

HCPF/Eligibility Site Monthly Touch Base Meeting - 2025/05/22 14:45 MDT - Transcript

Attendees

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Transcript

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Marivel Klueckman - HCPF: Good afternoon. Happy almost summer. Can you all believe it? Thank you so much for joining Irvy. We're gonna give it a few minutes. I'll be back on camera here in a little bit. thank you again for being

Marivel Klueckman - HCPF: I see a couple more people join. So, good afternoon. Thank you. We are just going to wait a few more minutes. So, thank you for being the early birds today.

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Marivel Klueckman - HCPF: I see the attendance number ticking up. Thank you so much everyone for joining us today. This is our monthly pickpuff eligibility sites touch base. really appreciate being able to come together and provide some updates and more importantly hear from you all on some of the topics that we have or usually if we have time at the end round robin for anything else that you want to bring up here. I'm going to give it maybe another minute or so for more to gather and then we'll jump into the agenda and start off our presentation.

Marivel Klueckman - HCPF: Hello. Okay, at this point some of you guys have been hearing me say hi for a few minutes now. Thank you so much everyone for joining me. I think we'll go ahead and officially kick off. So, good afternoon. This is the Hickpuff eligibility sites monthly touch-based meeting. really appreciate the opportunity to come together with you all to just talk about what various topics, various things are going on. we actually have a very full agenda today. excited to have these topics here and excited to have some special guests join us today. just in case you don't know, my name is Maraval Kukman. I'm the eligibility division director and I have the honor of working with the eligibility team in all aspects of eligibility for our medical assistance programs. So ne next slide please. agenda today. So I just did the welcome.

Marivel Klueckman - HCPF: we will have a presentation on accountable care collaborative ACC phase three. just in case you've heard some rumblings and we have special guests to talk more about it and answer any questions you may have. and then we have special guests for the next topic too which is community first choice the CFC as it pertains to wellness education benefit and the new children with complex health needs waiver. so we get more details on what that looks like and implementation of that and how you all play a role into that or at least can be informed about it. And then lastly, we'll have a quick presentation on buyin and an update that we have for you all. and then we have renewal too. So now I need to hurry up and get to our presentation because we have a lot. So thank you all so much. I will I apologize, Mark. Am I handing it over to you?

Mark Queirolo - HCPF: You are handing it over to me,...

Mark Queirolo - HCPF: Glad to be here.

Marivel Klueckman - HCPF: Wonderful. Welcome.

Marivel Klueckman - HCPF: Thank you.

Mark Queirolo - HCPF: Hello My name is Mark Carrell. I am the Accountable Care Collaborative or ACC Planning and Implementation Section Manager. We have been working with the Colorado Health Institute to develop some member communications toolkits that we want to show with you. So, I'm just going to provide Next slide, I'm just going to provide sort of a quick overview what and make sure everyone's grounded in what the ACC actually is and go over some of the key changes and then I'll turn it over to CHI to talk about the member toolkit that we have that we'll be distributing to you and many other community organizations to help members get the right information and get to the right right place to get their needs met. So, next slide, please.

Mark Queirolo - HCPF: So the accountable care collaborative has been in place for 14 years. Hopefully you have heard about and the regional accountable entities or the ACC is our Medicaid delivery system and we contract with the RAYS to administer the department's behavioral health benefits as well as coordinate care for members physical health care and specialty care and things like that and they contract with networks of PCPs or primary care providers as well as behavioral health providers.

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Mark Queirolo - HCPF: when we are just talking and communicating with our members, we do not use the regional accountable entities language or ray we refer to them as regional organizations. So you may have seen communications like that in the member handbook and things like that. next slide and we can move on. So what is changing in ACC phase three? So our current contracts with the existing regional accountable entities ends on June 30th of 2025. So we will have new contracts beginning on July 1 of this year. The main change is that we're going from seven regions currently to four regions. we currently have five organizations operating in those seven regions and we'll be going down to just four organizations.

Mark Queirolo - HCPF: and I'll give you a little bit more information on the next slide. so just want to highlight that you may be hearing from members that because of these changes they may experience a change in the regional organization that they've been working with. They may have changes in who their attributed primary care provider is and things like that. So you may get questions and that's why we really wanted to come to you and present this information.

Mark Queirolo - HCPF: Next slide, please. So, here is the four regions that will go live on July one of 2025. And so, we have Rocky Mountain Health Plans operating on the western slope. they also will continue to have and operate Rocky Mountain Health Plan Prime in I think it's nine counties in that region. And that is a traditional managed care organization. and let me just be clear if you're not aware. So if you're enrolled in a regional organization, your physical health services are paid fee for service. It's just the behavioral health services that are paid for by the regional organization.

