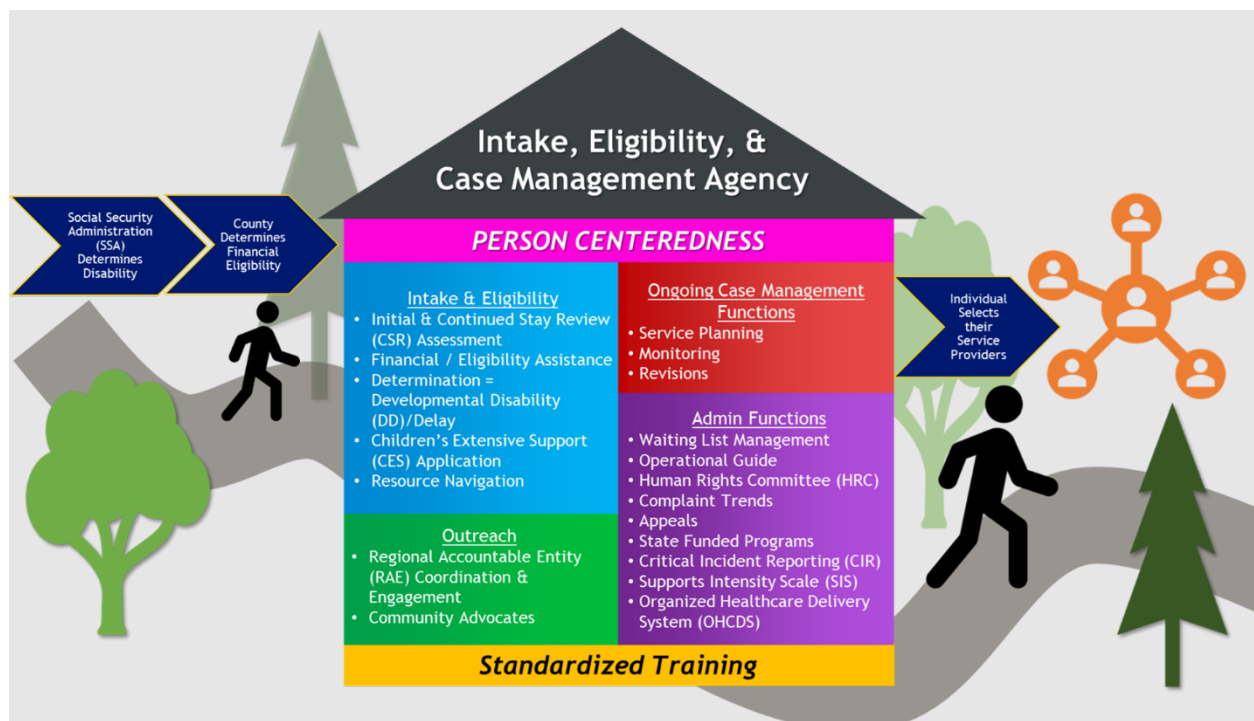


Case Management Redesign Administration and Implementation Legislative Report

November 1, 2023



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I. Case Management Redesign

HB 21-1187 “Long-term Services and Support Case Management Redesign” directed the Department of Health Care Policy & Financing (HCPF) to consolidate and streamline case management for members in need of Long-Term Services and Supports. The Department engaged with stakeholders to design, develop and implement HB 21-1187 beginning in 2020. Upon completion, Case Management Redesign will result in 20 defined service areas with one Case Management Agency (CMA) serving members in need of Long Term Services and Supports in Colorado.

A. History and Background

Colorado administers 10 Home and Community Based Service waivers that are currently supported by three different types of CMAs: Community Centered Boards, Single Entry Points, and Private Children’s Home and Community Based Service agencies. The current structure has resulted in a siloed system requiring members to seek case management services from multiple agencies and/or transfer agencies depending on their HCBS waiver or to receive the complex support needed.

