COLORADO
Department of Health Care Policy & Financing

OPERATIONAL MEMO

Title: Long-Term Care Level of Care Streamline Process	**Topic:** Long Term Care
Audience: Long-Term Care Medicaid Eligibility Staff, Supervisors, and Outside Agencies	**Sub-Topic:** Implementation
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Purpose and Audience:

The purpose of this Operational Memo is to provide all Eligibility Sites, (county departments of human/social service and Medical Assistance (MA) Sites) with information about the new Long Term Services and Supports (LTSS) Streamline process that went into effective on March 1, 2024. This memo will outline its impact on PEAKPro and Colorado Benefits Management System (CBMS). This guidance is intended for anyone who works with Long Term Care (LTC) and should be shared with Medicaid eligibility staff, supervisors, and outside agencies, as appropriate.

Information:

What's Changing

LTSS Streamline consolidates the 11 dropdown waiver options within the LTC Level of Care screen in CBMS down to five dropdown options and automates the referral and communication process between CBMS and Case Management Agencies (CMAs).

The five options available listed in the LTC Level of Care Screen in CBMS are:

Nursing Facility
HCBS
PACE
Hospital
Undetermined

In most instances eligibility workers will no longer need to enter or update the specific waiver type in CBMS. The specific waiver type for Home and Community Based Services (HCBS) will be determined by the Case Management Agencies (CMA). CMA staff will have the ability to check the member's current financial eligibility in PEAKPro as part of the HCBS/Nursing Facility (NF) assessment to accurately determine the member's current Medicaid eligibility status. CMAs will be able to use PEAKPro to view member benefit information and retrieve limited information listed in CBMS such as Medicaid status, residency, income, and missing verifications. PEAKPro users will be able to update the home and mailing address in the Care and Case Management (CCM) which will be sent to the CBMS Peak Inbox for processing.

In most instances, when a member applies for Long Term Care, the eligibility workers will no longer need to send a manual referral to their county's designated CMA. When a request for LTC HCBS or NF is received, the eligibility worker must complete the LTC Level of Care page in CBMS as "Undetermined" **and** "Pending". Both fields must be entered in correctly for the referral to be automatically sent to the CMA's PEAKPro Referral Inbox. CBMS will only allow for one Level of Care record to be open and active at a time.
Once a referral is successfully sent, a new field within the LTC Level of Care page in the CBMS screen will populate the date the referral was sent to the CMA and a system case comment will be entered within the active case.

Important Note: Until **11/1/2024** eligibility sites will continue to use the state approved information sharing form (formally referred to as the DSS1) for a manual referral. After **11/1/2024**, the referral will be automated but may still be a manual process during situations when the PEAKPro/CBMS functions are offline or unavailable to submit referrals. Use of the information sharing form may also be needed when CMAs and counties need to communicate and share information that is not being shared through the CCM/PEAKPro/CBMS interface process. The Department will notify sites when PEAKPro/CBMS systems are offline, and a manual process is needed.

For members who are pending or already approved on a Medical Assistance program, the CMA will complete the assessment and enter the approved Level of Care determination in the CCM for either NF, HCBS, or PACE. The information will be sent to CBMS automatically and a copy of the Level of Care will be sent to the CBMS PEAK inbox (for reference/auditing purposes). Level of Care information will batch nightly, Monday-Friday after 9pm into CBMS.

Once the Level of Care determination has been updated in the LTC Level of Care page in CBMS, an Eligibility Determination and Benefits Calculation (EDBC) will be triggered to run, if all other LTC criteria has been met, the individual will pass for LTC through the system batch process.

The member's LTC approval will be sent from CBMS to the interChange then to the CCM. Eligibility sites will no longer need to submit a LTC certification (information sharing form, formally referred to as the DSS1). If a member has failed to meet functional criteria, a record of denial, termination, or withdrawal will update within the LTC Level of Care page in CBMS, and a communication will be sent to the CBMS PEAK Inbox for reference. If a member has failed to meet financial criteria, CMAs can view the member's eligibility (approvals, denials and terminations) in the Eligibility Check section of PEAKPro.

For individuals who are unknown to CBMS or not currently receiving Medical Assistance, including individuals who are only receiving other benefits such as SNAP or Cash Assistance, a Level of Care determination will only be sent to the PEAK Inbox (in CBMS) for manual processing by the eligibility site. Eligibility sites will need to conduct outreach to the individual and/or the CMA within 2 business days of receipt of the Level of Care determination to secure an application for Long Term Care.

When the members certification information is updated by the CMA into the CCM/MedCompass it will send a Level of Care certification for the member. CBMS will review the confirmation number in the certification received against the confirmation on the Level of Care record in CBMS (if there are any). If the confirmation numbers match, CBMS will update the data entry with the information received from CCM/MedCompass. If the confirmation numbers do not match, the previous Level of Care record in CBMS will be end dated and the interface will auto create a new record with the information from the certification.

Any certifications for Nursing Facility Level of Care waivers will update on the Level of Care page within CBMS, along with the facility name, admit date, and the facilities NPI number on the LTC Institution page with information received from the CMA.

A 5615 will need to be manually sent to the Institution through the existing eligibility site's current business process.

Action to be Taken:

Eligibility sites will need to monitor and review documents received through the PEAK Inbox for Level of Care determinations received daily for individuals who are unknown to CBMS or are not currently active on a case.

A system generated case comment will be entered based on all updates made by the interface from the CMA on actions for the LTC Level of Care and LTC Institution pages. Eligibility site users will need to enter case comments for any manual updates made on the LTC Level of Care and LTC Institution screens.

Eligibility Site staff can track LTC timeliness, LOCs and ARGS expiring within the next 60 days through the County Dashboard; the County Dashboard provides case and individual-level information for staff to take action on performance data.
The County Dashboard has six months of timeliness data for both applications and renewals and allows access to download timely and untimely member counts.
Eligibility sites must refer to Memo OM 23-009 (or whichever Operational Memo supersedes HCPF OM 23-009) for guidance to review untimely County Dashboard data.

Attachment(s):

Communication Form

HCPF Contact:

HCPF Medicaid Eligibility Inbox - hcpf_medicaid.eligibility@state.co.us