

Title of Rule: Revision to the Medical Assistance Rule concerning Money Follows the Person Rule, Section 8.555.  
Rule Number: MSB 24-12-09-A  
Division / Contact / Phone: Office of Community Living / Yesenia Wilson / Yesenia.Wilson@state.co.us

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The Environmental Adaptations (EA) initiative, funded by Money Follows the Person (MFP) federal funds, aims to provide home modifications before members are discharged from institutions. To allow for increased flexibility and accountability, the Department has shifted payment of this MFP Supplemental Service to a contract. Therefore, the EA Rules must be updated to reflect these changes.

Collaborating with the Home Modifications team, the Department aims to enhance the EA program to better meet our members' needs. Several aspects of the MFP Rules no longer apply to the EA program due to the differences between the Home Modification and EA programs.

The proposed changes to the Rules reflect these differences:

**Environmental Adaptations Oversight Responsibilities:** The requirement for the EA Contractor to seek alternative funding sources and confirm the unavailability of proposed adaptations through federally funded housing applies only to Home Modifications, not EA programs. Housing units must comply with state and federal codes before EA project initiation.

**Approval Process:** EA projects costing under \$14,000 no longer require prior Department approval, streamlining the process. Projects exceeding \$14,000 still need Department approval before initiation.

**Contractor Requirements:** The EA program contracts a single contractor to manage projects statewide, removing the need for subcontractors to be Home Modification providers. This change expands the pool of available subcontractors across Colorado.

**Invoice-Based Reimbursement:** EA providers will issue invoices for services rendered instead of filing claims due to system delays and necessary updates to the Care and Case Management (CCM) system.

Additionally, we propose removing language from the MFP Rule that is no longer applicable to the EA program and updating terminology to reflect these changes.

Initial Review	<b>06/13/25</b>	Final Adoption	<b>07/11/25</b>
Proposed Effective Date	<b>08/30/25</b>	Emergency Adoption	

**DOCUMENT #09**

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2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain: N/A

3. Federal authority for the Rule, if any:

The federal authority for the MFP demonstration is section 6071 of the Deficit Reduction Act of 2005 (DRA). Section 6071 of the DRA has been amended by: section 2403 of Patient Protection and Affordable Care Act; section 2 of the Medicaid Extenders Act of 2019; section 5 of the Medicaid Services Investment and Accountability Act of 2019; section 4 of the Sustaining Excellence in Medicaid Act of 2019; section 205 of the Further Consolidated Appropriations Act, 2020 (CAA); section 3811 of the Coronavirus Aid, Relief, and Economic Security Act, 2020; section 2301 of the Continuing Appropriations Act, 2021 and Other Extensions Act; section 1107 of the Further Continuing Appropriations Act, 2021, and Other Extensions Act; and section 204 of the Consolidated Appropriations Act, 2021 (CAA). Money Follows the Person Demonstration Grant; 42 USC 1396a-State Plans for Medical Assistance.

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024);  
10 CCR 2505-10, 8.555 Money Follows the Person (MFP) Demonstration, pages 14-19.

Initial Review

**06/13/25**

Final Adoption

**07/11/25**

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## **REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The class of persons who will be affected by the proposed rule updates are the Members themselves, including individuals who are currently institutionalized, elderly, and people with disabilities. The shortened timelines from referral to project initiation will also impact the Environmental Adaptations (EA) Contractor. Although the proposed rule changes impact both the Member and the Contractor, the impacts are beneficial. The benefits for the Member will shorten the timeline from EA referral to project initiation, allowing members to transition into the community more quickly. The streamlined process reduces steps for members, lessening their burden. The single Contractor will have the ability to fastrack the project initiation process without having to bid each project and will have vetted and oversight of subcontractors in each region for regions outside of the Front Range. Fortunately, the proposed rule changes do not have a burden of cost for the Member or the Contractor.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of people.

For the parties involved in the Environmental Adaptations (EA) process —Members, Transition Coordination Agencies (TCA), and the EA Contractor— the proposed rule updates will eliminate additional administrative steps for all parties involved in the EA initiation, approval, and completion processes. This will reduce the time members spend in institutionalized settings while waiting for their housing units to become available through the EA process. Examples of eliminating additional administrative steps throughout the EA process include eliminating the requirement of multiple Contractors to bid each project which can severely increase the Member’s transition by 30-60 days. Additionally, the Contractor will have the ability to invoice each project versus submitting a claim which will result in a quicker reimbursement for the Contractor.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

In order to implement the proposed rule updates, the Department has utilized staff time to develop the process, build onto the Home Modification Salesforce system, and modify existing forms to fit the Environmental Adaptations (EA) program needs. In addition, the

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claims system and the Department's internal teams will be less burdened due to the conversion to invoice payments and processing. This will also cut down on administrative staff's time to process claims and troubleshoot when payment issues arise. Additionally, the proposed rule will eliminate extra steps for the EA Contractor and Transition Coordinators. Not only will this streamline processes and reduce waiting times at each stage, but it will also relieve systemic strain.

The EA Program builds upon the established Home Modification Program. The insights gained from the existing forms and lessons learned have guided the development of a process that incorporates comprehensive checks and balances. Additionally, extensive collaboration with the EA Contractor has been instrumental in refining this process. Salesforce incorporates notifications and on-demand reporting the Department utilizes for rule and program enforcement. The Department is able to track EA project progress, project details, and any red flags for each project through Salesforce. This allows for a more reliable reporting source to compare against invoices that are submitted by the Contractor.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The probable costs and benefits of the proposed rule include providing a less burdensome system and process to several internal Department divisions and teams. The proposed updates will also provide a tracking and monitoring system for the Department to confirm project details, develop quantitative reports, and intervene in Environmental Adaptation (EA) projects when necessary. Since the Contractor will not need to obtain Department approval for projects under \$14,000, the ability to start and complete an EA project will take less time and relieve internal and external administrative burden.