Mark Queirolo - HCPF: for Rocky Mountain Health Plan Prime and Denver Health Medicaid Choice. Those are traditional managed care organizations for physical health benefits. So, it is a more limited network for our members. They can't get the fee for service for the majority of their physical health services. So, just wanted to make that clarification as well. for region two, the green region, our eastern plains, we have Northeast Health Partners that's operating in that region three, the purple sort of the front range region is Colorado Community Health Alliance and then the yellow region is Colorado Access. And you'll see Denver County also has Denver Health Medicaid Choice operating in that region. Next slide, please.

Mark Queirolo - HCPF: So, since many of you probably aren't tracking all the maps, we wanted to we'll be giving you this in a member toolkit and things like that, but just to call out. So, Larur County is currently in Rocky Mountain Health Plans. It'll be moving into Northeast Health Partners. Elbert County is currently with Colorado Access, and that will be part of the Northeast Health Partners. And then the biggest changes is the southeast corner of the state. We've sort of split those counties in half. and Health Colorado Incorporated is currently operating in that southeast corner of the state and now Rocky Mountain Health Plans Prime or Rocky Mountain Health Plans and Northeast Health Partners will be taking different counties there. So next slide please.

Mark Queirolo - HCPF: You may be aware in here of sort of we try and attribute members to a primary care provider or PCMP. and we do this by either member choice. They call the enrollment broker and ask to establish a longitudinal relationship with a medical home. we look at their utilization history. the majority we attribute to a PCMP based on that utilization history. And currently we attribute all of our members. even if they don't have any utilization history, we'll attribute them by geographic location to the closest provider.

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Mark Queirolo - HCPF: As we move into phase three, we'll use that member choice and utilization history and attribute those members that have made a choice or have that utilization history. We'll attribute them to a PCMP and then we'll assign them to the RAY based on the location of that primary care medical provider site. If there is no utilization history, we will assign them to the Ray based on the member's home address. So, if you're looking in interchange or you've been looking at interchange a lot, you'll often see a attribution or assignment as well as in the future, you may just see array assignment in interchange. and any member can change who their PCMP is by calling the enrollment broker at any time. Next slide.

Mark Queirolo - HCPF: And I know I'm going through this quickly, but you've got a lot to cover, so why are all these changes happening? Every seven years, we get the opportunity to really reook at our program and, help move forward. So these are a lot of, administrative updates to Health First Colorado. And the most important thing we want all of our members to know is benefits and services are not changing. And this change does not impact their renewal process and things like that. It is just who they're assigned to and who is going to help manage their care and coordinate care. so yes, when someone's ray assignment changes, they w should get an updated ID card and that will be updated also in the app and all of those places.

Mark Queirolo - HCPF: great. Are there other questions? Because I think I only have one other slide left, but are there other questions at this time? Okay, I'll go to the next slide. And the last thing before I turn it over to Taylor at Colorado Health Institute, we are going to have some communications going out there, which we know always generates member phone calls to whoever they know to reach out to. So, we really wanted to give you a heads up on this. So, all of the rays that were in that grid of counties that are changing, the rays will be sending out closeout communications to their members in those counties. They'll be notifying them that they are no longer that member's regional accountable entity but may not know who they're going to be attributed to yet, but they're just letting them know that there's going to be a change coming.

Mark Queirolo - HCPF: All of those notices will go out sort of late June. And then beginning in July, Health First Colorado will be sending out welcome letters to members with updated information on their regional

accountable entity and primary care provider. and then in July and later, the new raise will probably send out welcome letters to members about their new regional accountable entity. We Health First Colorado will not be sending any communications to those members whose regional organization or PCMP is not changing. So, we're hoping that half of our membership will probably not receive any communication. but there is about half that probably will be getting some form of communication from us over this time.

Mark Queirolo - HCPF: And again, members do not need to take any action when they receive that letter from Health First Colorado. And with that, I will hand it over to Taylor at Marabel.

Marivel Klueckman - HCPF: My apologies, Mark. Thank you. the question on that communication, connecting dots to the question about the Medicaid card. So, for those members who are having a change, when that welcome letter goes out,...

Marivel Klueckman - HCPF: we should anticipate that also a new Medicaid card will go out, I know it's obvious, but I just want to make sure you connect those dots.

Mark Queirolo - HCPF: I believe that's the case that...

Mark Queirolo - HCPF: if that's the enrollment broker's normal process, then yes, the Medicaid ID card will go out with that new letter of their enrollment. Taylor

Marivel Klueckman - HCPF: Perfect. Thank you.

Taylor Kelley: All right. So, all of these changes and a way to manage that is we've created this member communications toolkit for folks like you to use when speaking to members. so, we can go ahead and go to the next slide. Okay. So, really this toolkit like I said is it's meant to be a tool for we know that this world is certainly filled with lots of jargon and multiple points of assistance. So it's our hope that we create really consistent and reliable talking points for folks as they're on the ground working with members on a daily basis. so this toolkit includes things like key terms sort of that background that Mark shared about the ACC. information on those upcoming changes that we described.