In 2012, Governor Hickenlooper issued executive order [D 2012-027](#) which established the Office of Community Living within HCPF and created the Community Living Advisory Council (CLAG). The CLAG concluded their work in 2014 and provided recommendations in [their final report](#). One of the recommendations the CLAG made to improve long-term services and supports was to redesign case management to better support members to receive quality case management services in their homes and communities.

The federal government also enacted a rule in 2014 for home and community based services that is often referred to as the final rule, or final settings rule, requiring case management agencies be separate from direct service provision (i.e. Conflict Free Case Management). Colorado must come into compliance with this federal rule by July 1, 2024 in order to continue operating and receive funding for the Home and Community Based Service waiver programs.

Additionally, Colorado has created a new Level of Care Screen, Needs Assessment, and a Person-Centered support planning process to streamline and simplify the members experience in applying for Long Term Services and

Supports. The result of these efforts, federal changes, and innovation in practices resulted in umbrella of work collectively referred to as case management redesign.

B. Case Management Redesign Key Outcomes

Colorado did not just wish to just come into federal compliance with Conflict Free Case Management but strived to leverage the system redesign as an opportunity to address longstanding desires for broader improvements.

Through robust stakeholder engagement, HCPF heard that creating a system that reduced confusion, was simple to navigate, and focused on quality and accountability was the highest priority.

As such, with support and input from varying stakeholder groups, the Department developed the House Model (pictured above) where all case management functions for all waivers will be under one case management agency in each defined service area. This includes intake, eligibility, ongoing case management, administrative functions, community outreach and coordination. This creates one case management agency in each defined service area so members only need to work with one CMA that will assess the member for all programs for which they may be eligible.

To achieve this model, HCPF created 5 key outcomes based on the goals of Case Management Redesign passed in HB 21-1187.

1. Federal Compliance

- Develop a Case Management system that follows all federal requirements, including the requirement that CMAs only provide case management without the conflict of also providing direct care services. This is required by federal partners at CMS.

2. Quality

- Develop a Case Management system that is rooted in quality with an emphasis on measurable performance and outcomes that drive success.

3. Simplicity

- Develop a Case Management system that is easy to access, efficient, and provides members with the tools they need to navigate system processes and benefits without heartache.

4. Stability

- Develop a Case Management system to be a consistent and reliable place to assist members with their HCBS needs no matter their disability or need.

5. Accountability

- Develop a Case Management system that values transparency and its responsibility to its members and stakeholders to deliver support in the manner expected.

II. CMA Phased Transitions

C. CMA Contracting Process and Outcomes

In December 2022, HCPF issued a Request for Proposal (RFP) soliciting competitive, responsive proposals from experienced and financially sound organizations to perform as a CMA in defined service areas across the State of Colorado. HCPF received 21 applications for the 20 defined service areas. HCPF issued Notices of Intent to Award for solicitation RFP UHAA# 2023000170, CMA Activities and State General Fund Program Services on June 12, 2023, for 18 of the 20 Defined Service Areas and on July 21, 2023, for the remaining two Defined Service Areas. As such, HCPF intends to award the following contracts to the offerors listed below:

Defined Service Area number	Counties Served	CMA Intent to Award
1	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma	Northeastern Colorado Association of Local Governments (NECALG)
2	Baca, Kiowa, and Prowers	Prowers Public Health and Environment
3	Bent, Crowley, and Otero	Otero
4	Huerfano and Las Animas	Las Animas
5	Arapahoe, Douglas, and Elbert	Developmental Pathways (DP)

6	Adams and Denver	Rocky Mountain Human Services (RMHS)
7	Clear Creek and Jefferson	Jefferson
8	Boulder, Broomfield, and Gilpin	Adult Care Management, Inc. (ACMI)
9	Weld	Weld
10	Larimer	Foothills Gateway, Inc.
11	El Paso, Park, and Teller	The Resource Exchange (TRE)
12	Pueblo	The Resource Exchange (TRE)
13	Chaffee, Custer, Fremont, and Lake	Rocky Mountain Health Maintenance Organization, Inc (RMHP)
14	Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache	Rocky Mountain Health Maintenance Organization, Inc (RMHP)
15	Eagle, Garfield, Pitkin, and Summit	Garfield
16	Grand, Jackson, Moffat, Rio Blanco, and Routt	Rocky Mountain Health Maintenance Organization, Inc (RMHP)
17	Mesa	Rocky Mountain Health Maintenance Organization, Inc (RMHP)
18	Delta, Gunnison and Hinsdale	Rocky Mountain Health Maintenance Organization, Inc (RMHP)
19	Montrose, Ouray, and San Miguel	Montrose



