



OPERATIONAL MEMO

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Audience: Case Managers, Case Management Agencies, Providers, Health First Colorado Members, HCBS Waiver Members	Sub-Topic: Community First Choice Implementation
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Purpose and Audience:

The purpose of this Operational Memo is to inform Health First Colorado (Medicaid) applicants and Members, HCBS waiver Members, Case Managers, Case Management Agencies (CMAs), and Providers about the upcoming implementation of the new Colorado First Choice (CFC) program effective on July 1, 2025. This memo will outline general CFC information, followed by operational guidance for the upcoming transition.

Information:

CFC, also known as a 1915(k) waiver, is an optional Medicaid State Plan Benefit that expands services and service delivery options for home and community-based services (HCBS) to Medicaid Members who need long-term care, including Members currently on an HCBS waiver. CFC will provide expanded access to services, self-directed service delivery options, and caregiver options. CFC will be available in Colorado beginning July 1, 2025.

Medicaid and Long-Term Care Eligibility Requirements for CFC:

CFC does not create a new eligibility category under the Medicaid State Plan and does not increase the financial eligibility threshold for Members seeking Long-Term Care. To enroll in CFC, individuals must either be financially eligible for the Medicaid State Plan or, if they are not financially eligible for Medicaid State Plan alone, they may become eligible at the higher long-term care income threshold by being enrolled in an HCBS waiver and receiving at least one waiver service per month.

CFC services are available to Members of all ages and are not based on disability or diagnosis. All individuals are eligible for CFC if they are either:

- Eligible for Health First Colorado state plan benefits, meet an institutional level of care (LOC) as determined by a Case Manager using the state prescribed Level of Care assessment and have an assessed need for a CFC service(s).

or

- Eligible for Health First Colorado long term care benefits, meet an institutional level of Care (LOC), enrolled in an HCBS waiver program, receiving at least one waiver service per month, and have an assessed need for a CFC service(s).

Age-appropriate guidelines will still apply when assessing children's level of care.

Services and Service Delivery Models Available Through Community First Choice:

- Personal Care
 - Including the choice of using Consumer Directed Attendant Support Services (CDASS), In-Home Support Services (IHSS), or traditional agency service delivery models
 - New task: Acquisition, Maintenance, and Enhancement of Skills (AME) task
- Homemaker

- Including the choice of using CDASS, IHSS or traditional agency service delivery models
 - New task: Acquisition, Maintenance, and Enhancement of Skills (AME) task
- Health Maintenance Activities
 - Member-directed skilled care option through CDASS or IHSS service delivery model
- Personal Emergency Response Systems (PERS)
- Medication Reminders
- Transition Setup
- Home Delivered Meals
- Remote Supports and Remote Supports Technology

If a Member currently receives any of these services above through their HCBS waiver, access to those services will not change when CFC launches. HCBS Members will transition to receiving those services through CFC instead of an HCBS waiver. It is also important to note that the receipt of CFC services does not preclude Members from receiving other State Plan services, as long as there is no duplication of services.

Action To Be Taken:

Health First Colorado Members:

Health First Colorado Members who are interested in receiving CFC services will need to reach out to their local Case Management Agency after July 1, 2025 to begin the eligibility and assessment process. To look up a Case Management Agency and find their contact information, please visit the [Case Management Agency Directory](#).

Current HCBS Waiver Members:

Over the course of the fiscal year from July 1, 2025, to June 30, 2026, Case Managers will transition current HCBS waiver Members into CFC at the time of the Member's Continued Stay Review (CSR) to access newly available services or service delivery models. Case Managers will begin processing CSR Assessments for Members with certification periods starting in July on May 1, 2025 (60 days in advance).

The Case Manager will complete the same assessment processes they do now for HCBS waiver Members to assess service needs. Members with an assessed need for CFC services will be able to access that service under CFC and continue to receive other needed waiver services under their HCBS waiver. Current HCBS Members will maintain their Case Management Agency (CMA) under CFC, unless they move to a different service area.