Inaction would lead to nonpayment for EA Contractors and their subcontractors for services rendered. It would also prevent members from transitioning into housing units that require modifications to meet their medical or disability needs. The current housing market lacks sufficient ADA-accessible units to accommodate our members. Consequently, inaction would significantly delay members' transitions into the community, especially in rural and mixed urban and rural communities, while extending the wait time by months, and in some cases, years.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

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After much consideration, collaboration with the Division of Housing (DOH) and HCPF's Home Modifications team, and overall program development, it was determined that the less costly and intrusive method for program success was pursuing this path. Updating the MFP rules will allow for program flexibility. Additionally, without CCM updates and the inclusion of MFP programs, including Environmental Adaptations (EA) claims for MFP services, there is no alternative for payment processing. The proposed updates aim to eliminate administrative steps and reduce the burden on the Department, Transition Coordinators, EA Contractors, and any subcontractors involved in EA projects.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

Some of the delay in launching the Environmental Adaptations (EA) program was a lack of payment options due to CCM delays. To not delay program launch further, it was determined we would need to move forward with updating the MFP rules. Without CCM updates and the inclusion of MFP programs, including Environmental Adaptations claims for MFP services, there is no alternative for payment processing. Based on thorough collaboration with the HCBS Home Modifications program, it was determined that these MFP Rule updates would significantly streamline the EA program, eliminate administrative burdens and reduce wait times for members. With the development of program oversight and EA project tracking, we have been able to add a checks and balances system from project initiation, completion, to invoice reimbursement.

1  
2 **8.555 Money Follows the Person (MFP) Demonstration**

3 **8.555.1 Program Overview**

4 **8.555.1.A Program Definition, Authority, and Scope**

5 1. Program Definition

6 a. Money Follows the Person is a federal grant that supports state strategies to rebalance their long-  
7 term services and supports (LTSS) systems from institutional to community-based care.  
8 MFP plays a key role in LTSS rebalancing efforts under the Medicaid program. The  
9 program provides flexible funding opportunities to help states develop and test the  
10 necessary processes, tools, and infrastructure to advance LTSS system reform and to  
11 support successful transitions from institutional to community-based settings for  
12 individuals eligible for Medicaid LTSS. The model demonstrates the likely impact of new  
13 methods of service delivery, coverage of new types of service, and new payment  
14 approaches to promote the objective of the Medicaid program.

15 2. Legal Authority

16 a. The federal authority for the MFP demonstration is section 6071 of the Deficit Reduction Act of  
17 2005 (DRA). Section 6071 of the DRA has been amended by: section 2403 of Patient  
18 Protection and Affordable Care Act; section 2 of the Medicaid Extenders Act of 2019;  
19 section 5 of the Medicaid Services Investment and Accountability Act of 2019; section 4  
20 of the Sustaining Excellence in Medicaid Act of 2019; section 205 of the Further  
21 Consolidated Appropriations Act, 2020 (CAA); section 3811 of the Coronavirus Aid,  
22 Relief, and Economic Security Act, 2020; section 2301 of the Continuing Appropriations  
23 Act, 2021 and Other Extensions Act; section 1107 of the Further Continuing  
24 Appropriations Act, 2021, and Other Extensions Act; and section 204 of the Consolidated  
25 Appropriations Act, 2021 (CAA).

26 b. MFP is designed to complement the services offered through the Home and Community-Based  
27 Services (HCBS) waivers authorized through Section 1915(c) of the Social Security Act  
28 (42 U.S.C. § 1396n).

29 c. The State Authority for the Rule is in C.R.S. § 25.5-6-1501(6).

30 3. Scope and Purpose

31 a. The MFP program assists members residing in qualified institutions with exploring their  
32 community-based options for long term supports and services; facilitates the transition of  
33 members to a community setting so long as the right services and supports can be  
34 arranged in the community to ensure the health, welfare, and safety of the member; and  
35 provides enhanced services and supports through willing and qualified providers.

36 b. The MFP program strengthens the transition process for members of qualified institutions and  
37 provides additional support and services for a successful transition. These additional  
38 supports and services fall into the categories of demonstration services or supplemental  
39 services.

40 c. Demonstration Assurances:

- 1 i. Services will be made available throughout the entirety of the demonstration and last for 365  
2 calendar days, 366 days during a leap year if applicable, following discharge to a  
3 qualified residence.
- 4 ii. Services offered under the demonstration will not duplicate any existing benefits, and adequate  
5 services definitions will create role clarity for those involved in the processes.
- 6 iii. Outreach and training will be provided to build awareness of the services offered under the  
7 demonstration to include program goals, documentation, and quality oversight.
- 8 iv. Successful completion of the demonstration will include authorization of HCBS services needed  
9 for continuity of care following the demonstration period.