20	Archuleta, Dolores, La Plata, Montezuma, and San Juan	Community Connections, Inc. (CCI)
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CMA contracts will be executed in phases over the course of Fiscal Year 2023-2024. Likewise, HCPF is working with both incoming and outgoing agencies to determine individual agency transition timelines and will be providing communications to members who are impacted by these changes. Below are the CMA Transition Phases listed by Defined Service Area:

6. Phase 1: Aug. 1-Oct. 31, 2023

- Defined Service Area 11
- Defined Service Area 17
- Defined Service Area 14
- Defined Service Area 6
- Defined Service Area 5
- Defined Service Area 2
- Defined Service Area 3
- Defined Service Area 20
- Defined Service Area 13

7. Phase 2: Nov. 1, 2023 - Feb. 29, 2024

- Defined Service Area 4
- Defined Service Area 9
- Defined Service Area 1
- Defined Service Area 19
- Defined Service Area 18
- Defined Service Area 10
- Defined Service Area 12

8. Phase 3: March 1-June 30, 2024

- Defined Service Area 7
- Defined Service Area 8
- Defined Service Area 15
- Defined Service Area 16



Private Case Management agencies serving members across the state will transition in Phase 3 to ensure continuity of care for members, families and staff in the Children’s Home and Community-Based Services waiver.

D. CMA Populations by Defined Service Area

Defined Service Area number	CMA Intent to Award	Member Population
1	Northeastern Colorado Association of Local Governments (NECALG)	900
2	Prowers Public Health and Environment	468
3	Otero	718
4	Las Animas	504
5	Developmental Pathways (DP)	8,684
6	Rocky Mountain Human Services (RMHS)	10,666
7	Jefferson	3,469
8	Adult Care Management, Inc. (ACMI)	2,517
9	Weld	2,476
10	Foothills Gateway, Inc.	2,458
11	The Resource Exchange (TRE)	7,409
12	The Resource Exchange (TRE)	3,020



13	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	798
14	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	866
15	Garfield	700
16	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	333
17	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	2,203
18	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	396
19	Montrose	495
20	Community Connections, Inc. (CCI)	962



E. CMA Populations by Defined Service Area and Population Served

Note: To protect the protected health information of members, Defined Service Areas with less than 30 members on a Waiver have been blinded. In addition, in order to preserve an already blinded number if a Defined Service area only has one Waiver with less than 30 members, the next lowest Waiver member count has also been blinded for safe harbor to remove the possibility of calculating the blinded number using the total member population in each Defined Service Area.

Waiver Acronym Key

- BI = Brain Injury
- CES = Children's Extensive Support
- CHCBS = Children's Home and Community Based Services
- CHRP = Children's Habilitation Residential Program
- CLLI = Children with Life-Limiting Illness
- CMHS = Community Mental Health Supports
- DD = Developmental Disabilities
- EBD = Elderly, Blind, and Disabled
- CIH = Complementary and Integrative Health
- SLS = Supported Living Services

Defined Service Area number	CMA Intent to Award	BI	CES	CIH	DD	EBD	CHCBS	CHRP	CLLI	CMHS	SLS	Total Member Population
1	Northeastern Colorado Association of Local Governments (NECALG)	Less Than 30	Less Than 30	0	130	592	Less Than 30	Less Than 30	0	45	98	900
2	Prowers Public Health and Environment	Less Than 30	0	0	Less Than 30	362	Less Than 30	0	0	43	Less Than 30	468
3	Otero	Less Than 30	Less Than 30	Less Than 30	60	609	Less Than 30	0	0	Less Than 30	Less Than 30	718
4	Las Animas	0	Less Than 30	0	34	386	Less Than 30	0	0	32	40	504
5	Developmental Pathways (DP)	106	789	70	1,759	4,228	456	Less Than 30	Blinded for Safe Harbor	380	815	8,684
6	Rocky Mountain Human Services (RMHS)	124	390	127	1,463	6,587	297	Less Than 30	Blinded for Safe Harbor	809	806	10,666

