



## OPERATIONAL MEMO

---

<b>Title:</b> Home and Community-Based Services Developmental Disabilities Youth Transitions Reserved Capacity Enrollment Requirements	<b>Topic:</b> HCBS-DD Enrollments
<b>Audience:</b> Case Management Agencies, Home and Community-Based Children’s Extensive Support Members, Home and Community-Based Children’s Habilitation Residential Program Members, and Stakeholders	<b>Sub-Topic:</b> Case Management
<b>Supersedes Number:</b> HCPF OM 24-057	<b>Division:</b> Case Management and Quality Performance
<b>Effective Date:</b> Jan. 10, 2025	<b>Office:</b> Office of Community Living
<b>Expiration Date:</b> Jan. 10, 2027	<b>Program Area:</b> Case Management
<b>Key Words:</b> CES, Children's Extensive Supports, Children’s Habilitative Residential Program, CHRP, DD, Deinstitutionalization, Developmental Disabilities Waiver, DI, EER, Eligibility, Emergency Enrollment, Home and Community-Based Services, HCBS, Reserved Capacity, Waitlist, Youth Transition	
<b>Legal Authority:</b> 10 CCR 2505-10 §8.7101.J and §8.7202.G. Version 2 of the CMA Contract §2.4., §2.5., and §2.7.	
<b>Memo Author:</b> Aubre Frost	
<b>Operational Memo Number:</b> HCPF OM 25-005 <b>Issue Date:</b> Jan. 21, 2025 <b>Approved By:</b> Amanda Lofgren	

---

*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Operational Memo is to provide additional clarification regarding the operational process and requirements for Reserved Capacity Enrollments into the Home and Community-Based Services (HCBS) Developmental Disability (DD) waiver previously outlined in OM 24-057 to Case Management Agencies (CMAs), HCBS-Children's Extensive Support (CES) Members, HCBS-Children's Habilitative Residential Program (CHRP) Members, and Stakeholders.

## Information:

This memo supersedes OM 24-057. This memo does not introduce changes to policy, however, and further provides operational guidance in writing and outlines the Department of Health Care, Policy, and Financing's (HCPF's) expectations for authorizing enrollments into the HCBS-DD waiver.

The operational changes outlined below align with §2.7.1 in the CMA contract, which states that CMAs are “*required to obtain approval for any enrollment into the Developmental Disabilities (DD) waiver.*”

There are **three** ways in which HCPF can authorize enrollment into HCBS-DD:

1. Efficient management of the monthly churn, which allows for allocations due to vacancy on the waiver from people moving out of state, voluntarily disenrolling, death, etc.;
2. One-time appropriations when approved through Legislation;
3. **Reserve Capacity Enrollments** (§8.7101.J.3):
  - **Emergency Enrollments** - Requested when the health, safety, and welfare of an individual or others is in danger due to homelessness, an abusive or neglectful situation, danger to others, danger to self, or loss or incapacitation of a primary caregiver.
  - **Youth Transitions** - Requested for youth transitioning from HCBS-CES or HCBS-CHRP and/or Foster Care.
  - **Deinstitutionalizations** - Requested for individuals residing in an institutional setting Skilled Nursing Facilities (SNF), Mental Health Institutions, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Regional Centers.

This memo outlines the formal request process specific to Youth Transitions from HCBS-CES or HCBS-CHRP into HCBS-DD. Youth Transition Reserved Capacity Enrollment Requests must be consistent and standardized statewide, especially with the recent Case Management Agency transitions. HCPF is only authorized, per Legislation, to approve a certain number of each enrollment type per fiscal year (FY). HCPF must remain within the budgetary enrollment authorization each FY, which is why HCPF must have accurate enrollment information/data for all HCBS-DD enrollments

This new operational process is similar to what has been and remains in place for Foster Care Transition and Deinstitutionalization Enrollments. This allows all Reserved Capacity Enrollment Requests to follow the same process while supporting HCPF in maintaining accurate HCBS-DD enrollment numbers as these resources are finite. In addition, information from the formal written requests will also be used to track trends and effectively execute future forecast planning for HCBS-DD authorizations.

