



OPERATIONAL MEMO

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| Title: Developmental Disability Waiver Reserved Capacity Enrollments | Topic: Reserved Capacity Enrollment Request Process |
| Audience: Case Management Agencies, Case Managers, Home and Community-Based (HCBS) Waiver Members, & Stakeholders | Sub-Topic: HCBS-DD |
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| Legal Authority: 10 CCR 2505-10 §8.7101.J and §8.7202.G, CMA Contract §2.4., §2.5., and §2.7. | |
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| Approved By: Michelle Topkoff | |

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Purpose and Audience:

The purpose of this Operational Memo is to provide Case Management Agencies (CMAs) guidance regarding the requirements for Reserved Capacity Enrollments into the Home and Community-Based Services (HCBS) Developmental Disability (DD) program.

Information:

CMAs are required to obtain prior authorization for HCBS-DD enrollments as outlined in the CMA Contract §2.7.

Reserved Capacity Enrollments include Emergency, Youth Transition, and Deinstitutionalization enrollments. The Department of Health Care Policy and Financing (HCPF) currently has a formal HCPF approval process for Emergency, Foster Care Transitions, and Deinstitutionalization enrollments. Until now, HCPF has not required a request for approval for Youth Transitions Members in HCBS Children's Extensive Support (CES) and Children's Habilitation Residential Program (CHRP) waivers. Currently, HCPF requires CMAs to track these Youth Transitions enrollments via their monthly Enrollment Reports allowing HCPF to stay within the budgeted resources for Reserved Capacity Enrollments.

It has come to HCPF's attention that CMAs may not be fulfilling the notification and enrollment requirements for Youth Transitions without a formal HCPF approval process in place.

CMAs have always been and continue to be responsible for assuring individuals who are enrolled in HCBS-CES, HCBS-CHRP, or who are in foster care and are requesting to transition to HCBS-DD meet all HCBS-DD criteria and requirements outlined in §8.7101.J.2.

Reserve Capacity Enrollments for Youth Transitions are meant to ensure continuity of care for HCBS-CES and HCBS-CHRP Members and foster care youth as they transition to adult services (§8.7101.J.3(a)(ii)). CMAs shall not enroll an individual into HCBS-CES or HCBS-CHRP just prior to their transition and then request a Reserve Capacity Enrollment into HCBS-DD; individuals must be enrolled in and actively receiving HCBS-CES or HCBS-CHRP services for at least 30 days prior to their transition age, 18 and 21 respectively.

Action To Be Taken:

Effective immediately, CMAs should follow the process outlined below for Reserved Capacity Enrollment requests:

- Case Manager completes a Level of Care Screen or Reassessment to determine functional eligibility no more than six (6) and no less than one (1) month prior to the individual's transition.
 - CM assesses, determines, and documents within the Level of Care that the individual meets DD Waiver Targeting Criteria (§8.7101.J.2) and Reserved Capacity Enrollment criteria (§8.7101.J.3, §8.7202.G.6, and §8.7202.G.7) as outlined in the CMA Contract § 2.4.
- Case Manager discusses with the individual all adult waivers and service delivery models for which the individual is eligible and additional person(s) of their choosing or the Member Identified Team.

- Case Manager ensures the individual's waiting list status is accurate (§8.7202.G.1.a) once the Level of Care Screen or Reassessment is conducted.
 - Individuals who are seeking a Reserve Capacity Enrollment and meet the HCBS-DD Targeting Criteria of requiring access to 24-hour services and supports to meet daily living needs allowing them to live safely and participate in the community should have a waitlist status of *As Soon as Available*.
 - Individuals who do not currently meet (but are expected to in the future) the HCBS-DD Targeting Criteria of requiring access to 24-hour services and supports to meet daily living needs allowing them to live safely and participate in the community should have a waitlist status of *Safety Net*.

- For Emergency Enrollment Requests:
 - Case Manager completes the Emergency Enrollment Request (EER) form with input from the individual and additional persons of their choosing or the Member Identified Team and submits it to the CMA Point of Contact (POC) for review.
 - CMA POC submits the EER to hcpf_emergencyenrollment@state.co.us after determining all necessary information is included on the form.

