reviewed?
 - Yes. Many trusts are only nominally funded with plans to fund them at a later date. These trusts must still be sent to the Department for review.
- Do trusts need to be reviewed for someone using WAWD since there's no asset test?
 - Yes. Some trusts have required income distributions that can impact WAWD eligibility. Also, if the member stops meeting the WAWD requirements, a late trust review may delay their eligibility through another method.

If there is a Trust...

Submit Trust to Department for Review

- Copy of Trust
- Other related documents (e.g. bank statements or deeds)
- Trust Transmittal Form (Agency Letter HCPF 15-005)

Determination Letter provided to Eligibility Site

- Countable resource?
- Countable income?
- Transfer without fair consideration?
- Other relevant information

Eligibility Site Review of Determination Letter

- Carefully review letter
- Complete required CBMS Entries
 - Terminology may not match letter
 - May need to submit ticket

Did you notify the county?

“The case manager shall inform the eligibility enrollment specialist of any and all changes affecting the participation of an individual receiving services in SEP Agency-served programs, including changes in income, within one (1) working day after the case manager learns of the change.”

10 CCR 2505-10, Section 8.393.4.A.1

How does this impact service planning?

- Trusts can pay for caregiving services, but aren't required to
 - A caregiver can be paid from multiple sources (HCBS, Home Health, and a Trust) for different services or hours
- Trusts can pay for other benefits HCBS covers, like Home Mods, Assistive Tech, Residential Care, etc., but aren't required to
 - A Trust can supplement if HCBS is limited by hours, units, or dollar limits
- Trusts can also pay for things like travel, entertainment, and vehicles

Contact Medicaid.Trusts@state.co.us if you think providers may be “double dipping”

Contact Information

Trust Inbox

Medicaid.Trusts@state.co.us

Diane Byrne

Trust and Estates Recovery Specialist

Diane.Byrne@state.co.us

Tiffany Walker

Trust Officer

Tiffany.Walker@state.co.us

Personnel Updates for Complex Needs Unit



New team members

We are pleased to welcome two new team members!

- **Alexandra Butler** (alexandra.butler@state.co.us) has joined as a Child and Youth Behavioral Health Specialist
 - Effective October 9, 2023, please include Alexandra Butler on new Creative Solutions call requests. Alex will work with the internal team at HCPF to determine coverage for each new call between her and Brianna Holmes.
- **Kathleen Homan** (kathleen.homan@state.co.us) has joined as the Unit Supervisor for the Complex Needs Unit (this is a newly created position).

New team members

There are no changes to the Complex Service Solutions calls as Cody Hickman will continue to be the unit's lead on these.

Michele Craig will continue as the Complex and Supportive Services Section Manager.

Contact Information

Michele Craig

Complex and Supportive Services Section Manager

Michele.Craig@state.co.us

Kathleen Homan

Complex Needs Unit Supervisor

Kathleen.Homan@state.co.us

Home Modifications and End of ARPA



COLORADO

Department of Health Care
Policy & Financing

ARPA and Home Modifications

- The ARPA Home Modification Benefit enhancement is an additional \$10,000 for all approved home modification projects
- APRA funds were approved for home modifications beginning January 1, 2022 and ending December 31, 2024
- [American Rescue Plan Act \(ARPA\) Enhanced Home Modification Benefit End and Close Out Timeline - Operational Memo](#)

Timeline

- March 31, 2024 - Deadline for Case Managers to submit complete project requests using ARPA funding
- April 30, 2024 - Deadline for Division of Housing (DOH) to approve project requests using ARPA funding
- September 30, 2024 - Deadline for Home Modification projects using ARPA funding to be completed
- December 20, 2024 - Deadline for providers to submit claims for services rendered to receive reimbursement

Home Modification

- [Home Modification Website](#)
 - Forms
 - Home Modification Checklist Tool
 - OT/PT Home Modification Evaluation
 - Most recent quarterly Home Modification training recordings and slides
 - [Find A Doctor](#) - use to find contractors your area
 - Next Home Modification Office Hours:
December 6, 2023 from 2 to 3 p.m.
More information will be sent by email in the coming week