#### 10 **8.555.1.B Definitions**

- 11 1. Case Management means the Assessment of an individual seeking or receiving Long-Term  
12 Services and Supports' needs, the development and implementation of a Person-Centered  
13 Support Plan for such individual, Referral and related activities, the coordination and monitoring  
14 of long-term service delivery, the evaluation of service effectiveness, and the periodic  
15 Reassessment of such individual's needs and collaboration with other entities impacting the  
16 Members' HCBS, health and welfare.
- 17 2. Demonstration Services for the purposes of the MFP demonstration means Targeted Case  
18 Management - Transition Coordination (TCM-TC) where support will be available to members  
19 upon confirmation of member eligibility and for 365 calendar days following discharge from the  
20 qualified institution. Need for demonstration services will be identified by the TCM-TC Community  
21 Needs and Preference Assessment and Risk Mitigation Plan.
- 22 3. Division of Housing (DOH) is the State entity within the Department of Local Affairs (DOLA) that  
23 represents the housing authority for MFP programs through an Interagency Agreement (IA) with  
24 the Department of Health Care Policy and Financing (HCPF).
- 25 4. Qualified institution means a nursing facility; intermediate care facilities for individuals with  
26 intellectual disabilities (ICF-IID); Regional Center (RC) or institutions for mental diseases (IMD),  
27 which include Psychiatric Hospitals only to the extent medical assistance is available under the  
28 State Medicaid plan for services provided by such institutions.
- 29 5. Qualified residence means a home owned or leased by the member or the member's family  
30 member; a residence, in a community-based residential setting, in which no more than 4  
31 unrelated individuals reside; or an apartment with an individual lease, eating, sleeping, cooking,  
32 and bathing areas, lockable access and egress, and not associated with the provision or delivery  
33 of services.
- 34 6. Qualified services mean services that are provided through an existing HCBS waiver and may  
35 continue if needed by the member and if the member continues to meet eligibility for HCBS at the  
36 end of his or her enrollment in MFP.
- 37 7. MFP Supplemental Services mean services not otherwise available under Medicaid but that  
38 directly support a member through one-time or short-term expenses. Supplemental Services are  
39 reimbursable for up to six months while the member resides in a qualified institution and for a  
40 period of up to six months following discharge to a qualified residence. Need for Supplemental  
41 Services will be identified by the TCM-TC Community Needs and Preference Assessment and  
42 Risk Mitigation Plan.

- 1 8. Targeted Case Management – Transition Coordination (TCM-TC) services means transition  
 2 coordination assistance provided to a member who is transitioning from a skilled nursing facility,  
 3 extended SNF LOC hospital stay, intermediate care facility for individuals with intellectual  
 4 disabilities, or regional center and includes the following activities: comprehensive assessment for  
 5 transition, community risk assessment, development of a transition plan, referral and related  
 6 activities, and monitoring and follow up activities as they relate to the transition.
- 7 9. Transition Assessment/Plan means an assessment of member needs completed by a transition  
 8 coordinator prior to a transition and the corresponding plan developed by the coordinator to meet  
 9 the needs of the member in a community-setting post-transition.
- 10 10. Transition Coordinator (TC) means a person who provides Transition Coordination Services and  
 11 meets all regulatory requirements for a TC at Section 8.519.27.
- 12 11. Transition Coordination Agency (TCA) means a public or private not-for-profit or for-profit agency  
 13 that meets state and federal requirements at Section 8.519.27 and 8.763 and is certified by the  
 14 Department to provide Targeted Case Management – Transition Coordination (TCM-TC) services  
 15 pursuant to a provider participation agreement with the Department.
- 16 12. Transition Options Team (TOT) means a group of individuals who have a personal or  
 17 professional relationship with the member who is exploring their options for community living. This  
 18 group is responsible wholly or in part for the transition assessment, transition plan, determining  
 19 whether the transition is recommended, completing the service plan, and brokering services.

## 20 8.555.2 Eligibility

### 21 8.555.2.A. Eligible Persons

- 22 1. MFP services shall be offered only to persons who meet all of the following eligibility  
 23 requirements:
- 24 a. Members shall be aged 18 years or older.
- 25 b. Members shall have resided in a qualified institution for a period of 60 days or more. Days in a  
 26 nursing facility for a rehabilitation stay will count towards the 60 days.
- 27 2. Members shall be Medicaid eligible.
- 28 3. Members shall reside in a qualified residence post-transition.
- 29 4. MFP members admitted to a nursing facility or hospital for 30 consecutive days or longer, post-  
 30 transition, shall be discontinued from the MFP program but may have the option to re-enroll once  
 31 they meet all eligibility requirements. The Department has the right to exempt the 30-day  
 32 exclusion on a case-by-case basis where failure to do so would result in health and safety  
 33 concerns, loss of housing, loss of caregivers, or loss of benefits.
- 34 a. MFP members entering a nursing facility for Respite Care as a qualified HCBS waiver service  
 35 shall not be discontinued from the MFP program.
- 36 5. Members who reside in a residence that is not a Qualified Residence as defined in Section  
 37 8.555.1 are not eligible for MFP services.

### 38 8.555.2.B Financial Eligibility

- 1 1. Members shall meet the eligibility criteria as specified in the Income Maintenance Staff Manual of  
 2 the Colorado Department of Health Care Policy and Financing regulations at Section 8.100,  
 3 Medical Assistance Eligibility.

4 **8.555.2.C Level of Care Criteria**

- 5 1. Members shall require long-term support services at a level comparable to services typically  
 6 provided in a hospital, nursing facility, or ICF-IID in accordance with the waiver to which they will  
 7 enroll upon transition.

8 **8.555.2.D. Need for MFP Services**

- 9 1. Members will be eligible for the MFP program when all eligibility criteria listed in Section 8.555.2.  
 10 have been met.
- 11 a. The desire or need for any Medicaid services other than MFP demonstration services, as listed at  
 12 Section 8.555.1, or qualified services offered through one of the waiver programs listed in  
 13 Section 8.555.2 shall not satisfy this eligibility requirement.
- 14 2. Eligible services include but are not limited to Transition Coordination, Peer Mentorship, Pre-  
 15 tenancy Support, and Environmental Adaptations.
- 16 3. Once enrolled, members who have not received demonstration or qualified services for a period  
 17 greater than 30 consecutive days shall be discontinued from the program.
- 18 4. MFP members will be eligible to receive all MFP Supplemental Services identified as a need  
 19 during MFP enrollment.