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Taylor Kelley: some general talking points and then we've got some specified talking point talking points for those scenarios where members are changing rays if they're changing PCP or any combination of those scenarios. Okay, so next slide and we're not going to read all of these talking points to you all. We'll certainly just send this document to you for you to use but just going at a high level we'll share what those talking points are. So, next slide for general messaging, as Mark said, and I'll repeat it again because we think it's most important. We want to really make sure that, members know that their Health First Colorado benefits and services are not changing. this transition to phase three is largely administrative. but with these transitions, we want to limit the concern and confusion about benefits as much as we can.

Taylor Kelley: and then the second important message with this is that of course, those renewal packets that folks have to fill out are different and do require member action and just want to make sure we don't get those confused for folks. All right, Herardo.

Gerardo Silva-Padron: All right. Thank you, Taylor. So, my name is Harlo Padon, a policy analyst here at the Coral Health Institute. So, now in the communications toolkit, we did create some talking points that may be suitable for specific scenarios based on the questions or requests members may Next slide if you

can. Thank you. So now we understand not every call or question is the same but these are the kind of questions your teams may encounter and we want you to feel confident in the resources and steps available to guide members effectively once ACC phase 3 arrives. So here's kind of a high level of what you could expect in the toolkit. we can start with the first Scenario one members didn't receive a letter but heard about a change from a friend or family member.

Gerardo Silva-Padron: County human services by confirming whether a change has occurred to their primary care provider or regional organization. They could also provide accurate personalized information based on the member's current status. And then lastly, just reassure and guide them through the next steps. Scenario two, members assigned to a new regional organization outside the area. So the role here really just to explain why the change occurred. This could reduce member confusion and concerns offering next steps such as how to access services under the new regional organization and find new and network providers for me for members. The third scenario is when members have a new primary care provider or regional organization. so what to expect? Members may want to switch primary care providers or need help understanding their new provider options.

Gerardo Silva-Padron: we could guide them through how to change their primary care provider if the current one doesn't meet their needs and also just explain how the provider network or cover services may differ under the new regional organization. sorry if you could just click on yeah there we go. So now in the last scenario four, member enrolled in a managed care plan with changes. we can support here by just helping them understand the disenrollment process and the content of their notification And lastly, just clarifying any timelines or deadlines for switching plans or selecting a new one. Next slide, please.

Gerardo Silva-Padron: So to help support your outreach and engagement efforts, we've also developed a set of additional member resources that your organization can use and adapt as needed. So first in the toolkit, we've created a collection of social media posts and template. These are designed to make it easier for you to promote your organization's activities, share updates, and just spread the word about regional collaboration. The templates can be customized with your branding and they'll be ready to go on all social media platforms. Second, we've put together a flyer titled what is a regional organization. This is easy to understand one pager that could be distributed to members, partners, or the public. It's a great tool for educating your community about the role and services of regional organizations that could be useful for folks Next slide, please.

Gerardo Silva-Padron: and some additional resources in the toolkit we also laid out was who to contact in case of a member who has a question or request. So for when a member needs help finding a provider, they should contact their regional organization, we've listed their contact information, but depending on where they live, this could be one of the following: Car Axis, Colorado Community Health Alliance, Northeast Health Partners, lastly, Rock Rocky Mountain Health Plans. regional organizations are there to help members find the right provider in their area. If a member has questions about their benefits or services, the member could then contact their regional organization or they could call the Health First Colorado member call center directly through the In case of a similar event, if a member wants to change their primary care provider, they should contact the free number for Health First Colorado enrollment.

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Gerardo Silva-Padron: And lastly, when it comes to care coordination, we would just point them towards their regional organizations for support. In next slide, I think bring it back to Mark. But yeah, we'll just be opening the space for any questions, feedback, ...

Gerardo Silva-Padron: excitement, concerns, basic space. But yeah, appreciate you guys' time.

Mark Queirolo - HCPF: Yeah. Are there any questions?

Mark Queirolo - HCPF: And if not, sorry, I'm also going to share that we posted today an updated member messaging resource center. So you can utilize this web page for a lot of different questions we've put on there and a lot of the resources this toolkit is available through there. so just strongly encourage you to utilize that and we will continue to update that as we get in new questions as we have go through this transition. So, thank you all very much for everything you do and...

Mark Queirolo - HCPF: helping our members. And I'll turn it back to Marvel.

Marivel Klueckman - HCPF: Wonderful. Thank you so much,...

Marivel Klueckman - HCPF: Mark, Taylor, Herardo. Really appreciate the thoroughness and everything that's gone into trying to help members through these changes and providing the resources for everyone for our eligibility workers to be able to connect and help members as well. thank you for that and that's awesome. Thank you for posting the website where some of the resources are there. so, I don't know, team, if you're planning to stay here, but, in case there's any questions that come up while you're gone and you're not around, we'll capture them and circle back later as well. and with that, our next honored guest, thank you, is Lana.

