



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

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# RAE and CMA Collaboration: Scenarios

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The following scenarios and examples are designed to help Regional Accountable Entities (RAE) and Case Management Agencies (CMA) navigate members through various complex situations. CMA's include Single Entry Points (SEP) and Community Center Boards (CCB).

## Scenarios

**Scenario 1: For members who receive services through a home and community-based services (HCBS) waiver, the CMA should be the main contact.**

- If the member has **no other health needs** - please also ensure they are connected to their Primary Care Medical Provider (PCMP) and provide them the contact information for their RAE should they need assistance at any point for physical or behavioral health needs.

**Scenario 2: For members with emerging and/or existing physical and/or behavioral health needs, the CMA case managers and RAE care coordinators need to ensure the member is receiving the required care and services on a timely basis. This will require determining the member's preference for the main point of contact and on-going communication between the CMA and RAE.**

- If the member is experiencing **physical and/or behavioral health needs** - please promptly connect them with their RAE point of contact for ongoing care coordination. Additional options after all other options have been exhausted:
  - Creative Solutions for members 0-17 years of age - if the child/family member does not feel their needs are being adequately addressed, they have the option of filling out an EPSDT form and interaction with Creative Solutions for assistance in accessing services.
    - EPSDT Form link:  
<https://www.colorado.gov/pacific/sites/default/files/Early%20and%20Periodic%20Screening%20Referral%20Form.pdf>
    - Send completed EPSDT referral form to [EPSDT@state.co.us](mailto:EPSDT@state.co.us)



- Complex Service Solutions for members 18 and over - if the CMA has exhausted all other placement options, then the CMA may reach out to Alex Koloskus at [alexandra.koloskus@hcpf.state.co.us](mailto:alexandra.koloskus@hcpf.state.co.us)

**Scenario 3:** For members currently with no Long-Term Services and Supports (LTSS), the RAE is the main point of contact for ongoing care coordination.

- If need for LTSS emerge, the RAE should refer the member to the appropriate CMA for eligibility determination.

**Scenario 4:** If an adult member is receiving Long Term Home Health (LTHH) services only, the CMA is the initial main point of contact.

- The home health agency will receive a physician order for home health services and request prior authorization from the CMA, who will then do an assessment for eligibility. At this point the CMA should provide the member with information on all resources, to include HCBS waivers, and connect them to their PCMP and their RAE care coordinator.

**Scenario 5:** If a child is requesting Long Term Home Health (LTHH) services only, the Department will determine eligibility through the prior authorization of the services. The RAE should be coordinating the care for the member and is able to provide the SEP or CCB with the HCBS referral form.

**Scenario 6:** For a child who is not on a waiver and may have an intellectual or developmental disability (IDD), the RAE is the main point of contact.

- The RAE should refer the member to the appropriate CCB to conduct the developmental delay or disability determination and then determine eligibility all waiver programs for which they may be eligible.
  - Note that the RAEs are not the payer of services for those child and youth whose service needs are related to the IDD, Autism Spectrum Disorder (ASD), or Fetal Alcohol Syndrome (FAS), or residential treatment services for those who are in the care and custody of child welfare. It is the responsibility of the RAEs to wrap those denied services around to the EPSDT program.



**RAE only:** Please pre-emptively coordinate with your regional SEP or CCB on all members who have complex needs

**CMA and RAE:** The Department will provide cross training about the roles and responsibilities of the other entity, and links to resources.

In all care coordination efforts, regardless of whether it is initiated or ongoing via the RAE or the CMA, please collaborate to find ways to evaluate and honor the member's preference on who serves as their care coordinator.