20 **8.555.3 MFP Demonstration Program**

21 **8.555.3.A Program Duration**

- 22 1. MFP members may be enrolled in the demonstration and receive TCM-TC Services for a period  
 23 of 365 days, 366 days during a leap year if applicable, following discharge from a qualified  
 24 institution. After discharge the member may be enrolled in the appropriate long-term care  
 25 program.
- 26 2. Following discharge from a qualified institution, MFP members will be concurrently enrolled in the  
 27 MFP program and one of the following waivers:
- 28 a. Home and Community Based Services for the Elderly, Blind and Disabled (HCBS-EBD) (Section  
 29 8.7101.);
- 30 b. Home and Community Based Services Complementary and Integrative Health (HCBS-CIH)  
 31 (Section 8.7101.);
- 32 c. Home and Community Based Services for People with Brain Injury (HCBS-BI) (Section 8.7101.);
- 33 d. Home and Community Based Services for Community Mental Health Supports (HCBS-CMHS)  
 34 (Section 8.7101.);
- 35 e. Home and Community Based Services for the Developmentally Disabled (HCBS-DD) (Section  
 36 8.7101.; or

- 1 f. Home and Community Based Services for Supported Living Services (HCBS-SLS) (Section  
2 8.7101.).
- 3 3. At the end of the 365-day enrollment period for the MFP program, HCBS case managers will  
4 disenroll members from the program.
- 5 a. TCM-TC Demonstration services will terminate at the end of the 365 days of MFP enrollment  
6 period.
- 7 b. Supplemental services will end 6 months after discharge.
- 8 c. After MFP concludes, if members continue to meet eligibility requirements at the time of the  
9 Continued Stay Review (CSR) for one of the waivers listed in Section, 8.555.3, case  
10 managers will arrange for the continuation of qualified HCBS services through the  
11 appropriate waiver. For members that do not meet eligibility requirements for one of the  
12 waivers listed in Section 8.555.4, case managers will provide referrals to alternate  
13 resources that may include Medicaid state plan benefits.
- 14 **8.555.3.B MFP Demonstration Service**
- 15 1. Targeted Case Management - Transition Coordination (TCM-TC)
- 16 a. Transition Coordination will be provided in accordance with requirements defined in Transition  
17 Coordination Services Section 8.519.27.
- 18 b. Eligibility
- 19 i. Members will be eligible for MFP Transition Coordination services when all eligibility criteria  
20 described in Targeted Case Management - Transition Coordination (TCM-TC)  
21 Section 8.519.27, 8.763 and 8.555.2 are met.
- 22 c. Inclusions
- 23 i. Transition Coordination will ensure that members meet all eligibility requirements identified in  
24 Section 8.555.2 prior to enrollment.
- 25 ii. Transition Coordination shall facilitate the completion of the Department approved Transition  
26 Assessment/Plan for each member with the support of the Transitions Options  
27 Team members. The need for MFP supplemental services will be determined  
28 through this assessment process.
- 29 d. Exclusions
- 30 i. Reimbursement for mileage, travel, or transportation.
- 31 e. Provider Requirements
- 32 i. Transition Coordination Agencies will follow all policies and procedures defined in Section  
33 8.519.27 and made available through training and other guidance.
- 34 f. Provider Reimbursement
- 35 i. TCM-TC services will be reimbursed according to requirements outlined in Section 8763 and the  
36 Targeted Case Management - Transition Coordination (TCM-TC) Billing Manual.

- 1 ii. Reimbursement shall be claimed only by a qualified provider who delivers services in accordance  
2 with the service definition and policy guidance established by the Department.
- 3 2. MFP Housing Assistance
- 4 a. MFP Supplemental service that provides funding for MFP members while long-term solutions are  
5 established. Colorado administers State-funded housing resources that provide members  
6 with housing vouchers. MFP Housing Assistance supports members in urgent situations  
7 while long-term State-funded options are pending or unavailable.
- 8 b. Eligibility
- 9 i. Members who have identified housing payments as a need during MFP enrollment will be eligible  
10 for six months of total rental payments through MFP Housing Assistance. MFP  
11 Housing Assistance recognizes rental arrears and monthly rental payments as  
12 eligible expenses where the combination of the two types of payments cannot  
13 exceed six months of total MFP Housing Assistance payments.
- 14 ii. Will be documented by the TCA and reported to the Division of Housing (DOH) who will be  
15 responsible for authorizing the start date and amount of monthly MFP Housing  
16 Assistance payments and subsequent State-funded housing assistance.
- 17 c. Inclusions
- 18 i. Activities reimbursable as short-term rental assistance.
- 19 1) Monthly rental payments:
- 20 2) Will be calculated based on State-funded housing standards.
- 21 3) Will be administered and tracked by the DOH who will be responsible for implementing State-  
22 funded housing assistance for members to avoid any interruption of  
23 payment following the member's eligibility period for MFP Housing  
24 Assistance.
- 25 ii. Rental arrears:
- 26 1) Rental arrears payments are eligible expenses under MFP Housing Assistance and will offset  
27 funding available for rental assistance following transition.
- 28 2) Rental arrears payments will not exceed six months of calculated MFP Housing Assistance.
- 29 iii. Activities reimbursable for payment prior to transitioning.
- 30 1) Security Deposit
- 31 d. Exclusions
- 32 i. Any MFP Housing Assistance to exceed a combination of six months of rental payments.
- 33 ii. Expenses for home furnishings or grocery items.
- 34 iii. Payment for modifications or accessibility adaptations to the home associated rental and utility  
35 fees identified during transition planning.