Marivel Klueckman - HCPF: Thank you so much for joining us. I think you're talking about community first choice coming up. Yes.

Lana Eggers - HCPF: Yes, I am.

Lana Eggers - HCPF: Thank you for having me today. my name is Lana Edgars. I manage our waiver innovation and compliance section here at the department. And I'm going to talk about three different initiatives today. So first, community for choice is the biggest initiative. And then there are two corresponding initiatives that I'll talk about as well, including the wellness education benefit and the new children with complex health needs waiver. So you will soon learn how all of these are intertwined. But let's first start off with Community First Choice is a state plan Medicaid program that expands long-term care access to individuals who are not on HCBS waivers. So, it pulls select services out of our 1915C waivers and puts them under a 1915K authority, which is a state plan authority.

Lana Eggers - HCPF: With this change, members no longer have to qualify for a specific HCBS waiver in order to access these long-term care services. So, it really does expand access to care. It also standardizes access to care. Many of our waivers have differing benefits. so some of our children's waivers, for example, have smaller benefit package than some of our big adult waivers like the elderly, blind, and disabled waiver. So, Community First Choice makes the service package available to any member who qualifies for it. Next slide, please. So, here is just a little visual of where CFC lives. It's a little imperfect because it's part of the state plan, but it is an optional part of the state plan.

Lana Eggers - HCPF: So again, we're pulling those services from the green section down to the red, which is demonstrating that expanded access. On the right hand side in this maybe teal or moss color box, you'll see the services that are moving to CFC. So we have personal care, health maintenance activities, home delivered meals, our personal emergency response systems, which includes electronic monitoring and medication reminder, our supports technology and transition setup. You'll see that a couple of these have a little asterisk next to them. those are the services that can be provided under consumerdirected options.

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Lana Eggers - HCPF: So those would be our inhome support services and our consumerdirected attendant support services. Those are models that really give members a lot more autonomy and control over the services that are provided to them. and there's also a new task in there. I think from a county level, you guys probably don't get into this granle level, but I'll at least say it out loud that there is a new task that helps acquisition, maintenance, and enhancement of skills, which helps members learn the tasks that are being provided by an attendant to ultimately make them kind of more self-reliant on things that they would like to learn. and next slide, please.

Lana Eggers - HCPF: Think I probably missed a really important talking point at the very beginning there to say that this initiative live on July 1st, 2025. That is when CFC will be available to members. However, our case management agencies are currently doing the work to get folks enrolled in CFC. since that does take a little bit of time if they're already on a waiver, but a member who's walking in off the street and saying, "Hi, I need access to long-term care." That process would start July 1st for any of those new members. So from an eligibility perspective, CFC does not create a new eligibility category or an aid code under the state plan and it does not increase the financial eligibility for thresholds seeking long-term care. We are leveraging existing aid codes.

Lana Eggers - HCPF: so an aid code that would have full state plan benefits, that would be an individual who would have access to CFC if they meet that institutional level of care. Another way that somebody could become financially eligible for CFC if they have a higher income. So if you think about members who are on our waivers and could be closer to that 300% threshold, that still remains. So even though some of these services are coming out of the waivers, our waivers will still exist and they'll still be a robust service package under each of our waivers. So if a member receives at least one waiver service a month, they can access the state plan and CFC and kind of all the things that come with basic Medicaid if they continue to receive that one service a month. And I'm going to talk about that one service a month a little bit later.

Lana Eggers - HCPF: Next slide, please. so CFC services are available to members of all ages and they're not based on disability or diagnosis. a member eligible for Medica state plan Medicaid would have to go through a level of care assessment. And I see that question in the chat. So, a member would still go through the ULTC 100.2 to establish that the individual has a long-term care They would need to establish that the individual meets an institutional level of care. So, think nursing facility, hospital, all of our existing level of care would still be applicable under CFC.

Lana Eggers - HCPF: so they would need to be kind of assessed for CFC individually or if an individual is already enrolled in a waiver and they're meeting that waiver criteria for institutional level of care, that also qualifies them for CFC. So really, we're just trying to get to that institutional level of age appropriate guidelines still apply when assessing a child. So where we see a lot of our service expansion under CFC

is for children. we do need to be cognizant of making sure that we are looking at children through kind of an age appropriate lens and qualifying them for long-term care based on their current age and what would be typical of a child that age who does not have a disability. Next slide, please.

Lana Eggers - HCPF: Okay, so the next thing we have is the wellness education benefit. Maybe I'll pause on CFC for a second since I see some questions coming in. Is that okay if we take questions now or do you want me to hold them until the end of the presentation?

Marivel Klueckman - HCPF: That's fine. Llama, you can go ahead.

