



OPERATIONAL MEMO

Title: Case Management Redesign - Member Exceptions Process	Topic: Case Management
Audience: Colorado Home and Community-Based Services Case Management Agencies	Sub-Topic: Member assignment and options for selection of CMA outside service area
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Purpose and Audience:

The purpose of this Operational Memo is to give operational guidance to all Case Management Agencies (CMA) on requirements for developing and implementing an exception process to the requirement for a member to receive services from a CMA in their defined service area. This applies to both current agencies and agencies transitioning through Case Management Redesign (CMRD).

Information:

Background

CMRD refers to several initiatives aimed at simplifying access to long-term services and supports (LTSS), creating stability for the case management system, increasing

and standardizing quality requirements, ensuring accountability, and achieving federal compliance. It was initiated in 2014, with a federal requirement for a conflict-free case management system and was further developed with input from stakeholders to create a more simplified system. The Department of Health Care Policy & Financing (HCPF) passed HB 21-1187 to implement this effort. Over the course of the past five years, HCPF has worked with stakeholders to develop policies and procedures to support the infrastructure necessary to execute on a simplified and conflict-free case management system. Aside from meeting federal requirements, the primary goals of CMRD are increased quality, accountability, simplicity, and stability.

Case Management Agency Selection

To achieve these outcomes, HCPF issued a competitive solicitation requesting proposals from experienced and financially sound organizations to perform as a CMA in defined service areas across Colorado. CMAs serve within a local area where members seeking or receiving LTSS can obtain information, screening, assessment of eligibility, assessment of need, referral to appropriate LTSS programs, and ongoing case management services. HCPF issued intent-to-award notifications to 15 agencies to serve 20 defined service areas across Colorado. These agencies were selected for their knowledge and expertise in case management in the defined service areas in which they serve, their proven high-quality standards, and their commitment to providing case management to all 10 home and community-based services waivers. Selected CMAs are required to serve all qualifying individuals and members within their defined service area(s).

Member Assignment and CMA Options

Members will be assigned to CMAs who serve the defined service area where the member resides. Members who do not wish to be served by the assigned agency must work with their current agency to follow their process for selection of another agency who is able to serve them. Members may request to transfer to another agency through their current CMA's process.

All agencies, their staff and/or members of their governing body are prohibited from soliciting members to select any specific case management agency.

Action to be Taken:

Required CMA Action starting Sept. 8, 2023:

- Agencies must create a process for members to request to be served by an agency outside their defined service area. This process must be submitted to HCPF for approval. The process must include:

- How members can request to leave the agency and be served by an agency outside their defined service area
- How a member may request to be served by the CMA if they live outside the CMA's defined service area
- Outline policy to ensure continuity of care for members who are in crisis, move or change providers within a reasonable geographical area
- Informing members that CMAs are not required to serve members outside their defined service area and may do so only if there is capacity to serve them
- Must follow all procedures and timelines set forth in rules regarding transfers (outside of CMRD CMA transitions), complaints, and/or other CMA requirements
- Communication that is free of solicitation, influence and retaliation
- Criteria for accepting or denying requests to be served by an agency outside of the CMA's service area
- Notification to members within 10 business days of the request
- The exception process shall be submitted to HCPF prior to implementation and is subject to HCPF approval. CMAs shall submit their process and policy documents via the agency's secure HCPF CMA Contract SharePoint site under Contract Deliverables > Fiscal Year 2023-24 > Member Exception Tracking. HCPF staff will review and respond within one week.
- All CMAs shall track member requests for being served by an agency outside their defined service area using the attached HCPF-prescribed tracking sheet. The tracking sheet includes:
 - Member identifying information (e.g., Medicaid ID, name, date of birth, county of residence, etc.)
 - The reason the Member is requesting to be served outside the defined service area.

- How the requested agency can meet the member's needs within the established funding structure (for member-selected agencies only). HCPF will not pay mileage outside of the CMA's defined service area using the attached and HCPF prescribed tracking.
- All agencies must submit tracking sheets on the template provided by the Department showing both members who request to be served by a different agency outside the defined service area and members who request to be served by the reporting CMA but living outside the CMA's defined service area.
- CMAs can find the tracking sheets on the agency's secure HCPF CMA Contract Sharepoint site.
- CMAs shall submit tracking sheets via the agency's secure HCPF CMA Contract SharePoint site under Contract Deliverables > Fiscal Year 2023-24 > Member Exceptions Tracking no later than five (5) business days after the last day of each month.

For Incoming and Outgoing Agencies Transitioning through CMRD:

- Agencies who are continuing as CMAs through CMRD must submit their tracking on SharePoint as stated above **no later than four (4) weeks prior** to the new contract start date to accommodate for data transfer processes.
- Agencies who are not continuing as CMAs through CMRD must also track and submit requests using the attached tracking sheet via the agency's SharePoint site no later than three (3) business days after the last day of each month until **four (4) weeks prior** to their contract end date. Transfers will pause until the new agency's contract start date. Members may request a different agency once they are transferred to the new agency after the current CMA contract end date.
- Transitions to new CMAs for members will align with the three phases as outlined in HCPF IM 23-024 between Aug. 1, 2023, to July 1, 2024. **Members will continue to be served by their current CMA until the member's defined service area transitions to the new CMA. At that point, members will be given the option to stay with their current agency (if that agency is continuing with CMRD) or transfer to the incoming agency in the member's area, as applicable.**

- All member communications regarding CMRD transitions, including letters to members, must be approved by HCPF. Agencies may only send HCPF-approved letters to communicate about the new CMA transition and member options for CMA selection.

Definition(s):

“Solicit” means any attempt, verbal or in writing, to persuade, coerce, convince, induce, advise or command.

Attachment(s):

None

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