- 1 e. Provider Requirements
- 2 i. MFP Housing Assistance will be administered by the Division of Housing (DOH) as a State entity  
3 within the Department of Local Affairs (DOLA) through an Interagency  
4 Agreement (IA) with the Department of Health Care Policy and Financing (HCPF)  
5 and/or HCPF Department staff or contracts.
- 6 f. Provider Reimbursement
- 7 i. MFP Housing Assistance payments will be made by the State's designated entity to landlords  
8 and/or property management groups.
- 9 ii. Reimbursement shall be claimed only by a qualified provider who delivers services in accordance  
10 with the service definition and policy guidance established by the Department.
- 11 3. MFP Food Assistance
- 12 a. MFP Supplemental Service that provides short-term funding for food pantry items, community  
13 meal programs, and food boxes. This service will ensure that a member has access to  
14 food while adjusting to community-living. Funding will be available for MFP Food  
15 Assistance for 30 days following transition to the community.
- 16 b. Eligibility
- 17 i. Members who have identified food as a need during MFP enrollment will be eligible for MFP Food  
18 Assistance for a period of 30 days following transition to the community.
- 19 c. Inclusions:
- 20 i. Food pantry stocking items may include:
- 21 1) Perishable food items.
- 22 2) Non-perishable food items.
- 23 3) Nutritional vitamins and other meal supplements.
- 24 4) Nutritional items associated with dietary restrictions.
- 25 5) Food preparation items.
- 26 ii. Community meal delivery fees for non-Medicaid resources prior to authorization of HCBS Home  
27 Delivered Meals (HDM) or other long-term alternatives. Membership fees for  
28 community programs such as Meals on Wheels or food boxes would be an  
29 example of appropriate costs under this category.
- 30 d. Exclusions
- 31 i. The combination of costs associated with Short-term Food Assistance will not exceed \$500 per  
32 member for the 30-day period.
- 33 ii. HCBS Home Delivered Meals.
- 34 iii. Any costs that exceeds the member's MFP Food Assistance eligibility period.

- 1 e. Provider Requirements
- 2 i. MFP Food Assistance providers will be subject to the standards outlined in Section 8.7549.
- 3 f. Provider Reimbursement
- 4 i. MFP Food Assistance must not exceed \$500 per eligible member for a period of 30 days  
5 following discharge from a qualified institution.
- 6 ii. Funding provided will not duplicate any other food expenses covered by Medicaid.
- 7 iii. The total amount will be prior authorized in the State's MMIS system and will be reimbursable  
8 upon delivery of service.
- 9 iv. Reimbursement for MFP services shall reflect the lower of billed charges or the maximum rate of  
10 reimbursement set by the Department.
- 11 1) The statewide fee schedule for these services is reviewed annually and published in the provider  
12 billing manual.
- 13 2) Reimbursement for MFP services is also conditional upon:
  - 14 a) The member's eligibility for MFP services;
  - 15 b) The provider's certification status; and
  - 16 c) The submission of claims in accordance with proper billing procedures.
- 17 v. Payments will be made by agencies designated by contract with the State to provide this service.
- 18 vi. Reimbursement shall be claimed only by a qualified provider who delivers services in accordance  
19 with the service definition and policy guidance established by the Department.
- 20 4. MFP Pre-Tenancy Support
- 21 a. MFP Supplemental Service that teaches members how to satisfy the requirements of community-  
22 based tenancy through education and direct support. The service teaches members how  
23 to successfully secure and maintain community housing and avoid unnecessary returns  
24 to higher levels of care.
- 25 b. Eligibility:
  - 26 i. Members who have identified housing as a need during MFP enrollment will be eligible for MFP  
27 Pre-Tenancy Support for a period up to six months prior to transitioning.
- 28 c. Inclusions
  - 29 i. Teaching members how to satisfy the requirements of tenancy.
  - 30 ii. Teaching members their rights as tenants.
  - 31 iii. Teaching members compliance requirements for lease agreements.
  - 32 iv. Teaching members about tenancy sustaining practices.

- 1 v. Completing lease applications and requesting rental accommodations.
- 2 vi. Coordinating required documentation.
- 3 vii. Teaching members how to make payments to landlords.
- 4 viii. Teaching members how to schedule tours for prospective units.
- 5 ix. Accessing other resources related to Pre-tenancy Support and household management.
- 6 d. Exclusions
- 7 i. Pre-tenancy Support shall not be available to members following transition to the community.
- 8 ii. Pre-Tenancy Support services will be limited to 52 units where 1 unit equals 15 minutes.
- 9 1) Reimbursement for mileage, travel, or transportation.
- 10 iii. Provider Requirements
- 11 1) Providers of MFP services must:
- 12 a) Abide by all the terms of their provider agreement with the Department; and
- 13 b) Not discontinue or refuse services to a member unless documented efforts have been made to  
14 resolve the situation that triggers such discontinuation or refusal  
15 to provide services.
- 16 c) Comply with all applicable federal and state statutes, regulations, and guidance.
- 17 e. Provider Reimbursement
- 18 i. Pre-Tenancy Support will be reimbursed up to 52 units where 1 unit equals 15 minutes.
- 19 ii. The total amount will be prior authorized in the State's MMIS system and will be reimbursable  
20 upon delivery of service.
- 21 iii. Requests for units above the authorized amount will be reviewed by designated State staff.
- 22 iv. Reimbursement for MFP services shall reflect the lower of billed charges or the maximum rate of  
23 reimbursement set by the Department.
- 24 1) The statewide fee schedule for these services is reviewed annually and published in the provider  
25 billing manual.
- 26 2) Reimbursement for MFP services is also conditional upon:
- 27 a) The member's eligibility for MFP services;
- 28 b) The provider's certification status; and
- 29 c) The submission of claims in accordance with proper billing procedures.
- 30 3) Payments will be made by agencies designated by contract with the State to provide this service