Lana Eggers - HCPF: Yeah, if you want to go ahead, Alison

Alison Snider - CDHS-CTY: So, you're stating on the eligibility piece of CFC. So, I just need to be clear on this because I do long-term care HCBS and also the disability applications that we have to do for individuals at this point in time for people wanting long-term care that so I've got a 62-year-old getting early No disability assessment, nothing. They qualify for MAGI Medicaid, which has no resource guidelines. The client gets 1,600 a month in Social Security early retirement. They're on MAGI Medicaid, which no resource requirement. And then I can do the 100.

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Alison Snider - CDHS-CTY: I can send it over for an assessment on the 100.2.

Alison Snider - CDHS-CTY: But what does that do with the financial eligibility? Is it still going to be like doing a long-term care case and asking for resources and such Oops.

Lana Eggers - HCPF: I would say that that question is a little bit more eligibility focused than I would feel comfortable answering based on the population here.

Lana Eggers - HCPF: I think there's a lot of experts on this call and I do not want to look like somebody who's speaking outside of my knowledge base. So for community first choice, as long as a member is eligible for state plan Medicaid, we're thinking those kind of a whole state plan Medicaid eligibility. That is when they would be eligible for community first choice if they have an assessed institutional level of care need. So, I don't think I can speak to the specific circumstance, but if somebody is eligible for state plan Medicaid with that institutional level of care need, they would be eligible

Marivel Klueckman - HCPF: Yeah, and Allison, thank you for the question. So, Lana, I'll take it back. Unfortunately, my long-term care policy specialists are not here today. but what by what I'm hearing just to make sure is that the determination assets is a part of it's not an eligibility requirement for CFC. what is a requirement is that there be eligible and meet criteria for one of the categories of Medicaid that are part of the state plan option and then as long as they do the assessment like what you're saying then that'll be a benefit on the back end. So the resources would not be a factor here. So we wouldn't all of a sudden start assessing resources for MAGI members for example.

Marivel Klueckman - HCPF: But happy for us to bring that back as far as confirming that and then we can send out a confirmation just to make sure that we're clear on how that Does that make sense, Lana? Got it.

Lana Eggers - HCPF: Yeah, that sounds good.

Lana Eggers - HCPF: And just to kind of add on to that in order to be eligible for CFC, you don't require a disability determination if that person is just trying to go into CFC. but magi would be an included group who could access the program.

Marivel Klueckman - HCPF: Perfect. There's quite a few questions on the plant.

Lana Eggers - HCPF: Should we go through the chat or what works best here?

Marivel Klueckman - HCPF: So, I don't know if you want to go through those right now or...

Lana Eggers - HCPF: Yes. Yeah.

Marivel Klueckman - HCPF: do you want to go finish your presentation?

Lana Eggers - HCPF:

Lana Eggers - HCPF: I'm happy to go through those now. so Amanda asks, "Does this mean that CFC would be an option if a member would not want to establish an income trust which would enable them to be eligible for HCBS nursing facility?" I'm going to have to punt on that one. I don't know a lot about income trust, so maybe if we could take that one back, that would be helpful. let's see. The next question here is what effect is CFC going to have on the difficulty of care program exempts income for caregivers who reside in the same home as the person they care for but only applies to a waiver. So wow great question really shows the knowledge on this call here. So that's correct that the current difficulty of care ruling only applies to HCBS waivers.

Lana Eggers - HCPF: However, we recognize that early in implementation of this program and we have requested a private letter ruling from the IRS to rule that that difficulty of care exemption also applies to our 1915K or community first choice. So, we are waiting on the ruling from the IRS, but I do expect a positive outcome on that. So, I am not concerned that we're going to have any issues with the difficulty of care program. some food for thought is because this is being implemented mid tax year. If we don't have that ruling from the IRS on July 1st, we still have the tax year to make sure that we get that back because with the small government shutdown we had at the beginning of this year, there was a little bit of a lag with that.

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Marivel Klueckman - HCPF: Thank you, Lena. And once we get that rolling back,...

Marivel Klueckman - HCPF: we do have a FAQ out there on difficulty of care. So, we'll be happy to update that and then send that out to everyone broadly as well.

Lana Eggers - HCPF: Okay, perfect.

Lana Eggers - HCPF: Thank Okay, let's see. Bernardet asks, "If a client is over resourced for long-term care but meets level of care requirements, can they still receive CFC benefits?" if the member is on a waiver, they could. So, if they're over resource limit for just basic Medicaid, but they qualify for a waiver, then they would be able to access CFC. where are we sending referrals? The level of care screen right now needs a referral for Level of care. Will there be another spot in CBMS for this?

Lana Eggers - HCPF: How would we know if someone is wanting this with current applications? Is a question going to be added? So, the case management process really isn't going to change for community first choice. The same case management agencies are going to manage the assessment and the provision of services for CFC much like they would a waiver because we're looking at these two programs kind of holistically. where the majority of members will have both waiver eligibility and CSC eligibility because we have such broad waiver programs. So, unless I'm missing the question here, Gabrielle, the process would remain the same for this.

