



Case Management Agency Quarterly Meeting Meeting Summary

Webinar Only

August 6, 2020

9:00 a.m. – 2:30 p.m.

I. Introductions

II. Combined Case Management Agency

A. Developmental Delay Determinations and new EI criteria:

[EI Eligibility Presentation](#) Questions: epsdt@state.co.us – Karli Altman

Question: If a child does not qualify for EI, and we typically use that assessment in determining delays, those children who are between 25% delay and 33% delay (thus not qualifying for EI), what assessments would we need to review for a delay determination for those children? I will also reach out to epsdt@state.co.us.

Answer: The regulations for a Developmental Delay (needed to access Waiver and State General Fund programs) are located at [8.600.4](#). A child may meet any one of the 3 criteria to be considered to have a Developmental Delay. Specific assessments are not required to make the determination depending on which criteria the child meets

“Developmental Delay” means that a child meets one or more of the following:

A. A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following:

1. Chromosomal conditions associated with delays in development,
2. Congenital syndromes and conditions associated with delays in development,
3. Sensory impairments associated with delays in development,
4. Metabolic disorders associated with delays in development,

5. Prenatal and perinatal infections and significant medical problems associated with delays in development,
6. Low birth weight infants weighing less than 1200 grams, or
7. Postnatal acquired problems resulting in delays in development.

B. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas:

1. Communication,
2. Adaptive behavior,
3. Social-emotional,
4. Motor,
5. Sensory, or
6. Cognition.

C. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.

Question: We are concerned that because many children move from EI to FSSP at age 3, with their Part B determination from the schools to qualify them for FSSP, we are concerned we will "miss" the children who fall between 25-32% and do not qualify for EI.

Answer: Agencies will need to reevaluate their internal process for receiving referrals from their EI programs to their Waiver and State General Fund programs in order to ensure that they are not missing children that do not qualify for EI but may qualify for a Waiver. <https://coloradopeak.secure.force.com/>

B. Health First Colorado Working Adults with Disabilities Buy-In Program [Frequently Asked Questions](#), Health First Colorado Children with Disabilities Buy-In Program [Frequently Asked Questions](#) - Beverly Hirsekorn

Question: Can you discuss the asset/resource limitations?

Answer: We do not look at resources at all

Question: How does the ARG process get initiated for individuals applying for Buy-In if it doesn't occur through PEAK

Answer: Individuals can contact the county, fillable form on our public website. Filled out, printed out, and sent to the county. ONLY the county can send application to ARG

Question: How can we get better accountability for the counties sending in ARG applications?

Answer: We have a project that we are working on to automatically trigger the ARG application that indicates someone might have a disability

Question: A family that is providing foster care and being reimbursed... what does this fall into?

Answer: This is general income

Question: Would the same be for reimbursable income for education, such as scholarship or grants?

Dedicated Colorado Medical Assistance Liaison lines (not for general public)
303-602-7720 EEMAPLiaison@dhha.org

C. Barriers to applying for Medicaid, methods of application, DOC discharges -

www.healthfirstcolorado.com/apply-now/

For eligibility policy/regulation questions:

hcpf_medicaid.eligibility@state.co.us - Jennifer VanCleave

Question: When we're assisting someone with a Medicaid app, what is the minimum that needs to be completed in order to submit the application?

Answer: The more that is provided, the less we have to ask in the back end.

Question: What if an individual calls the SEP and requests an assessment, but has not submitted a Medicaid application yet? Does the SEP have to assess the individual, or wait for the application to be submitted before assessing?

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: Is there a guarantee that Medicaid will be back dated to the date it was submitted so we are not having to wait for starting HCBS services?

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: Can you expand on your comment about the timing of submission of applications and what causes delays? You were giving an example of the 27th of month that I didn't catch.

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: If we assess a client and they don't turn in the Medicaid application in a reasonable amount of time (we would say roughly 90 days after the assessment) is it

appropriate to close out the case? We try to assess clients as soon as possible so we can make sure they get the applications and offer assistance if needed, but on occasion, some clients will take more than 4 months to actually return the packets to the eligibility site and then it affects the start date. Our agency tries to follow a policy that we won't assess until they turn them in, but we also try to move everything as quickly as we can, so sometimes we assess prior to completion of applications.

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: How best can an ILD be obtained for someone coming out of DOC if an ILD seems warranted?

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: Isn't the 3 months retroactive eligibility specific to the state plan benefits rather than the Waiver services?

Answer: Please email Jennifer VanCleave at Jennifer.VanCleave@state.co.us

Question: Is there someone in the prison who takes care of ILDs?

