



OPERATIONAL MEMO

Title: Individual In-Reach Process for SNFs	Topic: Transition Services
Audience: Skilled Nursing Facility Social Worker, Social Services Director, and Nursing Home Administrator	Sub-Topic: Implementation
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Purpose and Audience:

The purpose of this Operational Memo is to inform Skilled Nursing Facility (SNF) Social Workers, Social Services Directors, and Nursing Home Administrators about 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 process of Options Counseling and will replace this process with Individual In-Reach in July 2025. Individual In-Reach is a way to proactively outreach Members in SNFs and connect them and their natural supports and/or guardians to information related about community living options, local resources, non-Medicaid services, Medicaid benefits, 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 the access of information related to community-based services for Members in Skilled Nursing Facilities through the FY 2022-23 BA-07 and FY 23-24 BA-08 budget requests. The goals of these programmatic improvements are to:

- Provide a more streamlined process of disseminating information to institutionalized Members in a person-centered approach.
- Provide an expedited referral method and oversight for those wanting to engage in community transition.
- 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).
- Increase access to integrated community-based housing opportunities as appropriate.

Individual In-Reach is a proactive approach to reach every Member residing in a Skilled Nursing Facility to provide the opportunity to make an Educated Choice on where they live and receive services. Individual In-Reach will replace the current Options Counseling program contracted to Local Contact Agencies (LCA) in July 2025; however, referrals for additional In-Reach counseling sessions will still be received using the same process as Options Counseling by submitting through JotForm (linked below). Please continue to submit requests for Options Counseling as needed.

During the Individual In-Reach process, the In-Reach Counselor will outreach each Member and assess the Members interest in receiving information on community living options and community transitions. If a Member has a guardian or conservator, the In-Reach Counselor will need to outreach that person and seek approval before connecting with the Member. If the Member opts into receiving Individual In-Reach, the In-Reach Counselor will document the conversation and complete referrals according to contract timelines. The intent of this program is to provide Members the opportunity to connect with In-Reach Counselors and ask individualized questions about Community Living Options and Community Transitions while receiving direct and immediate feedback. Individual In-Reach will provide information, both verbally and printed, on Medicaid's Home and Community-Based Services (HCBS) waiver benefits, Long-Term Services and Supports, and additional Medicaid services as applicable. In addition, Individual In-Reach will cover non-Medicaid benefits and services offered in their geographic community that the Member may be able to utilize to improve their quality of life.

Information:

Individual In-Reach (IIR) is scheduled to launch in March 2025 through the Local Contact Agencies (LCA) contracts with HCPF. Starting in March, the LCAs will begin to work on required training provided by HCPF and separate deliverables that are due to HCPF for review. Some of these deliverables will involve engagement with SNF staff such as:

- Guardianship/POA Verification
 - The SNF staff will need to provide verification of which Medicaid residents have a Power of Attorney (POA) or a guardian. Verification of that documentation will be requested prior to Individual In-Reach, and the LCA will complete a monthly log to track these Members. The log will be reviewed by The Department.
- Skilled Nursing Facility Education
 - LCA will provide education to Social Services Directors, Social Workers, and Nursing Home Administrators and can include, but is not limited to, information regarding the process of Individual In-Reach, how Options Counseling will be replaced by Individual In-Reach in July 2025, collaboration and development of a plan with the NF staff to verify POA/Guardianship information, how invitations to Individual In-Reach will be sent to Members, the overall Community Transition Process, community-based Medicaid services, and how the SNF can provide verification of a Member's cognitive capacity if needed to participate.

