



INFORMATIONAL MEMO

TITLE:	CASE MANAGEMENT REDESIGN STAKEHOLDER ENGAGEMENT SURVEY
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	FEBRUARY 26, 2021
DIVISION AND OFFICE:	OFFICE OF COMMUNITY LIVING
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Purpose and Audience:

The purpose of this Informational Memo is to inform all stakeholders of an opportunity to provide preliminary feedback on Case Management Redesign. The Colorado Department of Health Care Policy & Financing (Department) is currently working with HCBS Strategies (the contractor) and stakeholders to inform key decisions as part of the planning and implementation of the Case Management Redesign (CMRD) initiative in Colorado.

Information:

Case Management Redesign refers to several initiatives that will help make accessing long-term services and supports easier by changing case management agencies to serve all Home and Community-Based (HCBS) waivers so people have one place to go, making sure there are the right number of case management agencies in Colorado, and increasing the quality of case management services.

The Department values and recognizes the importance of ensuring stakeholders help shape the Case Management Redesign process. **With that in mind, the contractor has developed a survey for stakeholders to provide feedback on the following issues:**

- **Defined Service Areas (or “Catchment Areas”)** – Part of the Case Management Redesign effort will be to make sure there are the right number of case management agencies (CMAs) in Colorado who serve all HCBS waivers. This includes analyzing and changing defined service areas (the geographical areas determined by the Department to be served by a CMA). The Department wishes to minimize disruptions to program participants and agencies in this mapping effort.
- **Only Willing & Qualified Provider Exception** - Under Center for Medicare & Medicaid Services (CMS) rules, the new CMAs will not be able to also provide direct services to an individual to prevent case managers from having a conflict of interest. The Department can grant exceptions to this requirement if no other provider who meets the Department’s requirements is available to ensure access to services (that is, there is no other willing and qualified provider).
- **Organized Health Care Delivery System (OHCDS)** - Under federal Medicaid regulations, service providers must be enrolled as Medicaid service providers and bill the state Medicaid agency directly. The federal regulations allow exceptions to this requirement in limited circumstances including an option called an Organized Health Care Delivery System (OHCDS). Under this arrangement, Community Centered Boards that are enrolled Medicaid providers can bill for services that are provided by another provider who is not enrolled in Medicaid, such as adaptive equipment purchased through Amazon. The Department will analyze the role of OHCDS as part of the Case Management Redesign effort.

This survey will help inform the overall Case Management Redesign initiative as well as give all stakeholders an opportunity to provide feedback.

[Click here for Case Management Redesign Stakeholder Engagement Survey](#)

Please complete the survey by March 24, 2021.

To stay engaged in this effort, interested stakeholders are encouraged to:

- Visit the Department’s [Case Management Redesign webpage](#)
- [Sign up](#) for Constant Contact emails (which will include information about future meetings and engagement efforts)
- Regularly check the new [Office of Community Living Stakeholder Engagement Calendar](#)

Attachment(s):

[Click here for Case Management Redesign Stakeholder Engagement Survey](#)

Department Contact:

Katy Barnett

katy.barnett@state.co.us