Case Managers and Case Management Agencies (CMAs):

The Case Management Agency and Case Manager roles and responsibilities will be the same for CFC Members and Case Managers will provide the same Case Management activities for CFC Members whether they are only enrolled in CFC or are enrolled in CFC and an HCBS waiver. For example, for CFC, and CFC and Waiver Members, Case Managers will conduct the LOC Screen, Person-Centered Service Planning and authorization, monitoring contacts, and critical incident reporting as they do now for all HCBS waiver Members.

Case Managers are required to complete CFC policy and system training. Policy training was provided in February 2025, and the system training was provided in April 2025; both are available on the Long-Term Services and Supports Training website. In addition, the following Care and Case Management (CCM) system Job Aids have been developed or updated and shall be utilized by Case Managers to provide additional systems guidance with Member enrollment into CFC:

- ***Bridge Interface***
- ***Care Plan***
- ***Community First Choice (CFC) Only Initial Enrollment, Continued Stay Review, and Service Planning Checklist***
- ***Community First Choice (CFC) + Home and Community Based Waiver (HCBS) Initial Enrollment, Continued Stay Review, and Service Planning Checklist***
- ***CFC + HCBS and CFC Only Workflows***
- ***Health Coverage***
- ***Legacy 100.2 Assessment***
- ***Program Card***
- ***Service Plan***
- ***Streamline Eligibility***

Over the course of the year from July 1, 2025, to June 30, 2026, Case Managers will transition current HCBS waiver Members into CFC **at the time of their CSR**. Case Managers may only assess current HCBS waiver Members for enrollment into CFC prior to the scheduled CSR as warranted by a documented significant change in the Member's needs, diagnosis, or condition.

- Current HCBS Waiver Members with Certification Periods starting July 1, 2025, and after:
 - For Members accessing HCBS waiver services moving into CFC or for Members interested in CFC services, Case Managers will be able to begin processing CSR assessments for Members with certification periods starting July 1, 2025, beginning on May 1, 2025.

- For Members with July or later certification dates who are not interested in CFC services or are accessing services available through CFC through other means, for example: Members on the Developmental Disabilities Waiver, receiving services through the Alternative Care Facility, or receiving services through a Supported Living Program, CSR assessments may continue to be scheduled and conducted as of April 1, 2025.
- Health First Colorado Members not currently receiving HCBS Services:
 - Case Managers and CMAs will intake Health First Colorado Members starting July 1, 2025, who are interested in receiving CFC services. Case Managers and CMAs will continue to work with Members and complete their assessment and service authorizations for both CFC and HCBS waivers.

Prior Authorization Contingency Planning

HCPF developed the CFC Contingency Prior Authorization and CFC Contingency Service Plan Detail documents to be utilized as a contingency should prior authorization functionally not be available in the Bridge in advance of May 1, 2025, when CFC CSR assessments may begin. HCPF has determined that further defect remediation and testing is required and is implementing the use of the CFC Contingency Prior Authorization and CFC Contingency Service Plan Detail documents beginning May 1, 2025 until Bridge functionally is available and communicated by HCPF.

Case Managers shall use these contingency documents to record services being authorized during the Service Planning process for Members who are either enrolling in CFC only or dually enrolling in CFC and HCBS services. **These forms will not be necessary for Members choosing to enroll in HCBS services only; Case Managers will enter prior authorization of services in the Bridge system as they currently do.**

Until CFC PAR functionality is available in Bridge, Case Managers will not be able to enter CFC only or CFC and HCBS service information into the Bridge for prior authorization; therefore, they will record this information using the CFC Contingency Prior Authorization document. Using the CFC Contingency Prior Authorization instead of entering services into the Bridge, will result in the services not being present in the CCM system and the Service Plan will not have the Service Line items returned as expected. Due to this, Case Managers will not be able select the specific service and then enter Back Up Plans, Schedules, or Supervision levels. Additionally, the “Projected Cost of Service” and “Total Cost of Services” fields will not populate into the Service Plan with the cost of services as indicated in the PPA. Therefore, case managers will record this information on the CFC Contingency Service Plan Detail document.