Contact Information

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

Money Follows the Person (MFP) Announcements



Money Follows the Person (MFP)

- MFP is a Federal Grant that supports individuals to live and receive care in the setting of choice
- This is a **new** demonstration
 - \$43M award in August 2023
- MFP Program Information
 - Demonstration Services
 - Supplemental Services

Colorado MFP Demonstration

- **Colorado MFP Demonstration**
 - Targeted Case Management - Transition Coordination
 - Available to members for 365 days following discharge
 - Currently focuses primarily on pre-transition support
 - Recognizes that much of the effort for a successful transition begins when a person discharges
 - Increases unit total to 360 units per transition
 - Will be supported by program to help members acclimate to the various life phases following transition

Colorado MFP Supplemental Services

- Short-term rental assistance
 - Provides members with rental support including rental arrears, utility start up costs, security deposits, etc.
 - Interagency Agreement with Department of Local Affairs (DOLA)
- Pre-tenancy support
 - Helps members learn about the requirements to access and maintain community housing
- Short-term food assistance
 - Provides members with payment for food pantry items for up to 30 days following discharge

Colorado MFP Supplemental Services

- Environmental Adaptations to provide home modifications prior to discharge
 - Allows a member to enhance accessibility to their home through modifications such as widened doorways, the construction of ramps, or adaptations to the bathroom or kitchen
 - Housing Navigation Contract
- Peer mentorship prior to discharge
 - Provides members with support from someone with lived experience to build awareness of resources available to assist with community living

Next Steps

- Finalize policy, provider requirements, and systems changes
- Communication and training
- MFP Capacity Building Grant

Contact Information

Matt Bohanan
Access Unit Supervisor
Matthew.Bohanan@state.co.us

Cross-System Crisis Response (CSCR) Training and Community Collaboration



CSCR Training - Review

Created by [House Bill 21-1166](#) (and [House Bill 22-1189](#))

- Vendor - [National Center for START Services \(NCSS\)](#)
- [Cross-System Crisis Response \(CSCR\) Training](#)
- Up to 30 Trainees Statewide
- Chosen from [CMAs \(CCBs\)](#), Program Approved Service Agencies (PASAs), and Mental Health Centers (MHCs)

CSCR Training: Fall 2023 - Spring 2024

- Online and broken into [Fall and Spring Cohorts](#)
- Each Trainee chooses one Cohort and [Course](#)
- Courses are once a week, for 6 weeks
- Access to technical assistance
- Trainees are reimbursed for time

CSCR Training - Continued

<u>CMA Service Area (2021 Map)</u>	Number of Trainees	<u>CMA Service Area (2021 Map)</u>	Number of Trainees
Blue Peaks Developmental Services	0	Imagine!	4
Colorado Bluesky Enterprises	1	Inspiration Field	0
Community Connections, Inc.	1	Mesa Developmental Services	1
Community Options, Inc.	2	Mountain Valley Developmental Services	0
Developmental Disabilities Resource Center	0	North Metro Community Services, Inc.	1
Developmental Pathways	4* (2 responded)	Rocky Mountain Human Services	3
Eastern Colorado Services	0	Southeastern Developmental Services	0
Envision	2	Southern Colorado Developmental Disabilities Services	0
Foothills Gateway	2	Starpoint	0
Horizons Specialized Services	0	The Resource Exchange (TRE)	1

CSCR Training - Continued

CMA Service Area	Organization	CMA Service Area	Organization
Colorado Bluesky Enterprises	Same	Imagine!	Same
Community Connections, Inc.	Same	Imagine!	Sample Supports (PASA)
Community Options, Inc.	Same	Imagine!	Same
Community Options, Inc.	Same	Imagine!	Same
Developmental Pathways	Integrated Life Choices (PASA)	Mesa Developmental Services (Strive)	Mosaic (PASA)
Developmental Pathways	Same	North Metro Community Services, Inc.	Mountain High Home Care (PASA)
Envision	Tender Hearts Home Health Care (PASA)	Rocky Mountain Human Services	Roundup Fellowship (PASA)
Envision	Same	Rocky Mountain Human Services	Bayaud Enterprises (MHC)
Foothills Gateway	Same	Rocky Mountain Human Services	Bayaud Enterprises (MHC)
Foothills Gateway	Same	The Resource Exchange (TRE)	Same