Gabrielle Fischer: Can I jump in?

Lana Eggers - HCPF: Yeah, go ahead.

Gabrielle Fischer: So, I understand the case management side. I'm talking from the eligibility standpoint. Right now, when someone applies for long-term care, we send a referral through CBMS. There's a screen specifically for long-term care referrals. Is CFB going to have a separate waiver so we know that that's...

Gabrielle Fischer: what it's coded or that we're referring it? Because right now the only way we'd be able to do that is to send a DSS1 which is a manual process and if it's not through a waiver and it's just the state plan only the CMS are going to know that they're approved for CFC if they don't get a waiver. The eligibility worker will not know or have a way to send that. Does that make sense?

Lana Eggers - HCPF: I would say it makes as much sense as somebody...

Lana Eggers - HCPF: who does not spend every day in an eligibility system. Our system edits updated our interchange system and our care and case management system. We did not make any changes to the CBMS system for the implementation of CFC. So, I imagine we would be utilizing current functionality in CBMS. but this one again might fall a little bit outside of my wheelhouse since I'm not familiar with that system.

Lana Eggers - HCPF: So, if we can respond back to that one with a concrete answer, I think that would be best.

Marivel Klueckman - HCPF: Yeah, Gabrielle,...

Marivel Klueckman - HCPF: I see exactly what you're asking and so I apologize that I don't have the answer right this moment, but let for sure we'll take it back and get a response as far as because what you're asking essentially is if we're saying that CFC could be potentially for someone that is on MAGI, how would we get the referral over if MAGI does not have the LLC referral tied to it in CBMS? So, ...

Gabrielle Fischer: Yes.

Marivel Klueckman - HCPF: did I get that right? Yeah, we'll definitely take that back and then, provide an update around that. It's a great question that I apologize. I wasn't prepared for that for today. So, we'll make sure circle back

Lana Eggers - HCPF: And I'm wondering, Marivel, I know you have other agendas other than me.

Lana Eggers - HCPF: Do you want me to keep taking questions? I'm more than happy to. or do you want to take some of these offline? What works for you? I don't want to take up your whole agenda. Okay.

Marivel Klueckman - HCPF: I think yeah thank you Elana.

Marivel Klueckman - HCPF: I think if we wouldn't mind maybe going to Kathy to get her question and then maybe you can finish your presentation and if we have time we'll get back to the questions. If not then we'll take them back and have to respond later. Kathy.

Kathy Cordova - CDHS-CTY: I guess from all the questions I see, we're eligibility workers, So, we're geared for long-term care. and I can tell by all the questions that you're getting. So, is there going to be a training for eligibility workers who determine long-term care? because we're just used to all this level of referrals and all that. It sounds like we are not even going to need those. It almost kind of sounds how are we going to distinguish DFC from HCBS and are we even going to need to send anything because obviously we're not going to need HCBS qualifications.

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Kathy Cordova - CDHS-CTY: So I think we are going to need some kind of training on...

Kathy Cordova - CDHS-CTY: how to differentiate what eligibility workers need to do if it is just going to be CFC versus HCDS. If that makes any sense.

Lana Eggers - HCPF: Yeah, that does make sense.

Lana Eggers - HCPF: So staying with my knowledge base here, the process from a member perspective will look very much the same. So when a case manager goes in, so a long-term care case manager goes in, does the 100.2 qualifies them for Medicaid or for long-term care, does the financials for that? That whole process is going to remain the same. Sometimes a case manager might not know if the member is going to go into CFC until they get into that process.

Lana Eggers - HCPF: because it really depends on which services the member needs and has an assessed need for. So, I hear a lot of the questions on this call and I do apologize that, I'm not as familiar with the work that counties do around eligibility. So I think what might be good is if we come back with a kind of a process flow that confirms where things change for you and where things remain the same for you so you can know where we might be deviating from current processes. if that works for you then I would propose that we do that because I certainly don't want to misspeak here.

Marivel Klueckman - HCPF: I think I appreciate that, Lana. And definitely I think that would be good for us to just have something.

Marivel Klueckman - HCPF: It's not a major change from eligibility, but enough that we need to help understand what that flow looks like.

Lana Eggers - HCPF: Yep, that sounds great.

Lana Eggers - HCPF: I'll work with your team on getting that done.

Marivel Klueckman - HCPF: Thank you.

Lana Eggers - HCPF: All Thank you guys for your patience here. so I'm going to quickly go through the wellness education benefit. The reason this is important is we talked a little bit earlier about how a member might have Medicaid eligibility through their waiver or they might not be able to access CFC

without that higher income limit. So, we developed the wellness education benefit to one provide actionable information for members that help them with things like fall prevention or how to interview for jobs, things like that. But also, this counts as a monthly benefit, which is a federal requirement to be eligible for a waiver program.

