



OPERATIONAL MEMO

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| Title: Waiting List, Developmental Disabilities (DD) Waiver Enrollment Requirements, and Reserved Capacity Enrollment Reminders | Topic: Level of Care and Professional Medical Information Page for Waiting List, Reserved Capacity Enrollment |
| Audience: Case Management Agencies, Case Managers | Sub-Topic: Reminders for DD Waiver, Emergency Enrollment Criteria, Enrollment Acceptance |
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Purpose and Audience:

The purpose of this Operational Memo is to remind Case Management Agencies (CMAs) of the required action that must be taken for applicants who request to be placed on the Home and Community-Based Services (HCBS) Developmental Disabilities (DD) waiver waiting list. Additionally, this memo provides reminders of the enrollment requirements for the HCBS-DD waiver, Reserved Capacity enrollment processes, and responsibilities of informing applicants of programs and referrals that are available via Health First Colorado benefits and waivers that do not have waiting lists.

Information:**HCBS-DD waiver, eligibility requirements, and Level of Care (LOC) assessment for HCBS-DD waiver waiting list**

The HCBS-DD waiver provides the necessary support to meet the daily living needs of an individual who requires access to 24-hour support in a community-based residential setting (10 CCR 2505-10, 8.7101.J.2.b). Per 10 CCR 2505-10, 8.7101.J.2, to be eligible for the HCBS-DD waiver, an individual shall meet the target population criteria as follows:

1. Has an intellectual or Developmental Disability.
2. Requires access to 24-hour services and supports to meet daily living needs that allow them to live safely and participate in the community.
3. Is 18 years of age or older.
4. Meet Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) level of care.

In compliance with 10 CCR 2505-10, 8.7101.J.3, there is currently a waiting list for the HCBS-DD waiver to ensure enrollment does not exceed the appropriations by the Colorado General Assembly or exceed the federally approved capacity. While all functional eligibility is not required to be determined before being placed on the HCBS-DD waiting list, individuals who wish to be on the HCBS-DD waiting list are required to have a LOC waiting list assessment, as outlined in 10 CCR 2505-10, 8.7202.G.2, in the Health Care Policy & Financing (HCPF) required case management system.

CMA HCBS-DD Waiting List Action

1. Pursuant to 10 CCR 2505-10, 8.7202.G.2, CMAs shall conduct the LOC assessment for the HCBS-DD waiting list when an individual 18 years or older wishes to be placed on the waiting list. The LOC assessment for the HCBS-DD waiting list should clearly define detailed and member specific information that specifies how the individual meets the HCBS-DD waiver requirement for needing access to services and supports twenty-four (24) hours a day.
 - a. The HCBS-DD waiver services should not be duplicative of the Medicaid State Plan, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), natural supports, or third-party resources (10 CCR 2505-10 8.500.2.C), the

- description of daily living needs of an individual who requires access to twenty-four (24) hour a day services and support in the LOC waiting list assessment should indicate services and support needs that are only available in the HCBS-DD waiver to determine why access to services and supports twenty-four (24) hours a day are necessary for the individual.
- b. A Professional Medical Information Page (PMIP) **is not** required for the LOC assessment for the HCBS-DD waiting list used to determine the required access to services and supports twenty-four (24) hours a day.
 - c. Per 10 CCR 2505-10, 8.7101.J.6.f, being placed on the HCBS-DD waiting list also necessitates a Notice of Action (NOA) to be completed and sent to the person applying for the HCBS-DD waiting list based on the result of the eligibility decision.
 - d. There is no regulatory or contractual requirement to complete an annual waiting list LOC assessment to determine functional eligibility once the waiting list eligibility has been determined.
 - e. At the time a member is approved for enrollment into the HCBS-DD waiver, the functional eligibility will be determined through an Initial LOC assessment to document the most current needs.
 - i. A PMIP is required for Initial LOC assessments.
2. CMAs should follow all waiting list management requirements outlined under 10 CCR 2505-10, 8.7202.G and in the CMA Contract under the Statement of Work, Section 2.3. The annual waiting list review requirements can be found in Section 2.3.9.
 3. If a member or applicant was previously placed on the HCBS-DD waiting list without a LOC waiting list assessment, CMAs do not need to immediately complete a LOC assessment for these members.
 - a. As part of the annual contact with members on the HCBS-DD waiting list, any member 18 or older or someone requesting a youth transition that does not have a waiting list assessment that determines if the member meets the need for 24/7 supports, receive the assessment at the time of their annual contact.

Reserved Capacity Enrollment Information

In order to ensure that members or applicants who are in crisis do not have to wait for HCBS-DD waiver services that may be critical to their health, safety, or welfare, HCPF ensures there are several “reserved capacity enrollments” set aside from the total HCBS-DD waiver enrollments for exception enrollment approval. As such, exception enrollments into the HCBS-DD waiver are reserved to meet statewide priorities which include those authorized through the exception to the waiting list protocol. Exception enrollments are categorized as Deinstitutionalizations, Youth Transitions, and Emergency. Further described below:

1. Deinstitutionalization enrollments

- a. For those Individuals residing in an institutional setting (Skilled Nursing Facilities (SNF), Mental Health Institutions, ICF/IID, and Regional Centers) who want to receive services in the community.

