COLORADO
Department of Health Care Policy & Financing

OPERATIONAL MEMO

Title: At-Risk Diversion Process	**Topic:** Community Living Options, At-Risk Medicaid Members
Audience: Home and Community-Based Services (HCBS) Members, Case Management Agencies, Advocates, and Stakeholders	**Sub-Topic:** Home and Community Based Services
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Legal Authority: 10 CCR 2505-10 8.7200, 8.7202.K.,10 CCR 2505-10 8.763 & 8.519.27, CRS: 25.5-6-1701 — 25.5-6-1709. §§ 25.5-6-1702(3)	
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Purpose and Audience:

The purpose of this Operational Memo is to notify Case Management Agencies (CMAs), Home and Community-Based Services (HCBS) Medicaid Members, their families, and other interested stakeholders of the forthcoming implementation of At-Risk Diversion, outreach to HCBS Members who may be most at-risk of nursing facility admission and to provide CMAs the operational guidance necessary to implement starting January 31, 2025. This memo outlines CMA roles and responsibilities, clarification on outreach and documentation requirements, and upcoming training opportunities for Case Managers.

Health Care Policy and Financing (HCPF) has a strong commitment to ensuring people have the opportunity to make an educated choice about where and how they receive long-term services and support. To best fulfill this commitment, it is important to reach people prior to them urgently needing nursing facility placement. Nationally, there is no model for proactively identifying people who are at most at risk in the immediate future for needing nursing facility care. In response to this need, HCPF has developed a statistical model to prospectively identify HCBS Members who may need nursing facility care in the near future. This model was created using direct feedback from stakeholder engagement, literature reviews, data analysis, and statistical modeling and validation. Further details on the methodology will be provided on the HCPF website.

Action to be Taken:

Case Management Agencies (CMAs), Home and Community-Based Services (HCBS) Medicaid Members, their families, and other interested stakeholders should be familiar with the information shared in this memo, and review the resources listed at the end of the memo. Further details will be provided at a later time.

Information:

HCPF was able to develop a model to determine certain characteristics, diagnoses, and/or behaviors that may lead to an admission into a skilled nursing facility. The identification of At-Risk members will include but is not limited to age, lack of support, previous nursing facility admission(s), multiple hospital admissions, chronic conditions, or mental/behavioral health conditions. At-Risk Diversion is a new process, through which services are arranged or provided to enable a member who is determined to be at risk for institutionalization to avoid admission to an institutional setting such as a nursing facility and to continue to live instead in a community-based setting of their choice. Members At-Risk will be eligible for Targeted Case Management-Transition Coordination (TCM-TC) Diversion Services through 10 CCR 2505-10 8.763 & 8.519.27.
Roles and Responsibilities
At-Risk Diversion is a process aligned with CMA requirements for 10 CCR 2505-10 8.7202.K under Monitoring responsibilities. The case manager is required under regulatory requirements to monitor the member's current services and supports. New rule revision MSB 24-06-03-A, to the Medical Assistance Act Rule concerning At-Risk Diversion for CMAs, being revised through 8.7200 Case Management Agency Overall Requirements. The rule revision requires CMAs to support members determined At-Risk through a structured approach. CMAs will provide members with additional information and resources to mitigate risks that could lead to nursing facility admission and assist

them in living in the community setting of their choice. These activities include but are not limited to:

- Referring Members with unstable housing to Targeted Case Management Transition Coordination (TCM-TC) Diversion Services for housing support.
- Assess members health and safety needs and develop plans to help meet those needs.
- Adjust members existing services, as needed.
- Referring to additional community or Medicaid services, supports, and resources, not limited to; necessary medical, behavioral, social, and educational needs.