7	Jefferson	113	153	47	684	1,624	217	Less Than 30	Less Than 30	246	362	3,469
8	Adult Care Management, Inc. (ACMI)	30	215	Less Than 30	601	1,042	112	Less Than 30	Less Than 30	141	348	2,517
9	Weld	39	185	Less Than 30	307	1,369	185	Less Than 30	Less Than 30	154	214	2,476
10	Foothills Gateway, Inc.	35	136	Less Than 30	445	1,129	112	Less Than 30	Less Than 30	257	312	2,458
11	The Resource Exchange (TRE)	88	671	Less Than 30	1,193	3,409	588	120	Less Than 30	478	848	7,409
12	The Resource Exchange (TRE)	Less Than 30	68	Less Than 30	330	1,843	49	Less Than 30	0	461	237	3,020
13	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	Less Than 30	Less Than 30	0	106	553	Less Than 30	0	0	48	60	798
14	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	Less Than 30	Less Than 30	0	38	728	Less Than 30	Less Than 30	0	52	32	866
15	Garfield	Less Than 30	Less Than 30	0	89	422	59	Less Than 30	0	48	67	700
16	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	Less Than 30	Less Than 30	0	53	219	Less Than 30	Less Than 30	0	Less Than 30	Less Than 30	333
17	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	91	63	Less Than 30	387	1,117	47	Less Than 30	0	330	156	2,203
18	Rocky Mountain Health Maintenance Organization, Inc (RMHP)	Less Than 30	0	Less Than 30	42	270	Less Than 30	Less Than 30	0	39	32	396
19	Montrose	Less Than 30	Less Than 30	0	65	368	Less Than 30	Less Than 30	0	Less Than 30	Less Than 30	495
20	Community Connections, Inc. (CCI)	Less Than 30	Less Than 30	0	45	730	43	Less Than 30	0	98	34	962

III. CMA Caseload and Stakeholder Feedback

The Department is requiring CMAs to follow an identified best practice for case management, with a 1 case manager to 65 member ratio. The Department engaged with CMAs on the 1:65 ratio and received positive feedback on implementing lower caseloads with supported funding. A CMA may request approval from the Department to adopt an alternative caseload ratio. Requests submitted to the Department must include how the CMA will oversee and ensure quality case management. The Department will review a CMA request to determine whether an approval will be provided. Requests will be approved for a time limited basis to allow for continued evaluation and oversight of business practices and case management quality performance. A CMA may request to continue their business practice prior to the approved end date, which is subject to HCPF review and possible approval.

CMAs receive oversight through the Department Case Management Quality Performance and Operations and Administration Division, which includes oversight of case management caseload and other case management requirements. The Department reviews CMA performance throughout each fiscal year to monitor case management quality performance, caseload requirements, and ensure continuous quality improvement of case management services. If approved, the CMA will be provided approval in writing with an approval start and end date.

The Department will also review the Targeted Case Management (TCM) rate in accordance to the Medicaid Provider Rate Review Advisory Committee review cycle. The review includes a comprehensive analysis of the ongoing case management activities that determine the Per Member Per Month (PMPM) TCM rate for CMAs.

IV. Conclusion

Case Management Redesign implementation continues to progress to consolidate and streamline case management for LTSS in Colorado. CMAs have been selected and are in the process of transitioning to take on their new contracts. Members and individuals seeking LTSS will be able to go to one CMA in their defined service area for all their LTSS needs. HCPF is on track to



achieve the federal requirements for Conflict Free Case Management and HB21-1187 by July 1, 2024.

