



OPERATIONAL MEMO

Title: Community First Choice (CFC) Program Implementation	Topic: LTSS
Audience: Case Managers, Case Management Agencies (CMAs), Providers, Health First Colorado Members, HCBS Waiver Members	Sub-Topic: Community First Choice
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Purpose and Audience:

The purpose of this Operational Memo is to inform Health First Colorado (Medicaid) applicants and Members, Home and Community-Based Services (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 supersedes HCPF OM 25-026 to highlight updated guidance around CFC enrollments for Case Managers and members, specifically for members who experience a significant change in condition and/or who experience a denial for Long-Term Home Health (LTHH) services.

Information:

CFC, also known as a 1915(k) waiver, 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 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-based service delivery models
 - New task: Acquisition, Maintenance, and Enhancement of Skills (AME) task
- Homemaker
 - Including the choice of using CDASS, IHSS or traditional agency-based 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.

Changes to existing services as the services transition to CFC:

Implementation of CFC in Colorado requires the alignment of service definitions and tasks for individual CFC services, including the elimination of potentially duplicative tasks. Below are key changes for Personal Care, Homemaker, and Health Maintenance Activities. One key change is that Attendants may provide up to 16 hours per day of services. If the member needs more than 16 hours of care per day, the services must be provided by a different Attendant. No individual caregiver can work more than 16 hours a day. For a detailed summary of changes, please review Code of Colorado Regulations 10 CCR 2505-10 8.7000.

Personal Care:

- Money management and menu planning are currently available tasks under the HCBS Supported Living Services (SLS) waiver. Under CFC, these tasks will be moved to the Homemaker benefit.
- Family members may be hired as an Attendant to provide Homemaker, Personal Care, and Health Maintenance Activities under CFC just as any other Attendant. The family member may be the caregiver regardless of the service delivery method selected by the member. Under CFC, there will no longer be a distinction or service limitation for Relative Personal Care. Additionally, there will no longer be specific service limits for family members providing direct care.

Homemaker:

- Under CFC, Banking/Money Management and Appointment Management will be tasks under the Homemaker benefit.
- Family caregivers/Attendants can provide Homemaker to adults and minor children on CFC.
- If Homemaker is provided by a parent or guardian to a minor child, this is considered Homemaker by a Legally Responsible Person (LRP) and that caregiver/Attendant is limited to providing 10 hours per week.
- If Homemaker is provided by a family caregiver/Attendant to their adult child, this is allowed but is NOT considered Homemaker by a LRP and that caregiver/Attendant is NOT limited to providing 10 hours of Homemaker per week.
- If Homemaker is provided by the spouse of an adult member (over age 18), this is considered Homemaker by a LRP and that caregiver/Attendant is limited to providing 10 hours per week. Enhanced Homemaker:
 - The extraordinary cleaning tasks of Enhanced Homemaker is becoming a new service called “Extraordinary Cleaning”. Extraordinary cleaning will only be available through the SLS and CES waivers.
 - The habilitative tasks within Enhanced Homemaker will be encompassed in the new task under Homemaker and Personal Care titled Acquisition, Maintenance, and Enhancement of Skills (AME).

Health Maintenance Activities:

- There are no service limits specific to family members who provide Health Maintenance Activities to members, other than the 16 hour of care per day per Attendant limit noted above.

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

Enrollment Timing:

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.

- 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.

Early Enrollment Exceptions:

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. A significant change in condition means:

- A significant change in the individual's functioning related to an underlying medical, physical or psychological condition. This may be precipitated by a hospitalization, medical procedure, new diagnosis or destabilization of the underlying condition.
 - A change in condition which warrants an unscheduled ULTC 100.2 assessment, will usually be indicated by a change in the assessment scoring and/or the underlying diagnoses or conditions the functional limitations are due to. In these instances, it may be appropriate to complete an assessment prior to the end of the current certification span.

Long-Term Home Health (LTHH) Service Denials:

If a member has previously received LTHH services and was denied, they may request a Level of Care Assessment from their Case Management Agency. If found eligible, the

member may receive Community First Choice (CFC) services. While this situation does not meet the “Change in Condition” criteria outlined above, the Department has reviewed the scenario and determined it is appropriate to assess the member for eligibility to explore alternative HCBS waiver or CFC service options in light of the LTHH denial. In order to be assessed for CFC, a member must demonstrate proof of a denial or reduction in LTHH services to the CMA. This guidance does not apply to a member voluntarily ending authorized LTHH services.

Pediatric Members and Prior Authorization Alignment:

For pediatric members, Home Health Agencies are expected to align Prior Authorization Requests (PARs) for Pediatric Long-Term Home Health (PLTHH) services with the Continued Stay Review (CSR) timeline for HCBS waiver services. As there is currently no PLTHH PAR in place, providers should submit PARs for medical necessity in coordination with the member’s HCBS waiver services. Deviations from this expected alignment should occur only in rare circumstances.

Targeted Case Management (TCM) Billing

- CMAs can bill one TCM service paid on a Per Member Per Month (PMPM) for a Member who is enrolled in CFC, HCBS waiver, or both programs.
- Starting July 1, 2025, there will be a \$5.02 increase to the TCM-PMPM. The billing manual will be updated for CFC services.
- Further information regarding TCM requirements for CMAs can be found on the Targeted Case Management Fact Sheet and FAQ.

Escalations and Grievances

- 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. Please refer to the [CFC Billing Manual](#) for more information. Providers cannot bill for CFC services until their member is enrolled in CFC, which will happen at the time of the member's CSR. Providers should always bill according to the approved units, procedure code, and modifier indicated on the Prior Authorization Request (PAR).

Providers will be required to obtain 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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