Answer: Please contact kara.brown@state.co.us

**D. Case Management Reports in COGNOS: [COGNOS training link](#),
Systems Update, Bridge SCRs, revalidation, BUS changes -
Tammie Taylor**

Question: We were previously told we would not need COGNOS to run PM/PM reports? Has that changed?

Answer: Smaller counties do not need COGNOS but may want to utilize it

Question: Meg Phillips - Will HCPF be paying us off of COGNOS reports?

Answer: No. The Department will not be using COGNOS reports to calculate monthly payment for SEP case management activities. The Department will be using reports pulled from the BUS.

Question: Liz Pahr- Is there a way to pull information on PARs that are in pending UR suspended mode?

Answer: We can create these reports in the future.

Question: ASNC- How does this apply to private CMA?

Answer: It does not apply to the private children's CMAs. COGNOS will not be extended to the private CHCBS CMAs.

Question: Linda Medina - Envision Will we have the opportunity to submit corrections to PMPM payments, based upon awaiting county updating Medicaid or other factors?

Answer: Please email Tammie.Taylor@state.co.us

Question: Hi Tammie, can you provide an update when DXC will update the codes for PMPM billing? TRE has been trying to bill and none of billing has gone through

Answer: Codes were finalized and claims reprocessed 8/7/20

Question: Stephanie - Larimer County: We are concerned about how we are supposed to use COGNOS to verify our payments if the reports are inaccurate?

Answer: Please email Tammie.Taylor@state.co.us

E. HCBS Settings Final Rule Updates and Rights Modifications for children on the CES waiver - Leah Pogoriler

The Department will be hosting a series of open meetings this summer and fall to continue conversations about its Draft Rule and informed consent template. All are invited, and this includes SEPs, not just CCBs. Here are links to the Informational Memo about the meetings and the documents we'll be discussing. These documents are drafts/working versions:

[Informational Memo IM 20-034](#)

[Updated Draft Rule](#)

[In Progress Listening Log](#)

[Informed Consent Draft Template](#)

Question: "The Division of Housing requested a rights modification be documented prior to approving a home accessibility adaptation request. We have now encountered this type of request before and would like guidance from HCPF on how this modification should be documented, who should sign the informed consent for the rights modification, and any other guidance that is available for documenting the rights modification."

- In thinking through the answer, we start with the fact that the HCBS Settings Final Rule applies to everyone—children as well as adults.
- At the same time, we know that it is normal for kids to have a lot more limitations in their lives than adults, and we wouldn't want to have to document every single one as a rights modification.

- So the rule of thumb is this: if the restriction is typical for a child of that age, you don't have to document it as a rights modification. But if it isn't typical for a child of that age, you do.
 - As an example, it's typical for a 5-year old to have a bedtime, and to not have a key to the house that would let them come and go whenever they want. But for a 17-year-old, it's the opposite: the typical 17-year-old does not have a bedtime, and does have a key to the house so they can come and go whenever they want. So if those kinds of restrictions are needed for a 17-year-old on any of our HCBS waivers, you would have to document it as a rights modification.
 - We know that there are some gray areas. Our request is that you do your best to decide how to categorize something, and if you are unsure, go ahead and document it as a rights modification, because as the kid gets older and moves on to an adult waiver, they are going to need that documentation anyway. Starting now will help them and their family work through their options and alternatives, try fading plans and ways to learn more skills so they don't need the restriction, and so on.
- How does this apply to home mods, vehicle mods, assistive technology, specialized medical equipment, things like that?
 - If HCPF is paying for it (meaning if the parent wants us to pay for something as a CES waiver benefit), then it needs to follow the approach described above. We are accountable to the federal government when we spend their money, and that money has strings attached, including the settings rule.
 - If the family does not want to follow that approach (they don't want to document the rights modification for some reason), then they need to pay for the home mod through some other means. We aren't dictating how the parents run their household if they are going to do this outside of Medicaid funding.
 - So as an example, if the parents want to put alarms on the bedroom doors and windows of their 17-year-old, so they can be alerted every time the individual tries to go out, that's not typical for a 17-year-old. A typical 17-year-old can get up in the night and go to the kitchen or bathroom on their own. So if the parents want Medicaid to pay for those alarms, the case manager needs to work with them to document the rights modification, including the individualized assessed need/why the alarms are necessary (and there may be a very good reason in some cases), and the other alternatives that were tried and didn't work, and so on. Since parents may not have as much experience as a typical provider agency in

filling out this documentation, the case manager may need to be more active than usual in helping them fill it out. Case managers, please go ahead and look at the informed consent template (see link above).