CSCR Training - Continued

Community Collaboration

- Please reach out to the Trainees to maximize this opportunity, and support them as they use newly acquired skills and tools within your community
- Please reach out to partner MHCs and PASAs, as well as advocacy and trade organizations, and collaborate with them in the above effort
- Consider working with adjacent service areas, especially those without Trainees, to find ways to share the knowledge and tools the Trainees are learning

Contact Information

Cody Hickman

Adult Complex Service and Support Specialist

Cody.Hickman@state.co.us

Home Delivered Meals Post-Hospital Discharge



Who can access this benefit?

Effective April 1, 2023

Members who:

- Are enrolled on an HCBS Adult Waiver
- Do not reside in a provider-owned or controlled setting
- Have been discharged from the hospital or emergency room following an admittance of at least 24 hours
- Have been screened by a physician, registered dietitian or nutrition professional or clinical social worker
- Have limited or no outside assistance, services, or resources through which they can access their meals

Service Details

Members may:

- Receive Home Delivered Meals up to two (2) meals a day for up to 30 days
- Access this Post-Hospital Discharge benefit twice during their certification period

Billing:

- Procedure Code S5170
- Modifier TF - following first hospital discharge
- Modifier TG - following second hospital discharge

Enrolled HDM Providers

G. A. Food Services, Inc.

Homestyle Direct, LLC

Magic Kitchen, Inc.

Nutrition for Longevity Inc.

Project Angel Heart

Mom's Meals (Purfoods dba)

Roots Food Group Management, LLC

Note: Home Delivered Meals providers cannot be searched by service on the Health First Colorado 'Find a Doctor' page yet. However, providers can be searched/located by name.

Post-Hospital Discharge Utilization

- Since April 2023, 20 members have utilized Home Delivered Meals Post-Hospital Discharge
- 3 Providers have billed for meals
- Based on ADT files, more than 1,000 members per month are potentially eligible for this service
 - This data is filtered by Case Management Agency.
 - Case Management Agencies receive weekly reports via the External CMA SharePoint site.

Contact Information

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Waiver Policy Administrator
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Buy-In Program



Buy-In Program

Working Adults with Disabilities

The Buy-In Program for Working Adults with Disabilities lets adults with a qualifying disability "buy-into" Health First Colorado (Colorado's Medicaid Program)

Who qualifies? Eligible members must be

- 16 years old or older,
- Employed,
- Have a qualifying disability, either through Social Security or the State Disability Determination vendor, and
- Adjusted (net) individual gross income after disregards must be below 450% of the Federal Poverty Level (FPL), which is \$5,468 in 2023.
 - Because some income may not count towards the income limit, a member may still qualify if their income is higher.
- Will pay a monthly premium on a sliding scale based on their gross individual income that is adjusted with applicable disregards.



Developmental Disabilities (DD) waiver

- In January 2023, as part of Colorado Senate Bill 21-039, the DD waiver was added to the Medicaid Buy-In for Working Adults program. This means that members on the DD waiver that met Buy-In criteria were auto-enrolled into the program.
- If a member wishes to no longer participate in the Buy-In program, they will need to actively opt-out from the program. Premiums for the program will not be charged until the Department concludes post Public Health Emergency processes.
 - This means that members who choose to remain on Buy-In will not currently pay premiums and considerable advanced notice will be provided before premiums are reinstated.

Buy-In Opt-Out Options

Members can opt-out of the buy in program through one of these methods:

- Accessing their Online PEAK account at CO.gov/PEAK
- Calling the Buy-In Eligibility vendor at 1-800-711-6994
- Contact their case manager

Resources

[Health First Colorado Buy-In Program For Working Adults With Disabilities](#)

[Operational Memo OM 23-059](#): Addition of the Developmental Disabilities (DD) Waiver to the Buy-In Program and Process to Opt-Out

Contact Information

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Buy-In Program Specialist
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Closing Message



Next Meeting

February 1, 2024

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

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



Thank you!

