



OPERATIONAL MEMO

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| Title: State Supported Living Services Program (State SLS) and Community First Choice Program (CFC) | Topic: State-SLS |
| Audience: Case Managers, Case Management Agencies, Providers, Health First Colorado Members, HCBS Waiver Members | Sub-Topic: Case Management |
| Supersedes Number: N/A | Division: Benefits and Services |
| Effective Date: July 1, 2025 | Office: Office of Community Living |
| Expiration Date: July 1, 2027 | Program Area: State Supported Living Services Program (State SLS) |
| Key Words: State Supported Living Services Program (State SLS), Community First Choice (CFC), Long-Term Care (LTC), Home and Community-Based Services (HCBS), Long-Term Services and Supports (LTSS), Case Management Agencies (CMAs), Providers | |
| Legal Authority: 10 CCF 2505-8.7560 | |
| Memo Author: Maria Klickna | |
| Operational Memo Number: HCPF OM 25-042 Issue Date: June 24, 2025 Approved By: Colin Laughlin | |

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Purpose and Audience:

The purpose of this Operational Memo is to inform members enrolled in the State General Fund Program State Supported Living Services (State SLS), Health First Colorado (Medicaid) Members, Case Managers, Case Management Agencies (CMAs), and Providers about the program updates occurring after implementation of the new Community First Choice (CFC) program effective on July 1, 2025. This memo will provide operational guidance for the upcoming implementation of the CFC program that requires State SLS program members to transition to appropriate services whenever applicable.

Information:

The State SLS program is designed to provide supports to individuals 18 years and older with an Intellectual and Developmental Disability (I/DD) to live independently with limited supports when they are not eligible for Home and Community-Based Services (HCBS) Medicaid Waiver programs. The funding for this program is limited and is based on the annual funding approved by the Colorado General Assembly. Regulations at 10 CCR 2505-8.7560.C.1 and 4 stipulate that State SLS members waiting for HCBS enrollment or receiving ongoing State SLS services have access to the same services available in the HCBS SLS waiver.

It has come to the attention of the Department that a large number of State SLS enrolled members are:

1. Eligible for or are already enrolled in Health First Colorado benefits;
2. Are receiving both State SLS services and HCBS waiver services; and
3. Will need to transition State SLS services to CFC or HCBS waiver services at the time of their Continued Stay Review Person Centered Service Planning (PCSP) process.

CFC is an optional Medicaid State Plan Benefit that expands services and service delivery options for HCBS to Medicaid Members who need long-term care, including Members currently on an HCBS waiver. CFC will be available in Colorado beginning July 1, 2025.

The services below will be moving from the SLS Waiver into CFC effective July 1, 2025:

- Personal Care
- Homemaker
- Personal Emergency Response Systems (PERS)
- Medication Reminders
- Transition Setup

- Home Delivered Meals
- Remote Supports and Remote Supports Technology

After July 1, 2025, these services will be available through CFC and must be accessed under that federal authority. However, while HCPF engages with members and stakeholders to assess the service and programmatic needs of State SLS, members may continue to access these services through State SLS until further notice. The goal of HCPF is to cause as little service disruption to members as possible while this engagement and review is conducted.

Action To Be Taken:

Current State SLS Members:

No immediate action is required by the Case Manager. CMAs must follow the existing outlined process for State SLS eligibility determinations. To ensure members meeting financial and functional eligibility for CFC and HCBS waiver services are enrolled in the most appropriate program, Case Managers shall identify the most appropriate enrollment by taking the following action:

- At the time of a State SLS member's annual continued stay review person centered service planning, Case Managers must review Health First Colorado Medicaid eligibility of all State SLS enrolled members using the PeakPro portal and confirm coverage in the Health Coverage section of the Care and Case Management (CCM) System.
 - If eligibility for State Plan Medicaid is unclear, the Case Manager must initiate the 100.2 process and select Community First Choice (CFC) as the program option within the CCM.
 - Once completed, the CCM system will verify overnight that the member has eligible health coverage for CFC.
- Case Managers shall address any remaining support needs with the member through a review of Home and Community Based Services (HCBS) waiver eligibility to identify all available programs to best meet the Member's needs.

- Members meeting the financial eligibility criteria for Health First Colorado Medicaid and are found functionally eligible for enrollment into CFC by meeting an institutional level of care using the ULTC 100.2 Long Term Care Eligibility assessment will access personal care, homemaker, personal emergency response systems (PERS), medication reminders or remote supports and remote supports technology services under CFC.
- If a State SLS enrolled member is not eligible for Health First Colorado Medicaid and does not meet Level of Care eligibility to enroll in CFC services or HCBS waiver services, they will continue to be allowed to receive the State SLS services that are authorized in their current State SLS Person Centered Support Plan (PCSP) as long as they continue to meet all State SLS eligibility requirements outlined in 10 CCR 2505-10 8.7560.

Case Management Agency Grievance and Complaint Process for State SLS:

CMAs are required to take the aforementioned action to ensure that members meeting financial and functional eligibility for CFC and HCBS waiver services are enrolled in the most appropriate programs. Case Management Agencies shall not issue a Long-Term Care Notice of Action if a member's State SLS services are transitioned to CFC or HCBS services. A Long-Term Care Notice of Action as outlined in 10 CCR 2505-10 §8.057 and 10 CCR 2505-10 §8.7202.R does not apply to the State SLS program. Those notice and subsequent appeal rights are not applicable to State SLS as the funding for this program is limited and is based on the annual funding approved by the Colorado General Assembly.

HCPF has conducted research to determine potential impact of any State SLS member that will be adversely affected by this transition plan. Analysis of that research has shown that members should not be adversely affected by this transition plan. However, any member active in the State SLS program has the right to file a formal complaint with the Case Management Agency (CMA) for any decision to modify, reduce, or deny services and supports without the member's agreement following the CMAs established grievance and complaint procedure. Each CMA has its own developed complaint and grievance process, following the Department's guidelines in rule [10 CCR 2505-10 8.7201.D](#), which allows an opportunity to find a mutually acceptable solution and can include the use of mediation if both parties voluntarily agree. Should the CMAs established grievance and complaint procedure not resolve a

member's concern, they may submit a [Health First Colorado and Child Health Plan Plus Grievance Form](#).

Attachment(s):

[HCPF OM 25-030](#)

[HCPF PM 25-001](#)

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