- This documentation includes informed consent. In the case of a child, the parent would be the guardian and they would sign the informed consent.

Question: Home Mods Question: Our OT/PT therapists are struggling with filling out the OT/PT evaluation form available to us currently, especially for children. We know HCPF is working on creating an evaluation form specific to children. In the meantime, we are really struggling to get appropriate OT/PT evaluation forms in order to move forward on home mods, which already take a long time from start to finish. How are therapists expected to be educated on how to fill out the current form? Also, is there an OT/PT evaluation form for vehicle modifications? Are they not needed? Or, should they use the OT/PT

Answer: The department is working on a response to this question. Please contact candace bailey (candace.bailey@state.co.us) for further information

F. Fall 2020 Waiver Amendment and Public Noticing Public Comment Opportunities – Julie Masters

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Question: When will CMAs know what has been approved through CMS?

Answer: The Department issues an Informational Memo when the waiver applications have been approved by the Centers for Medicare and Medicaid Services (CMS). Additionally, the Department will issue a Policy or Operational Memo if the approved waiver updates require policy or operational changes.

[Fact Sheet](#)

[Public Comment](#)

G. Technical Guides: [LTSS Tools Link](#) - Rhyann Lubitz

H. Critical Incident Reports: [training](#), new staff (Trisha Creech), follow up report in BUS, [SGF memo](#), clean up DDD web CIRS – Michael Pasillas

Question: CI Reporting in the DDDweb - you said something about cleaning up any save incidents - you aren't talking from back in the days when we used to do CIs in the DD web - there are old reports in there that are still saved when we transferred to entering in the BUS

Answer: CIRs for waiver members will be entered into the BUS. For members who are on State SLS, OBRA-SS or FSSP the CIR is in the DDDWeb. The Department has located

many CIRs in saved status where the CMA did not finish the CIR to submit it. CCB's should be reviewing and taking action to submit or remove partially completed CIRs

www.colorado.gov/hcpf/hcbs-waiver-critical-incident-reporting

I. CMA Training – Leila Norden

Question: Linda Medina - Envision: Is there a training in existence for LTHH?

Answer: A training will be posted soon here: [Long-Term Services and Supports Training](#)

Question: Is there any consideration to move these trainings to a computer based module instead of just having webinar recordings?

Answer: The Department has been looking at developing a Learning Management Systems (LMS) for CMA training.

Question: Kristen: I am under the impression that each CMA determines which trainings to have CMs complete on an annual basis. Is this the case or is HCPF maintaining a list?

Answer: There are specific training topics and requirements listed in the Case Management Agency contracts.

J. Client information sharing, best practices - Victor Robertson

- Case Managers are required to share the Individualized Plan with all persons involved in implementing the plan. Additionally, providers may require they receive the Prior Authorization (PAR) before they begin providing services.
- Individuals control their records and can decide what is shared and with whom. The individual or their guardian should be informed of the need and benefits of sharing their protected health information with a provider and a Release of Information (ROI) should be obtained.
- The HIPAA minimum necessary standard should be applied, making a reasonable effort to ensure that access to PHI is limited to the minimum amount of information necessary to fulfill or satisfy the intended purpose of a particular disclosure, request, or use.
- Use caution in deciding what to share. The ULTC-100.2 is not considered part of the Service Plan document and therefore is not required to be distributed. The ULTC-100.2 should not be routinely distributed as it is deficit based rather than skill based. The Support Intensity Scale report is easily misinterpreted by untrained readers.

Question: Kristen: For Community Transition Services under the DD waiver for someone moving out of a SNF and into the community, Are we able to purchase items for their household as a part of transition set up? We are noting that there is a code in the bridge for Kristen: "item purchased"

Answer: Transition Setup is not available to members moving to a provider setting, which would include; ACF, GRSS or IRSS. Benefit definition and exclusions can be found at 10 CCR 2505-10, 8.553.6.

Question: Linda Medina -Does that mean that whenever a service provider changes, we will now need to revise the plan and get signatures, and cannot just allow change of provider - no change of service?

Answer: A revision wouldn't be necessary, but an updated Statement of Agreement with the new providers signature would be needed.

K. Case Management Escalation Process (CMEP) - Michelle Topkoff

Question: Paul Jones - Imagine!: @michelle topkoff - What type of settings are allowable for transition services?

Answer: Paul, it excludes provider-owned settings, e.g., Alternative Care Facilities, Host Homes, Group homes, or Supportive Living Program.

www.colorado.gov/hcpf/transition-services

L. Service Plan Statement of Agreement - New Form - Victor Robertson

[CDASS Allocation Decrease Process for Case Management Agencies Operational Memo](#)

Question: Sandra Hasch-Can you give us an update on Revalidation and process? Do SEPs have to revalidate?

