



## OPERATIONAL MEMO

---

<b>TITLE:</b>	<b>CHOICE OF PROVIDER</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>NOVEMBER 6, 2019</b>
<b>DIVISION AND OFFICE:</b>	<b>CASE MANAGEMENT AND QUALITY PERFORMANACE DIVISION, OFFICE OF COMMUNITY LIVING</b>
<b>PROGRAM AREA:</b>	<b>CASE MANAGEMENT</b>
<b>KEY WORDS:</b>	<b>PROVIDER CHOICE, CCB, RFP</b>
<b>OPERATIONAL MEMO NUMBER: HCPF OM 19-050</b>	
<b>ISSUE DATE: NOVEMBER 6, 2019</b>	
<b>APPROVED BY: BONNIE SILVA</b>	

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

### **Purpose and Audience:**

The purpose of this Operational Memo is to inform members enrolled in a Home and Community-Based Services (HCBS) waiver for individuals with intellectual and developmental disabilities (I/DD), families, guardians, advocates, Community Centered Boards (CCBs), and provider agencies of recent changes to regulations regarding choice of provider.

### **Information:**

Federal rules require informed choice of providers for all individuals receiving HCBS. As part of the redesign of case management in Colorado, the Department of Health Care Policy & Financing (Department) examined the required provider selection process for members enrolled in an HCBS waiver for individuals with I/DD.

Previous regulation required that CCBs implement a request for proposal (RFP) process for provider selection. Effective August 30, 2019, new regulations went into effect for

choice of provider that allow case managers to provide the level of support needed and/or requested by the member.<sup>1</sup> This level of support may include:

1. Providing a list of qualified provider agencies;
2. Providing the Department's webpage address and information on how to search for a qualified provider agency;
3. Providing resources for accessing information about provider agency quality, such as survey information, that is available to the public;
4. Providing information regarding qualified provider agencies based on the member's preferences;
5. Contacting all qualified provider agencies with information regarding the requested and authorized service(s) including the scope, frequency, level of support necessary, and duration of the services for the purpose of receiving responses from qualified provider agencies who can serve the member; or
6. Any other assistance as requested or need by the Member.

As part of the choice process, case managers must document the member's choice and the method by which the choice was made in the Service Plan and in documentation in the Department's prescribed system.

**Attachment(s):**

None

**Department Contact:**

Heather Fladmark  
[heather.fladmark@state.co.us](mailto:heather.fladmark@state.co.us)

---

<sup>1</sup> New regulations apply to **HCBS-CES, HCBS-CHRP, HCBS-DD and HCBS-SLS** waivers. Access the regulations at 10 CCR 2505-10, 8.519.13 *et. Seq.*