



Operational MEMO

Title: Individual In-Reach	Topic: Transition Services
Audience: Local Contact Agencies, Aging and Disability Resource Centers (ADRC), Skilled Nursing Facility Members, Advocates, Case Management Agencies (CMAs), and Stakeholders	Sub-Topic: Implementation
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Purpose and Audience:

The purpose of this Operational Memo is to inform Local Contact Agencies, Transition Coordination Agencies, Skilled Nursing Facilities (SNF), and other stakeholder groups of the functionality of Individual In-Reach. The Department of Health Care Policy and Financing (HCPF) has secured resources and started working on improvements to the current information sharing processes by proactively reaching Members in SNFs and connecting them with information related to community living options, local resources, non-Medicaid programs, and the community transition process. This program will support Medicaid Members who reside in a SNF and provide an opportunity to receive individualized outreach two times per year, approximately every six months, unless the Member/Legal Guardian opts out.

Background:

HCPF requested and received funding for multiple initiatives to increase access to information about community-based services for Members in SNFs through the FY 2022-23 BA-07 and FY 23-24 BA-08 budget requests. The goal of these programmatic improvements is to:

- Provide a more structured approach of disseminating information to institutionalized Members in a person-centered approach.
- Provide a more streamlined process for those wanting to engage in transition services.
- Expand knowledge and access to Colorado's Home and Community Based Services (HCBS) benefits, Long-Term Services and Supports (LTSS), Transition Services, and Targeted Case Management-Transition Coordination (TCM-TC).

Individual In-Reach is a proactive approach to reach every Member residing in a SNF to be given the opportunity to receive direct individualized information. Each member will be asked if they would like to receive information on Community Transitions. This program will allow the Member to have the opportunity to be connected with an In-Reach Counselor where they can ask questions about Community Transitions and receive direct and immediate feedback. Individual In-Reach will also provide information on other Medicaid and non-Medicaid benefits and services that the Member may be able to utilize to support living in the community. The In-Reach Counselor will also provide information on local and state-wide resources as well to ensure that the Member is aware of all their available options so they can make an Educated Choice about their living arrangements.

Action To Be Taken:

Individual In-Reach will be provided by Local Contact Agencies (LCAs) to Medicaid Members who reside in Skilled Nursing Facilities. LCAs will provide the member with:

- An Individualized person-centered format to provide information regarding Community Transitions, Medicaid programs, non-Medicaid Programs, and local resources.
- Responses to any questions or concerns raised by the Member, Member's Guardian, or the Member's natural supports.
- Referrals to appropriate agencies to assist Members in meeting their needs.

Individual In-Reach Tasks:

- LCAs will coordinate with SNF staff to verify Power of Attorney and/or Guardianship information, send invites to Members, and arrange In-Reach meetings.
- LCAs will confirm either an opt-in or opt-out from the Member or their Guardian.
- LCAs will report any SNF interference.
- LCAs will create and provide resource materials to Members during In-Reach or LCAs may also use materials provided by the Department.
- LCAs will provide three options based on interest: Opt-Out of IIR, Request to receive IIR in approx. 6 months, or send referral to appropriate agency to initiate community transitions process.
 - Members can request Individual In-Reach any time before the next 6-month interval as well. (This outreach to be completed by the LCA within 10 business days following the receipt of the request.)
- LCAs will perform Individual In-Reach for new referrals that are received from Pre-Admission Screening and Resident Review Program (PASRR), Minimum Data Set (MDS), community referrals, or any other source. (This outreach to be completed by the LCA within 10 business days of the request.)
- LCAs will provide routine education to SNF staff on In-Reach, the Community Transition Process, and Medicaid services that support members in the community.

Deliverables:

- Individual In-Reach Plan
 - The plan must include an outline of the LCA's proposed efforts to conduct Individual In-Reach with every SNF Member within one year starting on July 1, 2025.
- Skilled Nursing Facility Education
 - Education will be formatted for the Social Services Directors and can include, but is not limited to, information regarding the process of Individual In-Reach, how the In-Reach Counselor will request to work

with the SSD to verify POA/Guardianship information, how invitations to Individual In-Reach will be sent, the Community Transition Process, and community-based Medicaid services.

- Guardianship/POA Verification
 - A monthly log will be submitted to the Department which will track Members who have been declared to have a POA, Guardian, or Conservator.
- Regional Transition Coordination Meeting
 - Verification that the LCA coordinated and/or attended a quarterly meeting with local community partners and local agencies involved in the transition process or supporting Members to live in the community.

Compliance:

Alignment with these directives is critical for uniformity and efficacy in conducting Individual In-Reach sessions and supporting members' decisions about community living.

Training:

Individual In-Reach is scheduled to launch in March 2025 through the LCA contracts. Training for Local Contact Agencies will start in February 2025 with the initial rollout. In May 2025 there will be additional training for Local Contact Agencies to review the program in more depth. This training will review the ongoing expectations for each of the deliverables along with specific details regarding the work of engaging Members in Individual In-Reach including the invitation process, how to engage with Members in a person-centered individualized manner, what materials to provide to the Member and any invited natural supports, along with referral expectations.

Detailed Training Dates:

- Tuesday, May 13, 2025, 2 to 3 p.m.
- Thursday, May 15, 2025, 9 to 10 a.m.

[Registration Link](#)

Local Contact Agencies will have access to the CCM to perform this work. The tentative access date will be Summer 2025. Once the access date is confirmed and training is available, information will be communicated directly to LCAs.

Individual In-Reach Office Hours is an informal meeting to provide LCAs time to meet with HCPF to ask any questions, collaborate, refine scope of work, and receive additional training as requested.

- Individual In-Reach Office Hours will be held on the last Thursday of each month at 2 p.m.

[Registration Link](#)

Definitions:

Community-Based Long-Term Services and Supports (or “Community-Based LTSS”) - Individualized, Person-Centered, flexible, and culturally and linguistically competent services, delivered in integrated settings; to help target population Members live in the Community. These services may include HCBS, long-term home health, private duty nursing, and the Program of All-inclusive Care for the Elderly (PACE).

Community Transition - When an institutionalized population Member transitions from a Nursing Facility and into a less restrictive living environment.

Educated Choice - Member’s choice of service setting, based on full and accurate information about community-based alternatives to nursing facility care, including non-disability-specific concerns or objectives to community living raised by members or by any natural support.

Individual In-Reach - A direct meeting with institutionalized population Members and their natural support and/or guardian at their place of residence. The LCA will provide:

1. Full and person-centered information about Community-Based Services as an alternative to nursing facility living.
2. Provide printed materials regarding community living options.
3. Responses to any questions or concerns raised by the Member or the Member’s natural support.
4. Referrals to Case Management, Transition Coordination, Regional Accountable Entities, or other services to support the Member to live in the community.

In-Reach Counselor - A person not affiliated with, employed, or enriched by any Nursing Facility, who conducts Group and/or Individual In-Reach.

Resources:

Website - [Keeping Coloradans in the Community and out of Long-Term Institutionalization](#)

Attachment(s):

None

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