Answer: Please email Tammie.Taylor@state.co.us

Question: TRE- for the Rates effective 7/1 it appears that the BI service of ILST has changed from a daily rate to a now per 15 min rate - and has increased. Can you confirm if that is true and if all PARs need to be updated manually or will this be done on the back end by DXC?

Answer: There was not a unit format change for BI ILST services 7/1 however there was a unit format change in February 2020. Information about this change was sent out in the Feb. 2020 [Provider Bulletin](#). There was a rate change effective 7/1. The unit rate for BI ILST decreased from \$12.03 per 15-minute unit to \$11.91 per 15-minute unit. This change has already been made on the back end, so PARS should not need to be updated. Please don't hesitate to reach out with additional questions

Courtney.Montes@state.co.us

Question: Laura Ringo - Who at HCPF is currently overseeing LTHH services?

Answer: alexandra.koloskus@state.co.us

M. Speak Up Curriculum - Lori Thompson and Christi Kasa

N. PeakPro Updates, new staff - Josh Montoya

Question: Kelly Morrison - Could you speak a little more about what real-time eligibility would look like?

Answer: Please email Josh Montoya at Josh.Montoya@state.co.us

Question: Linda Byers - Are the application questions changing to reduce the number of people being referred for LTC who actually aren't interested in LTC?

Answer: Any changes to the application would have to be reviewed/approved by CMS before they could be implemented into the PEAK or paper applications. This includes wording to questions as well as questions we are required to ask per CMS.

O. CDASS Rate Decrease - OM 20-073 Katherine McGuire

P. New Assessment and Support Plan Update - Lauren Swenson

Q. Rule Efficiency Review - Michelle Topkoff

R. Follow up on administrative burdens - Heather Fladmark

<https://docs.google.com/forms/d/e/1FAIpQLSf6BefYRZFFonalvTk0IT3EX2-SljNCXcaT0xczSTtT1dJGaw/viewform>

S. Open Discussion

Question: Sandra Hasch: Can you give us an update on Revalidation and process? Do SEPs have to revalidate?

Answer: They all will have to revalidate based upon their initial revalidation date. So it will be 5 years after their initial date and they cannot do it early
www.colorado.gov/hcpf/reval-prov-type-info

Question: Laura Ringo: Who at HCP&F is currently overseeing LTHH services?

Answer: Alex Koloskus oversees LTHH at the Department. Please send any questions to the LTHH inbox hcpf_lthhpars@state.co.us

III. Community Centered Boards

A. Waiting List Management - Tricia Stone

B. SIS and SL Updates, New Forms, TA Call - Victor Robertson

Service Plan Statement of Agreement - New Form

- CMS requires signatures from all persons involved in implementing the plan.
- New Department issued Statement of Agreement / SP Signature page is being developed.
- Implementation will be announced via Memo.

SIS and SL Updates, New Forms, TA Call

- New Forms for CMs to request a Support Level Review or SIS Reassessment will be available soon.
- SIS/SLR Webinar is being hosted by the Dept. on 9/2/20 2:30-4:00
- Memo is forthcoming.

C. ICF/IID Admission Process: HCPF OM-19-051 - Mary Mangelsen

https://www.colorado.gov/pacific/sites/default/files/ICFIID_Admission_Checklist_Letterhead_cleancopy.pdf

Open Discussion:

Question: Linda Medina - Envision: A question that I forgot to ask during the open question time: Can you direct me to anything that I could use to help explain to the County that Family Support reimbursement dollars should not be counted as income? We have received that question recently for a family applying for Medicaid. My search of Rule has not been fruitful. Thanks.

Answer: Please contact Jennifer.VanCleave@state.co.us

Question: Kidron Backes: When does the "State of Emergency" end in regard to Medicaid Eligibility? We are worried there will be an influx of rejected claims/mismatches in CBMS when the State of Emergency ends. Is there a plan to make sure this does not happen for HCBS Waiver participants?

Answer: Kidron, 10/23 is federal end at this time. We have asked the federal government for 90 days advance notice if possible

Question: Jenna Corder: when the state of emergency ends, will the option to complete monitoring visits via telephone/zoom go away?

Answer: We are working with CMS to develop additional flexibility within our waivers around face to face visits vs virtual methods. We're still working actively with our federal partners at CMS on how to unroll the PHE from the financial eligibility perspective as well. www.colorado.gov/hcpf/long-term-services-and-supports-covid-19-response

Meeting Adjourned

Next Meeting:

November 5, 2020 9:00 am