- 1 4) Reimbursement shall be claimed only by a qualified provider who delivers services in accordance  
2 with the service definition and policy guidance established by the  
3 Department.
- 4 5. MFP Peer Mentorship
- 5 a. MFP Supplemental Service that offers support from providers with lived experience to better  
6 understand the transition process, how to navigate Colorado's Medicaid System and  
7 other community resources prior to transition. The goal of MFP Peer Mentorship is to  
8 connect members with other people who have transitioned to the community to build  
9 independence and reduce impacts of social isolation after leaving a long-term care  
10 facility.
- 11 b. Eligibility
- 12 i. MFP Peer Mentorship will be available to members for a period up to six months prior to  
13 transitioning who meet the following eligibility criteria:
- 14 c. Inclusions
- 15 i. MFP Peer Mentorship means support provided by peers of the member on matters of community  
16 living and may include:
  - 17 1) Problem-solving issues drawing from shared experience
  - 18 2) Goal setting, self-advocacy, community acclimation and techniques
  - 19 3) Assisting with interviewing potential providers, understanding complicated health and safety  
20 issues, and participating on private and public boards, advisory groups,  
21 and commissions
  - 22 4) Activities that promote interaction with friends and companions of choice
  - 23 5) Teaching and modeling of social skills, communication, group interaction, collaboration
  - 24 6) Developing community relationships with the intent of building social capital that results in the  
25 expansion of opportunities to explore personal interests
  - 26 7) Assisting the person in acquiring, retaining, and improving self-help, socialization, self-advocacy,  
27 and adaptive skills necessary for community living.
  - 28 8) Support for integrated and meaningful engagement and awareness of opportunities for  
29 community involvement including volunteering, self-advocacy, education  
30 options, and other opportunities identified by the individual
  - 31 9) Assisting members to be aware of and engage in community resources.
- 32 ii. Exclusions
- 33 1) MFP Peer Mentorship will not be available to members following transition to the community
- 34 2) Reimbursement for mileage, travel, or transportation.
- 35 iii. Provider Requirements

- 1) MFP Peer Mentorship providers must meet requirements at Section 8.7537.
- 2) Providers of MFP services must:
  - a) Conform to all state established standards for the specific services they provide under this program.
  - b) Not discontinue or refuse services to a member unless documented efforts have been made to resolve the situation that triggers such discontinuation or refusal to provide services.
  - c) Abide by all the terms of their provider agreement with the Department; and
- 3) Comply with all applicable federal and state statutes, regulations, and guidance.
- iv. Provider Reimbursement
  - 1) MFP Peer Mentorship will be reimbursed up to 26 units where 1 unit equals 15 minutes.
  - 2) Requests for units above the authorized amount will be reviewed by designated State staff.
  - 3) The total amount will be prior authorized in the Department's MMIS system and will be reimbursable upon delivery of service.
  - 4) Reimbursement for MFP services shall reflect the lower of billed charges or the maximum rate of reimbursement set by the Department.
  - 5) The statewide fee schedule for these services is reviewed annually and published in the provider billing manual.
  - 6) Reimbursement for MFP services is also conditional upon:
    - a) The member's eligibility for MFP services.
    - b) The provider's certification status.
    - c) The submission of claims in accordance with proper billing procedures.
  - 7) Payments will be made by agencies designated by contract with the State to provide this service.
  - 8) Reimbursement shall be claimed only by a qualified provider who delivers services in accordance with the service definition and policy guidance established by the Department.
6. Environmental Adaptations
  - a. MFP Supplemental Service that allows for modifications to a member's residence to be completed prior to transitioning where the modification represents a barrier that would otherwise prevent a member from discharging safely to the community. This support is differentiated from the existing home modification waiver benefit through the ability to initiate modifications to a member's home while they reside in a skilled setting. The TCA will work directly with the member to make referrals to Environmental Adaptation providers while the member resides in the facility planning for transition. The TCA will

1 communicate with the HCBS case manager to ensure continuity with further home  
2 modifications under the HCBS Waiver following transition as warranted.

3 b. Eligibility

- 4 i. Members who have identified home accessibility as a need during MFP enrollment will be eligible  
5 for MFP Environmental Adaptations for a period up to six months prior to  
6 transitioning.

7 c. Inclusions

- 8 i. Inclusions for Environmental Adaptations are outlined in Section 8.7524.

9 d. Exclusions

- 10 i. Exclusions for Environmental Adaptations are outlined in Section 8.7524.

11 e. Environmental Adaptations Oversight Responsibilities

12 ~~i. The Environmental Adaptation (EA) Contractor shall consider alternative funding sources to~~  
13 ~~complete the Environmental Adaptation. These alternatives and the reason they~~  
14 ~~are not available shall be documented in the case record.~~

15 ~~1) The EA Contractor must confirm that the member is unable to receive the proposed adaptations,~~  
16 ~~improvements, or modifications as a reasonable accommodation through~~  
17 ~~federally funded assisted housing as required by the Fair Housing Act.~~

- 18 ii. The EA Contractor may approve Environmental Adaptation projects estimated at less than \$2,500  
19 without Department approval, contingent on member ~~authorization~~ MFP eligibility  
20 and confirmation of Environmental Adaptation fund availability.

