COLORADO
Department of Health Care Policy & Financing

OPERATIONAL MEMO

OPERATIONAL MEMO NUMBER: HCPF OM 19-022

TITLE: JUSTIFYING AND DOCUMENTING NEED FOR TRANSITION SERVICES WITHIN HCBS WAIVERS

SUPERSEDES NUMBER: N/A

ISSUE DATE: MAY 31, 2019

EFFECTIVE DATE: MAY 31, 2019

DIVISION AND OFFICE: CASE MANAGEMENT AND QUALITY PERFORMANCE, OFFICE OF COMMUNITY LIVING

PROGRAM AREA: SYSTEM DEVELOPMENT AND EVALUATION UNIT

APPROVED BY: BONNIE SILVA

KEY WORDS: TRANSITION SERVICES, JUSTIFICATION, HCBS CASE MANAGEMENT, HCBS WAIVER BENEFITS

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

This Operational Memo explains the Department's policy and guidance on how Home and Community-Based Services (HCBS) Case Managers will justify and document whether a person who is experiencing a life transition or change in life circumstance is able to receive Transition Services within the following HCBS waivers:

- Persons With Brain Injury Waiver (HCBS-BI)
- Community Mental Health Supports Waiver (HCBS-CMHS)
- Persons Who Are Elderly, Blind, And Disabled Waiver (HCBS-EBD)
- Supported Living Services Waiver (HCBS-SLS)
- Spinal Cord Injury Waiver (HCBS-SCI)
- Persons With Developmental Disabilities Waiver (HCBS-DD)

This Operational Memo does not include information about Transition Coordination, which is available to people transitioning from a nursing home, Regional Center, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). This Operational Memo addresses the process for justifying Transition Services available through HCBS waivers for a person experiencing a life transition in a community setting.

Background:

Effective January 1, 2019, the following Transition Services are available through the identified HCBS waiver programs:

NAME OF WAIVER	Brain Injury Waiver (BI)	Community Mental Health Supports Waiver (CMHS)	Developmental Disabilities Waiver (DD)	Elderly, Blind and Disabled Waiver (EBD)	Spinal Cord Injury Waiver (SCI)	Supported Living Services Waiver (SLS)
Services Available	• Home Delivered Meals • Peer Mentorship • Transition Set Up *Independent Life Skills Training is an existing service in the BI waiver.	• Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up	• Home Delivered Meals • Peer Mentorship	• Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up	• Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up	• Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up

These benefits are available to individuals eligible for the specified waivers when they are experiencing a life transition or transitioning from an institutional setting. For more information about the services, see Policy Memo PM 19-002 at https://www.colorado.gov/hcpf/2019-memo-series-communications.

When the person is transitioning from a nursing home, Regional Center, or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), the person will be working with a Transition Coordinator and an HCBS Case Manager to access Transition Services. However, when the person is experiencing a life transition in a community setting, the person will need to access the benefits by working with his or her HCBS Case Manager. Examples of life transitions include, but are not limited to, the following:

- Person's primary caregiver is no longer able to care for the person receiving HCBS services.
- Person is moving to less restrictive environment, such as from a group home or Alternative Care Facility, to his or her own apartment or into a family home.
- Person is moving out of parent's home to live independently in own apartment.
- Person has recently aged out of the Medicaid programs for children.

The purpose of Transition Services is to support the person in becoming more independent during a period of transition. In order to justify authorizing these services,

the HCBS Case Manager will need to document that the person is experiencing a life transition and will benefit from these services. HCBS Case Managers should refer to the Department's regulations specific to each HCBS waiver for more details on the Transition Services.

Information/Procedure:

To justify accessing Transition Services for life transitions for an individual already residing in a community setting, the Department directs HCBS Case Managers to do the following:

1. Enter a log note in the Benefits Utilization System (BUS) that clearly summarizes the life transition or change in circumstances that the HCBS member will experience soon or is already experiencing that may put the person at greater risk for institutionalization.

2. For HCBS-DD and -SLS waivers, the following must occur:

    a. HCBS Case Manager reviews Supports Intensity Scale (SIS) assessment.

    b. If the SIS no longer accurately reflects the member's needs, a new SIS should be requested, and SIS assessor provides a copy of the SIS to the HCBS Case Manager.

    c. The HCBS Case Manager reviews the follow sections of the SIS based on the life transition in the community:

    d. Section 2: Support Needs Index

    e. Section 3: Supplemental Protection & Advocacy Scale

    f. HCBS Case Manager conducts an unscheduled review of the ULTC 100.2 due to the life transition.

    g. HCBS Case Manager in the Eligibility Assessment Summary enters, ***TRANSITION:***, and then summarizes the person's situation and what is the life transition he or she is experiencing or will soon be experiencing. Additionally, the HCBS Manager will summarize the needs from the SIS from Section 2 and 3 that will be directly impacted as a result of the life transition.

    h. The HCBS Case Manager will work with the person to identify specific goals related to the transition in areas where greater independence is desired or necessary in the areas identified in Sections 2 and 3 of the SIS.

The goal statement needs to clearly indicate that the goal is related to the transition.

i. The HCBS Case Manager will enter the goal in the Bridge and link the goal to one or all of the new transition services.

3. For the HCBS-BI, -CMHS, -EBD, and -SCI waivers, the following must occur:

   a. HCBS Case Manager conducts an Unscheduled Review of the ULTC 100.2 due to the life transition and conducs an assessment of Instrumental Activities of Daily Living (IADLs).

   b. In the ULTC 100.2, the HCBS Case Manager will indicate whether an Activity of Daily Living (ADL) is impacted by the transition in the narrative box where the score is justified.

   c. In the IADL assessment, the HCBS Case Manager will indicate in the comment section for each IADL whether the IADL is impacted by the transition.

   d. HCBS Case Manager in the Eligibility Assessment Summary enters, ***TRANSITION:***, and then summarizes the person's situation and what is the life transition he or she is experiencing or will soon be experiencing. Additionally, the HCBS Case Manager will summarize the needs from ULTC 100.2 and IADL Assessment that will be directly impacted as a result of the life transition.

   e. The HCBS Case Manager will work with the person to identify specific goals related to the transition in areas where greater independence is desired or necessary with the areas identified in the ULTC 100.2 and/or IADL Assessment. The goal statement needs to clearly indicate that the goal is related to the transition.

   f. The HCBS Case Manager will enter the goal in the Bridge and link the goal to one or all of the new transition services.

Attachment(s):

None

Department Contact:

Brittani Trujillo
brittani.trujillo@state.co.us