- For *Youth Transition-HCBS-CES or HCBES-CHRP* Requests:
 - Case Manager provides responses to the following with input from the Member and Member Identified Team and submits to the CMA POC for review:
 - Individual Name
 - Date of Birth
 - Medicaid ID
 - Social Security Number (if no Medicaid ID)
 - Functional Eligibility Determination Date
 - Developmental Disability Determination Date
 - Order of Selection Date
 - Current Waitlist Status
 - Current Program
 - How long has the individual been enrolled **and** actively been receiving services?
 - What other transitions and/or changes are occurring with the individual's current services/supports?
 - What current paid services and supports is the individual currently receiving?
 - What current unpaid services and supports is the individual currently receiving?

- How does this individual require access to services and supports twenty-four (24) hours a day?
 - What other community resources have been explored and how do they not meet the individual's needs? (include specifics like community resources (i.e., housing assistance, SNAP, etc.), other LTSS programs (LTHH, other waivers, etc.), and service delivery models (IHSS/CDASS).)
 - Has the individual been connected with their RAE for care coordination?
 - How would the individual be at risk if they were unable to enroll into the HCBS-DD Waiver?
 - Anticipated Start Date
 - Any additional, pertinent information not already captured
 - CMA POC submits the information to hcpf_emergencypenrollment@state.co.us after assuring all necessary information is included.
- For *Youth Transition-Foster Care* Requests:
 - Case Manager provides responses to the following with input from the individual and additional persons of their choosing or Member Identified Team and submits to the CMA POC for review:
 - Individual Name
 - Date of Birth
 - Medicaid ID
 - Social Security Number (if no Medicaid ID)
 - Functional Eligibility Determination Date
 - Developmental Disability Determination Date
 - Order of Selection Date
 - Current Waitlist Status
 - Current Program
 - What services/supports has the individual been receiving that will become unavailable at age 18?
 - What other transitions and/or changes are occurring with the individual's current services/supports?
 - What current paid services and supports is the individual currently receiving?
 - What current unpaid services and supports is the individual currently receiving?
 - Has the individual been adopted?
 - Does the Case Management Agency have confirmation of the adoption?
 - In what county did the adoption occur?

- When was the adoption finalized?
 - If changed, what was the individual's name prior to adoption?
 - How does this individual require access to services and supports twenty-four (24) hours a day?
 - What other community resources have been explored and how do they not meet the individual's needs? (include specifics like community resources (i.e., housing assistance, SNAP, etc.), other LTSS programs (LTHH, other waivers, etc.), and service delivery models (IHSS/CDASS).)
 - Has the individual been connected with their RAE for care coordination?
 - How would the individual be at risk if they were unable to enroll into the HCBS-DD Waiver?
 - Anticipated Start Date
 - Any additional, pertinent information not already captured
 - CMA POC submits the information to hcpf_emergencypoc@state.co.us after determining all necessary information is included.
- For *Deinstitutionalization* Requests:
 - Individual Name
 - Date of Birth
 - Medicaid ID
 - Social Security Number (if no Medicaid ID)
 - Functional Eligibility Determination Date
 - Developmental Disability Determination Date
 - Order of Selection Date
 - Current Waitlist Status
 - Current Program (please note if the individual is currently incarcerated)
 - What facility is the individual currently residing in?
 - How long as the individual been institutionalized?
 - When is the planned discharge/release date?
 - Why can't the individual return to their previous living environment and/or services/supports?
 - How does this individual require access to services and supports twenty-four (24) hours a day?
 - What other community resources have been explored and how do they not meet the individual's needs? (include specifics like community resources (i.e., housing assistance, SNAP, etc.), other LTSS programs (LTHH, other waivers, etc.), and service delivery models (IHSS/CDASS).)

- Has the individual been connected with their RAE for care coordination?
 - How would the individual be at risk if they were unable to enroll into the HCBS-DD Waiver?
 - Anticipated Start Date
 - Any additional, pertinent information not already captured
- CMA POC submits the information to hcpf_emergencyenrollment@state.co.us after assuring all necessary information is included.

HCPF will email the CMA POC an approval, denial, or request for additional information. If approved, the Case Manager should follow all steps of notification, acceptance, and enrollment outlined in the CMA Contract § 2.5.

Attachment(s):

None

HCPF Contact:

hcpf_emergencyenrollment@state.co.us