21 ~~iii. EA projects shall not exceed \$14,000 unless there are extenuating circumstances, and the~~  
22 ~~increase is approved by the Department prior to EA work being started or, in the~~  
23 ~~case of unanticipated complications requiring a change to the original bid, prior to~~  
24 ~~the work being completed. The EA Contractor shall obtain prior approval by~~  
25 ~~submitting an Environmental Adaptation (EA) Request to the Department for~~  
26 ~~Environmental Adaptation projects estimated at between \$2,500 and \$14,000.~~

27 EA projects shall not exceed \$14,000 unless:

28 (1) there are extenuating circumstances prior to the EA work commencing and a request for  
29 reimbursement over \$14,000 is submitted to and approved by the  
30 Department prior to the EA work commencing; or

31 (2) there are unanticipated complications after EA work commenced that require an increase to the  
32 original bid amount and a request for reimbursement over \$14,000 is  
33 submitted to and approved by the Department prior to the EA work being  
34 completed.

- 35 1) The EA Contractor must submit the request and all supporting documentation according to  
36 Department prescribed processes and procedures. EA Requests  
37 submitted with improper documentation cannot be authorized.

- 1 2) The EA Contractor is responsible for retaining and tracking all documentation related to a  
2 member's Environmental Adaptation benefit and communicating that  
3 information to the member and EA Providers. The EA Contractor may  
4 request confirmation of a member's Environmental Adaptation history  
5 from the Department, its fiscal agent, or DOH.
- 6 iv. Environmental Adaptations estimated to cost \$2,500 or more shall be evaluated according to the  
7 following procedures:
- 8 1) An occupational or physical therapist (OT/PT) shall assess the member's needs and the  
9 therapeutic value of the requested Environmental Adaptation. When an  
10 OT/PT with experience in Environmental Adaptation is not available, a  
11 Department-approved qualified individual may be substituted. An  
12 evaluation specifying how the Environmental Adaptation would contribute  
13 to a member's ability to remain in or return to their home, and how the  
14 Environmental Adaptation would increase the individual's independence  
15 and decrease the need for other services, shall be completed before bids  
16 are solicited. This evaluation shall be submitted with the EA Request.
- 17 2) The evaluation services may be provided by a home health agency or other qualified and  
18 approved OT/PT through Medicaid Home Health consistent with Home  
19 Health rules set forth in Section 8.520, including physician orders and  
20 plans of care.
- 21 a) ~~The Transition Coordinator (TC) may initiate the OT/PT evaluation process before the member  
22 has been approved for waiver services, as long as the member  
23 is Medicaid eligible.~~
- 24 b) A Transition Coordinator (TC) may initiate the OT/PT evaluation process before the member  
25 physically resides in the home to be modified, as long as the  
26 current property owner agrees to the evaluation.
- 27 3) The EA Contractor and the OT/PT shall consider less expensive alternative methods of  
28 addressing the member's needs.
- 29 4) The EA Contractor shall solicit bids according to the following procedures:
- 30 a) ~~The EA Contractor shall solicit bids from at least two Environmental Adaptation Providers.~~
- 31 i) ~~The EA Contractor must verify that the provider is an enrolled Environmental Adaptation Provider.~~
- 32 ii) The bids must be submitted according to Department prescribed processes and procedures
- 33 b) The bids shall include a breakdown of the costs of the project including:
- 34 i) Description of the work to be completed.
- 35 ii) Description and estimate of the materials and labor needed to complete the project. Material  
36 costs should include price per square foot for materials  
37 purchased by the square foot. Labor costs should  
38 include price per hour.
- 39 iii) Estimate for building permits, if needed.

- 1 iv) Estimated timeline for completing the project.
- 2 v) Name, address and telephone number of the Environmental Adaptation ~~Provider~~Subcontractor.
- 3 vi) Signature, including option for digital signature, of the Environmental Adaptation  
4 ~~Provider~~Subcontractor.
- 5 vii) Signature, including option for digital signature, of the member or guardian or other indication of  
6 approval.
- 7 viii) Signature, including option for digital signature, of the homeowner or property manager if  
8 applicable.
- 9 c) ~~Environmental Adaptation Providers have a maximum of ten (10) business days to submit a bid  
10 for the Environmental Adaptation project after the EA Contractor  
11 has solicited the bid.~~
- 12 i) ~~If the EA Contractor has made three attempts to obtain a written bid from an Environmental  
13 Adaptation Provider and the Environmental Adaptation  
14 Provider has not responded within ten (10) business  
15 days, the EA Contractor may request approval of one  
16 bid. Documentation of the attempts shall be maintained  
17 by the EA Contractor.~~
- 18 d) The EA Contractor shall ~~submit~~upload copies of the bid(s) and the OT/PT evaluation ~~with the EA  
19 Request to the Department or its agent~~into the Department  
20 approved system. The Department or its agent shall authorize  
21 the lowest bid that complies with the requirements of (Section  
22 8.7524) and the recommendations of the OT/PT evaluation.
- 23 i) ~~If a member or homeowner requests a bid that is not the lowest of the submitted bids, the EA  
24 Contractor shall request approval by submitting a written  
25 explanation with the EA Request.~~
- 26 e) A revised bid and Change Order request shall be submitted according to the procedures outlined  
27 in this section for any changes from the original EA Request  
28 according to Department prescribed processes and procedures.
- 29 v. If the member does not own a property to be modified, the EA Contractor shall obtain signatures  
30 from the homeowner or property manager on the submitted bids authorizing the  
31 specific modifications described therein. Signatures may be completed using a  
32 digital signature based on preference of the individual signing the form.
- 33 1) Written consent of the homeowner or property manager, as evidenced by the above-mentioned  
34 signatures, is required for all projects that involve permanent installation  
35 within the member's residence or installation or modification of any  
36 equipment in a common or exterior area.
- 37 2) If the member vacates the property, these signatures can be used as evidence that the  
38 homeowner or property manager agrees to allow the member to leave  
39 the modification in place or remove the modification as the member  
40 chooses. If the member chooses to remove the modification, the property  
41 must be left equivalent or better to its pre-modified condition. The