CMA Outreach and Payment

HCPF will provide CMAs a list of Members At-Risk on a quarterly basis. The CMAs should be prepared to operationalize by January 31, 2025, and the initial list will be provided soon after, and it will consist of approximately 250 members statewide. HCPF will provide CMAs with additional information regarding the initial process and subsequent quarterly processes during training. CMAs should be prepared by January 31, 2025, to implement Initial At-Risk Outreach, as outlined below, once the list of Members At-Risk has been provided by the Department.

There are two types of outreaches that will be completed by the CMAs related to At-Risk Diversion:

- Initial At-Risk Outreach: when a Member has been identified as At-Risk for the first time. The Case Manager shall conduct an initial outreach to the Member within 10 (ten) business days of the CMA receiving notification that the Member has been identified as At-Risk.
- Ongoing At-Risk Outreach: when the same Member has been identified as At-Risk on the next quarterly At-Risk list or multiple subsequent times after the initial identification. The Case Manager will conduct an ongoing outreach within 90 (ninety) days or at the Member's next required monitoring contact, whichever is sooner. Ongoing outreach will continue to occur every 90 (ninety) days thereafter, as long as the Member is designated as At-Risk. Subsequent ongoing outreach contacts shall be conducted concurrently with required quarterly monitoring contacts.

CMAs will receive funding through the CMA contract for conducting Initial At-Risk outreach using a method prescribed by HCPF. When submitting an invoice for Initial At-Risk Outreach activities, Case Management agencies should include the Medicaid ID,

name, and other information requested by the Department through additional guidance for members who were contacted during the billing period.
CMAs will not receive funding for conducting Ongoing At-Risk outreach. Ongoing outreach will coincide with existing CMA contractual and regulatory requirements to monitor Members' current services and supports (10 CCR 2505-10 8.7202.K).

Documentation
CMAs will complete an At-Risk Assessment including the following areas:

- The Member's living preference
- The Member's housing situation or need for housing support
- New services, supports, resources provided or recommended by the Case Manager
- Referrals completed on behalf of the Member

Case Managers will complete an At-Risk Assessment in HCPF's prescribed system. Completion of the At-Risk Assessment is due within 10 (ten) business days after Member outreach has been completed.

At-Risk lists will be distributed to each Case Management Agencies External SharePoint site. Currently, there are some delays in building this program into the Care and Case Management system (CCM). As such, until implemented in the system, Case Managers will document in the activity log notes their attempts to contact, contact made, additions made to existing services, additional support, resources, referrals, or recommendations that were provided to the member as a result of this outreach.

At Risk Diversion Web-based Training

The online learning module, "At-Risk Diversion" is available in the Learning Management System. All case managers responsible for conducting At-Risk outreach are required to complete the "At-Risk Diversion" training.

At Risk Diversion Office Hours

Prior to implementation office hours will be scheduled to provide Case Managers with an opportunity to ask questions, provide feedback and seek out assistance. Case managers are encouraged, but not required, to attend office hours.

Register in advance for this webinar.

- Tuesday, Jan. 21, 2025, at 9 to 10 a.m.

Starting in February 2025, Office Hours will occur the third Tuesday of each month from 2 to 3 p.m. Join by phone: (US) +1 256-567-4801 PIN: 600 066 368#

Join with Google Meet.

Resource:

HCPF Informational Memo 23-003 (Budget Amendment (BA)-07 Community Based Access to Services)

HCPF Operational Memo 24-066 (Monitoring Contacts in the Home and Community-Based Services Program)

Webpage:

HCPF Initiatives to Keep Coloradans in the Community and out of Long-Term Institutionalization

Definition(s):

At-Risk is a Health First Colorado Medicaid Member who lives outside of an institutional facility and is At-Risk for institutionalization as determined by HCPF through the development of an algorithm and risk score or referral process.

At-Risk Diversion is a Person-Centered process through which services are arranged or provided to enable a Member At-Risk to avoid admission to an institutional setting and be able to live instead in a community-based setting of their choice.

Attachment(s):

HCPF Informational Memo 24-027 (At-Risk Diversion)

HCPF Contact(s):

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