And

- b. Meet HCBS-DD waiver criteria as outlined under 10 CCR 2505-10, 8.7101.J.2.b.

2. Youth Transition enrollments

- a. Include youth transitioning from the Children's Habilitation Residential Program Waiver (CHRP), the Children's Extensive Support Waiver (CES), or Foster Care into adult waivers.

And

- b. Meet HCBS-DD waiver criteria as outlined under 10 CCR 2505-10, 8.7101.J.2.b.

3. Emergency Enrollment

- a. An Emergency Enrollment may be an option when an individual is eligible for the HCBS-DD waiver as outlined in 10 CCR 2505-10, 8.7101.J.2.a-d:
 1. Be determined to have an intellectual or developmental disability,
 2. Be eighteen (18) years of age or older,
 3. Require access to services and supports twenty-four (24) hours a day,
 4. Meet ICF-IID level of care as determined by the 100.2/ LOC Assessment and
 5. Meet the Medicaid financial determination for LTC eligibility as specified in Section 8.100, et seq

And

- b. An individual meets one or more of the following emergency enrollment specific criteria per 10 CCR 2505-10, 8.7101.J.6.d:
- Homelessness
 - Abusive or neglectful situation
 - Danger to others
 - Danger to self
 - Loss or incapacitation of primary caregiver

And

- c. Is in an emergency situation where the health and safety of the person or others is endangered, and the emergency cannot be resolved in another way.

CMA Reserve Capacity Enrollment Action

1. When a member who is residing in an institutional setting is able to transition and be safely supported and receive services in the community, the CMA should submit a Deinstitutionalization enrollment request to HCPF through the emergency inbox.
 - a. In that request, the CMA should include the following information:
 1. What facility is the individual in?
 2. How long has the individual been institutionalized?
 3. What is the planned discharge date?
 4. Can the individual be returned to their previous living environment and services? Why or why not?
 5. Does the individual require access to 24/7 support and supervision? Please provide detailed and person-specific support information to justify the need for 24/7.
 6. Can the individual's health, safety, and support needs be met by other HCBS waivers, State Plan Benefits, natural supports, or community resources?
 7. Any additional background or pertinent information.

2. When a member is transitioning from Foster Care into adult waivers, and meets criteria for the HCBS-DD waiver, the CMA should submit a Foster Care Transition enrollment request to HCPF through the emergency inbox.
 - a. In that request, the CMA should include the following information:
 1. Confirmation of adoption?
 2. In what county did the adoption occur?
 3. When did the adoption occur?
 4. Was there a name change with the adoption? What was the former name?
 5. What supports and/or services is the youth receiving that would become unavailable at age 18?
 6. Are there other transitions or changes occurring in the current support/service system?
 7. Does the individual require access to 24/7 support and supervision? Please provide detailed and person-specific support information to justify the need for 24/7.
 8. Can the individual's health, safety, and support needs be met by other HCBS waivers, State Plan Benefits, natural supports, or community resources?
 9. Is the youth at risk if the youth is unable to enroll on the HCBS-DD waiver?
 10. Any additional background or pertinent information.
3. When a member is transitioning from the Children's Extensive Support Waiver (CES) or the Children's Habilitation Residential Program Waiver (CHRP), the CMA will need to include that member in their monthly enrollment report submitted to HCPF each month. CMAs should add the member to their report once they know the member has decided to transition to the HCBS-DD waiver and provide updates through the enrollment report on enrollment until the member has started services.

4. Emergency Enrollment requests are to be completed on the HCPF prescribed form and submitted to the HCPF emergency inbox for review. These requests should be completed by the Case Manager and Member Identified Team. Every section of the request should be completed with detailed information. The team should explain why the member meets emergency criteria for the selected reason(s) as well as detailed person specific information on why the member requires access to 24/7 support and services. Once the request is complete, it shall be reviewed by the CMA's main contact for emergency enrollment, once that person determines the adequate information is in the request, they will submit it to HCPF for review.

Enrollment acceptance regulations

Enrollment timeline regulations can be found in 10 CCR 2505-10, 8.7202.G.8. Per regulations, a person shall accept or decline the offer of enrollment within thirty (30) calendar days from the date the enrollment was offered. A reasonable effort shall be made to contact the person, family, legal guardian, or other interested party. *This does not include a requirement to be fully enrolled with a residential provider within the thirty (30) calendar days.*

Upon a written request of the person, family, legal guardian, or other interested party an additional thirty (30) calendar days may be granted to accept or decline an enrollment offer. If a person does not respond to the offer of enrollment within the allotted time, the offer is considered declined, and the person will maintain their order of placement date and shall be moved to Safety Net status.

An individual can change their status back to As Soon As Available (ASAA) if/when they are ready to accept enrollment into the HCBS-DD waiver.

Action To Be Taken:

In case of any questions, please contact the HCPF emergency inbox at the email provided below.

Attachment(s):

None

HCPF Contact:

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