Case Management Agencies and Case Managers shall implement the following process beginning May 1, 2025:

- Complete the CSR ULTC 100.2 assessment using the current process.
- Download the CFC Contingency Prior Authorization and CFC Contingency Service Plan Detail documents from the [Long-Term Services and Supports Case Management Forms and Tools webpage](#).
- Upon confirmation of financial eligibility, utilize the CFC Contingency Service Plan Detail to record back up plans and supervision levels during the service planning process.
- Utilize the CFC Contingency Prior Authorization to record services requested to be authorized for the member.
- The completed and signed documents shall be uploaded to the CCM Document Center.
- The naming convention for these documents is as follows:
 - CFC Contingency Prior Authorization
 - 2025_CFPCPAR_Member ID, e.g., 2025_CFPCPAR_P123434
 - CFC Contingency Service Plan Detail
 - 2025_CFCSP_Member ID, e.g., 2025_CFCSP_P123434
 - Case Managers should refer to the Document Management Job Aid for more detailed instructions for uploading documents into the CCM.

Case Management Agencies will track the Members who have had the contingency documents uploaded to their record on a form provided by HCPF and will maintain this tracking on their SharePoint sites. Once the CFC functionality is available in the Bridge, the vendor will utilize the tracking to locate the uploaded contingency documents in the CCM Member record and will complete the data entry into the Bridge and CCM, using these documents. The vendor will document when data entry has been completed on the tracking document and will notify the Case Manager, using the contact information provided on the CFC Contingency Prior Authorization, that the data entry has been completed.

The Department understands this process is additional work for Case Management Agencies and will communicate the transition to the Bridge as soon as the contingency plan is no longer necessary. It is expected that this process will be utilized for only a few weeks. Additional information will be provided timely should anything change.

Billing

- CMAs can bill one Targeted Case Management (TCM) service paid on a Per Member Per Month (PMPM) for a Member who is enrolled in CFC, HCBS waiver, or both programs.

- o Starting July 1, 2025, there will be a \$5.02 increase to the TCM-PMPM. The billing manual will be updated for CFC services.
- o Further information regarding TCM requirements for CMAs can be found on the Targeted Case Management Fact Sheet and FAQ.

Escalations and Grievances

- o Complaint and grievance requirements are the same for CFC as they are for HCBS waivers. Case Managers shall provide information about the Member's rights and responsibilities, how to request changes to their Person-Centered Support Plan and the grievance process.
 - CMAs shall have procedures setting forth a process for the timely resolution of grievances or complaints. The grievance procedure shall be provided, orally and in writing, to all Members receiving services, the parents of a minor, guardian and/or authorized representative, as applicable, at the time of submission and at any time that changes to the procedure occur (10 CCR 2505-10 8.7201.D).

Providers:

Current providers will be able to continue providing the same services as they transition into CFC, unless the Member decides to self-direct or change Providers. Providers will bill CFC services through the Gainwell Provider Portal, the same way they do now for HCBS services. CFC services will have their own modifier, but in most cases the procedure code will remain the same as the former HCBS service. Updated billing manuals will be released soon.

Providers will be required to obtain a Class A or Class B Home Care Agency licensure to provide Personal Care services when CFC is implemented on July 1, 2025. After members transition to CFC, providers without a license will not be permitted to provide, or be reimbursed for, Personal Care services provided through CFC. If a member has not yet transitioned to CFC and is still accessing Personal Care through the Supported Living Services waiver, Personal Care can be billed by an agency without a Class A or Class B. Please refer [to HCPF Policy Memo 25-001- Upcoming Licensure Requirement for Personal Care Service Providers Under Community First Choice](#) for more detailed information.

Definition(s):

None

Attachment(s):

None

HCPF Contact:

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