Part of the Skilled Nursing Facility Education will cover how to verify if a Member has been approved by a court to have a guardian or conservator, or medically incapacitated which would limit their ability to make an informed decision related to questions asked during the Individual In-Reach meeting. Please see C.R.S. 15-14-315 & C.R.S. 15-14-425 for more guidance. Individual In-Reach must be given as an option to every Member regardless of diagnosis or medical condition as to not discriminate against someone who may have a disability. The only exceptions are if a Member meets the following criteria:

- has a guardian or conservator
 - This would mean that the Member has been deemed incompetent previously by the courts. The guardian/conservator must decide if Individual In-Reach can be provided to the Member.
- is verified to be incapacitated by a medical professional which is determined by the following professionals and documented by the following provider types:
 - Doctor of Medicine (MD)
 - Doctor of Osteopathic Medicine (DO)

- Psychiatrist (Psych or Psy.D.)
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)
- Actively on hospice/palliative status, engages in non-responsiveness, or active bedridden status.

LCAs have been directed by federal guidance that they cannot discriminate against a Member by not providing this opportunity of receiving Individual In-Reach based on a medical diagnosis alone. If a SNF Social Worker or Social Services Director does not believe that a Member may be appropriate to receive Individual In-Reach, then they must either provide verification of the items listed above or work with your LCA regarding next steps.

If LCAs complete their deliverables and training early, they may start to engage Members in Individual In-Reach in June 2025. However, IIR with Members is not required to start until July 2025 when it will officially replace Options Counseling. Please note that with this replacement in programs, the referral process for Community Transitions will not change as referrals should still be initiated through the online JotForm. If there is not an active Options Counselor or Local Contact Agency in your region, please still complete the JotForm and the Department will reassign as needed.

Action To Be Taken:

SNF staff are asked to support LCAs in the following ways:

- Provide verification of guardianship, power of attorney, and/or conservatorship.
 - The LCA will request this documentation so that they can upload it to the system of designation by the Department. Once it is uploaded then it will not need to be requested in the future.
- Provide verification of incapacitation from a medical provider as described above which can be in the form of:
 - Written or verification from medical provider that the Member is incapacitated, OR
 - Copy of completed Mental Status Exam (MSE) with the medical provider's written verification of incapacitation.
- Notify LCA if the subject of Community Transition may be triggering or upsetting to the Member and working with the LCA to coordinate an individualized plan on how to engage that Member on a case-by-case basis.
- Support the LCA in scheduling IIR with Members, guardians, natural supports, and SNF staff by providing appropriate contact information.

Compliance:

Alignment with these directives is critical for uniformity and efficacy in conducting Individual In-Reach sessions and supporting Members' rights about community living. Individual In-Reach is also a critical component for compliance with the Department of Justice voluntary Settlement Agreement.

Training:

Training for Skilled Nursing Facility (SNF) staff will be provided by Local Contact Agencies (LCA) starting in March 2025. The local LCA will coordinate directly with each SNF to schedule the training.

The Department will provide monthly optional office hours with Skilled Nursing Facility staff. These office hours will provide updates on In-Reach and other programs regarding community transitions and diversion programs. These office hours will also provide an opportunity to collaborate and receive training from third parties who can support the work of Social Workers and Social Services Directors.

Monthly on the 2nd Thursday of each month at 1:00 PM MST.

[Registration Link](#)

Definition(s):

Capacity - An individual's ability to understand and make specific decisions about their healthcare. It is a clinical assessment made by healthcare professionals to determine if a person has the requisite cognitive abilities to make informed decisions.

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

Competency - an individual's legal ability to make decisions. It is a legal determination made by a court and is typically applied to individuals who are deemed unable to make decisions due to cognitive impairments, mental illness, or other conditions.

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.

Member - Any individual enrolled in Health First Colorado, Colorado's Child Health Plan Plus (CHP+), or the Colorado Indigent Care Program (CICP), as determined by HCPF.

Resources:

[HCPF Transition Services Webpage](#) - This webpage holds the link to the online JotForm referral form, information about the Community Process, and other programs that our Compliance and Innovation team at the Department is working on.

[JotForm Referral Form Link](#) - Please complete this for anyone who may be interested in Options Counseling, In-Reach, Community Transitions, or meeting with a Transition Coordination Agency.

Attachments:

None

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