In alignment with §2.7.4 in the CMA Contract (V2), CMAs are responsible to “*report all enrollment dates or changes to enrollment status for the HCBS-DD waiver to the Department monthly on the date and template prescribed by the Department.*” The absence of reliable and consistent data has the potential to skew HCPF’s forecasting for future HCBS-DD enrollment needs, which can have a negative impact on the management of the overall HCBS-DD capacity and future enrollment authorizations that HCPF will have available for potential authorization.

***Members enrolled in HCBS-CES and HCBS-CHRP will continue to have access to Reserved Capacity Enrollments.*** Members who are enrolled in HCBS-CES and HCBS-CHRP waivers prior to aging out of their current waiver (18 and 21, respectively), are eligible to request a Reserved Capacity enrollment for the HCBS-DD waiver (§8.7101.J.3). HCPF approval of a Reserved Capacity enrollment is contingent on the Member also meeting the target criteria for the HCBS-DD waiver as outlined in §8.7101.J.:

- 18 or older with an intellectual or developmental disability,
- Require access to services 24 hours a day,
- Need long-term support services like those provided in a facility for adults with developmental disabilities.

Reserve Capacity Enrollments for Youth Transitions ensure continuity of care for Members enrolled in HCBS-CES or HCBS-CHRP and foster care youth as they transition to adult services (§8.7101.J.3(a)(ii)). As a reminder, individuals “*must be enrolled in and actively receiving HCBS-CES or HCBS-CHRP services for at least 30 days before their transition age, 18 and 21, respectively.*” Receiving services in HCBS-CES or HCBS-CHRP has always been a requirement (§8.7202.G.7(c)).

### **Action To Be Taken:**

CMAs shall follow the process outlined below for all Reserved Capacity Enrollment Requests.

1. Case Managers shall complete 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.
  - Case Managers shall assess, determine, and document within the Level of Care (LOC) Screen (ULTC 100.2) that the individual meets HCBS-DD 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 (V2).

2. Case Managers shall provide options counseling, discussing with the individual and additional person(s) of their choosing or the Member Identified Team all adult waivers and service delivery models for which the individual is eligible.
  - Case Managers shall provide the Member and additional person(s) of their choosing or the Member Identified Team with the [HCBS Adult Waivers Comparison Chart](#).
3. Case Managers shall ensure the individual's waiting list status is accurate (§8.7202.G.1.a) once the LOC 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 (§8.7101.J.2(b)) 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".
4. The CMA POC shall provide responses to the following with input from the Member and Member Identified Team and submits to the CMA POC for review submit the information outlined above to [hcpf\\_emergencypenrollment@state.co.us](mailto:hcpf_emergencypenrollment@state.co.us). The CMA POC shall assure all necessary information outlined below is included in the request for the following Reserved Capacity Enrollment requests:
  - **Emergency Enrollment Requests:**
    - Emergency Enrollment Request (EER) form
  - **Youth Transition HCBS-CES or HCBS-CHRP 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
  - 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
- **Youth Transition Foster Care 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
    - 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
- **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

5. Each Case Management Agency shall include all HCBS-CES and HCBS-CHRP Youth Transition Enrollments on the required monthly *HCBS-DD Enrollment Date and Enrollment Change Report each month.*

HCPF will review each Reserved Capacity Enrollment Request within five (5) business days, on average. Each request shall be reviewed on a case-by-case basis. HCPF will communicate any insufficient or incorrect Reserve Capacity Enrollment request with the CMA POC. HCPF will consider individuals who have not been enrolled and actively receiving HCBS-CES or HCBS-CHRP services for 30 calendar days, as each individual's situation is different and there can be barriers that can delay enrollment and/or starting services that may fall outside of this requirement.

HCPF will email the CMA POC an approval, denial, or request for additional information. If approved, the Case Manager shall follow all steps of notification, acceptance, and enrollment outlined in the CMA Contract § 2.5 (V2).

HCPF is available if CMAs have questions or need additional technical assistance through their CMA POC.

**Attachment(s):**

None

**Links:**

[HCBS Adult Waivers Comparison Chart](#)[HCBS Adult Waivers Comparison Chart](#)

**HCPF Contact:**

[hcpf\\_emergencyenrollment@state.co.us](mailto:hcpf_emergencyenrollment@state.co.us)