Lana Eggers - HCPF: So, these articles are mailed to members and they would receive it once a month and this would help keep somebody on their waiver if their services are moving to CFC. So, if you remember back to that beginning part of the presentation, I named a lot of our really big services like personal care, homemaker, health maintenance, those are some of our most utilized services. So, we do expect that a lot of members won't be utilizing waiver services on a monthly basis. So, this is a really important benefit to keep folks on a waiver and keep them Medicaid eligible and thus be able to access Next slide, please. This is just a visual in case you hear from any members, they will be getting this pamphlet in the Next slide, please.

Lana Eggers - HCPF: so what to expect? This benefit expands this month. So we rolled it out for our CHCBS waiver members last year and now we're expanding it to all waiver members beginning now. And what you might see as a result of this is a potential for increased returned mail. So, because we're mailing this far and wide, we will now know if somebody has moved pretty quickly. Next slide, please. So, to update the address, our vendor, Smart Source, is going to send us a list of members who had their wellness education benefit returned. We are going to reach out to case management agencies who will conduct that member outreach and update the member's address.

Lana Eggers - HCPF: It's really important that the member's address is updated as soon as possible so they can receive their next monthly benefit. Again, making sure that they're not vulnerable to losing waiver access. So, we might see an increase in that volume. and we'll follow the same process that we currently follow where the reports go through the peak inbox and addresses are ly updated. next slide please. So briefly, the children with complex health needs waiver. What this initiative does is it merges two of our existing waivers.

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Lana Eggers - HCPF: merges the children with lifelimiting illness waiver with the children's home and community based service waiver. The reason we are doing this is with community first choice the primary benefit in that waiver is inhome support services which is moving to community first choice. So it only leaves that wellness education benefit which doesn't provide us with the federal authority to operate that waiver. So to hope to keep these kiddos on Medicaid, keep them on a waiver, we're merging these two waivers, expanding the targeting criteria and the eligibility criteria for this the CWCHN waiver, so we could ensure that all of these kids continue to have access to not only their waiver services, but in many cases Next slide, please.

Lana Eggers - HCPF: so this will be an increase to services for CHCBS waiver members and it'll be kind of status quo for any of our current CLI waiver members. Members who are currently on CHCVS will transition to this new waiver at time of their continued stay review. So we're doing a slow turn onto both this merged waiver and onto community first choice to help mitigate and distribute the workload for case managers. So, we don't just say, "Hey, you have to do a reassessment for everybody on July 1st." We're going to transition folks over the course of the next 12 months with everybody being transitioned by June

30th of 2026. And next slide. And then lastly, the CWCH waiver will not have any unique parental income considerations.

Lana Eggers - HCPF: So, if you think back to historical considerations for CHCVS, those will no longer be in place under this new merged waiver where the eligibility will be determined based solely on the member's income. I think that's my last slide. Maybe if you could check that for me. Okay, there we are. and then I'll look through these questions and see if I can answer any of them over chat. while we move on to our next presentation,

Marivel Klueckman - HCPF: Thank you so much, Lana, and thank you everyone for your great questions. Really appreciate it. as Lana mentioned, we'll definitely make sure to circle back with a process flow and then make sure that, answer the questions that you have here, so that we're prepared for y in the meantime, and we have another presentation. Nancy, I think you could probably provide this update within five minutes so that we can hopefully have a few minutes for renewal.

Marivel Klueckman - HCPF: Thank you so much. Go ahead, Nancy. The welcome. Thank you.

Nancy Brenes - HCPF: I will try my best.

Nancy Brenes - HCPF: All righty then. So, I am here to give an update on the buyin project that I was here last month or the month before that. what was proposed in this project was to discontinue autoenrollment into the working adults buyin program. specifically for those with HCBS, this was meant to happen at enrollment and at first renewal. members wouldn't be autoenrolled in a premium payment program first. That is the major reason why we were moving forward with this. members would need to opt into working adults buyin with HCBS and members would be automatically reviewed for long-term care eligibility. Next slide. so what happened?

Nancy Brenes - HCPF: the short version is systems issues and escalations when reinstating premiums, the return of the premiums after years of being waved has been challenging and we don't want to impact members significantly more than we have already. So that along with the complexity of long-term services and support stabilization efforts and CHIP plus continuous eligibility projects have just created a climate in which we don't want to bring even more change that could create challenge to our members. next slide please. So we have decided to delay the project for at least a year. So instead of going in June 2025 it's delayed.

Nancy Brenes - HCPF: we will revisit for potential implementation next year. it's imperative for HICPA that HIPPO does not continue to introduce new system updates until these long-term services and support stabilizations are completed and they are planned through 2025. So hopefully once those are done, then we can make sure everything is stable once it's completed and then we can go ahead and revisit Next slide please. So what does this mean? It means that the current process is going to remain. So the eligibility determination process for working adults buyin with or without HCBS will still remain the same. Any member including those who are also receiving HCBS services can opt out of working adult spying at any time. Just a reminder, it's a voluntary program. They can opt in or out at any time.