- 1 homeowner or property manager may not hold any party responsible for  
2 removing all or part of an Environmental Adaptation project.
- 3 vi. If the EA Contractor does not comply with the process described above resulting in increased  
4 cost for an Environmental Adaptation, the Department may hold the EA  
5 Contractor financially liable for the increased cost.
- 6 vii. The Department or its agent may conduct on-site visits, or any other investigations deemed  
7 necessary ~~prior to approving or denying the EA Request.~~
- 8 f. Environmental Adaptations Provider Requirements
- 9 i. ~~An Environmental Adaptations Agency means a provider agency that has met all the standards  
10 for Home Modification and is an enrolled Medicaid provider.~~
- 11 ii. ~~Provider Requirements for Environmental Adaptations are outlined in Section 8.7524.~~
- 12 iii. Providers of MFP services must
- 13 1) Conform to all state established standards for the specific services they provide under this  
14 program
- 15 2) Not discontinue or refuse services to a member unless documented efforts have been made to  
16 resolve the situation that triggers such discontinuation or refusal to  
17 provide services
- 18 3) Abide by all the terms ~~outlined in the contract requirements of their provider agreement~~ with the  
19 Department; and
- 20 4) Comply with all applicable federal and state statutes, regulations, and guidance
- 21 iv. Provider Reimbursement
- 22 1) Environmental Adaptations will be reimbursable up to a maximum cost of \$14,000 unless:
- 23 a) there are extenuating circumstances prior to the EA work commencing and a request for  
24 reimbursement over \$14,000 is submitted to and approved by  
25 the Department prior to the EA work commencing; or
- 26 b) there are unanticipated complications after EA work commenced that require an increase to the  
27 original bid amount and a request for reimbursement over  
28 \$14,000 is submitted to and approved by the Department prior to  
29 the EA work being completed.
- 30 ~~Environmental Adaptations will be reimbursable up to a maximum cost of \$14,000 unless there are~~  
31 ~~extenuating circumstances, and the increase is approved by the~~  
32 ~~Department prior to EA work being started or, in the case of~~  
33 ~~unanticipated complications requiring a change to the original~~  
34 ~~bid, prior to the work being completed~~
- 35 2) ~~Payment for Environmental Adaptations is outlined in Section 8.7524.~~
- 36 3) The total reimbursement will not exceed the total amount identified in the bid

- 1 4) Reimbursement for MFP services shall reflect the lower of billed charges or the maximum rate of  
2 reimbursement set by the Department.
- 3 a) The statewide fee schedule for these services is reviewed annually and published in the provider  
4 billing manual.
- 5 b) Reimbursement for MFP services is also conditional upon:
- 6 i) The member's eligibility for MFP services;
- 7 ii) The provider's certification status; and
- 8 iii) The submission of invoices in accordance with proper billing procedures.
- 9 v. Payments will be made by agencies designated by contract with the State to provide this service
- 10 1) Payment for Environmental Adaptations does not offset the funding available to members under  
11 HCBS Home Modification benefits
- 12 vi. Reimbursement shall be claimed-invoiced only by a qualified provider who delivers services in  
13 accordance with the service definition and policy guidance established by the  
14 Department

15 **8.555.4. MFP Case Management Functions**

16 **8.555.4.A Case Management Responsibilities**

- 17 1. The case manager shall provide support in accordance with the functions outlined in Section  
18 8.7206

19 **8.555.4.B. Case Management Responsibilities – MFP Disenrollment**

- 20 1. The case manager shall begin preparing members for dis-enrollment from the MFP program 90  
21 days prior to the end of the member's MFP enrollment period and arrange for the continuation of  
22 HCBS services if the member continues to meet the eligibility requirements for a waiver listed at  
23 Section 8.7100

24 **8.555.4.C. MFP Service Plan**

- 25 1. The MFP Service Plan will be developed with input from the transition coordinator, staff from the  
26 discharging facility, the resident wanting to transition and others at the invitation of the member or  
27 guardian.
- 28 2. The transition assessment/plan, the member's level of functioning, service needs, available  
29 resources and potential funding resources will inform the development of the service plan.
- 30 3. The MFP Service Plan shall document that the member has been offered a choice:
- 31 a. Between community-based services or institutional care;
- 32 b. Between the MFP Program or a traditional HCBS Waiver;
- 33 c. Among qualified and demonstration services; and

- 1 d. Among qualified providers.
- 2 4. A new MFP Service Plan will be developed each time a member is reinstitutionalized and plans to
- 3 return to a community setting. The MFP Service Plan shall address the reasons for the member's
- 4 reinstitutionalization.

5 **8.555.5 MFP SERVICE AUTHORIZATION**

- 6 1. Determination for MFP services shall occur when all requirements defined in 8.555.2 have been
- 7 met. Members will be identified in the State's prescribed case management system during the
- 8 MFP referral screening. Once identified in the system, all services prior authorized for the
- 9 member's care will be mapped to MFP funds in the State's MMIS system.
- 10 2. Transition Coordination services may be offered prior to the member's transition in preparation of
- 11 the transition to a community setting.

12