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Nancy Brenes - HCPF: premiums have been reinstated as planned for buyin programs including working adult buyin members but also the children's buyin. Next slide please. so who to contact if you have any

questions overall about the program or benefits or applying for the working adult buyin members and advocate questions. Please contact SEAP at the number on the screen. If you have any specific policy eligibility questions, then please reach out to me and my email address is on the screen. I did it,...

Nancy Brenes - HCPF: Marville. I did.

Marivel Klueckman - HCPF: Thank you so much,...

Marivel Klueckman - HCPF: Understanding that BION programs are primarily managed by SEMA. Thank you so much. But we also understand that members also go to their counties for our support. So then we want to make sure that everyone has the information.

Marivel Klueckman - HCPF: Thank you, Nancy. So with that, Allison

Nancy Brenes - HCPF: Yes. ...

Alison Snider - CDHS-CTY: I just want to make sure I understood. So if they were HCBS long-term care and on the working disabled buyin, they should not have a premium. Okay.

Nancy Brenes - HCPF: no, the premiums actually are returning. And just to make a distinction, we have long-term care with HCBS. Those do not have a premium. But if it's water, I'm sorry, working adults with disabilities with HCBS, those will have a premium depending on their income. Some may have a zero premium if they're under the 40% the federal poverty line, but overall the buyin program is associated with premiums. And if correct,...

Alison Snider - CDHS-CTY: So if they're both HCBS and buy in, they're going to have a premium.

Nancy Brenes - HCPF: like I said, if they're under 40% of the FPL, then they're going to have a Z premium, but if they're over that, then there's different categories of premiums. Yes.

Alison Snider - CDHS-CTY: I just wanted to make sure I understood it because I have a couple amazingly that have both. So, I just wanted to make sure. Thank you.

Marivel Klueckman - HCPF: Thank you,...

Marivel Klueckman - HCPF: Great question. so with that, we got one more presentation. Thank you all. I'm going to hand it over to Hayden to lead us into project project 10595 CBMS MA renewal guidelines. She's going to walk us through some of the system updates and then more importantly make sure that you all know this is just the beginning. There's a lot more coming on this renewal project as a major change. so know that this is one of much to come that Hayden will outline for us. Hayden, take it away.

Haydon Bestle - HCPF: Can anybody hear me? Just Okay,...

Marivel Klueckman - HCPF: We can hear you.

Haydon Bestle - HCPF: I apologize. I have an exclamation point on my microphone, so I wasn't sure. thank you so much. So, yeah, like Marbel said, this is just phase one. And in the interest of time, I think we're going to skip over some of this policy information. so if we can go, I think two ahead to system updates. perfect. So, sorry to reiterate, this is going to be going in June of 2025. and so it's going to impact starting the September renewals. All right, so CBMS is going to start automatically and immediately reinstating

coverage for members whose coverage was terminated at final review, which is the 15th of the review renewal month, pardon me.

Haydon Bestle - HCPF: CBMS is also going to start generating and sending a reinstatement notice to notify the member that their private has been reinstated but that a final determination has yet to be made and CBMS will generate a case comment regarding that automatic reinstatement of the member. and then some county dashboard updates as well. So on the dashboard, a column is going to be added to indicate when a renewal is extended for a member who returns their renewal form or verification by the end of the renewal period. and this column will also be filterable. and this is going to help eligibility sites manage their timeliness and compliance with performance standards. the map dashboards will still be the data source holding eligibility sites accountable and meeting those expectations. can we go to the next slide?

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Haydon Bestle - HCPF: thank you so much. Got too many tabs open. and then regarding children at exparte, if a child is eligible for a lower benefit category, a renewal packet will be sent to the household and then at final review, which again is the 15th of the renewal month. If the packet is not returned, the child will be enrolled in that new lower benefit ego So, for example, if they're moving from magi child to CHP and then we're going to have some updates to the renewal BCL cover letter. so there'll be updated language on that BCL to specify which members of the household have verification that is being requested of them. during exparte interfaces, so FISH, Equifax, and Eaves, they will not be called if the income has been verified within the six-month look back period. And there are going to be some peak enhancements as well.

Haydon Bestle - HCPF: So when an MA renewal started status in CBMS, any changes being made in the Health First Colorado app or in Peak will not cause real-time eligibility to run and those changes being reported will be routed to the peak inbox for processing. So those are some of the major system changes that are going to be coming down the pipeline with this project. can we go to the next slide? Perfect. there are going to be some events to keep an eye out On June 26th from 2 to 4 is understanding the changes and new functionality as it relates to this project. There's also a hickpuff renewal map on July 15th from 11 to 12:30 reviewing performance and timeliness for renewals. the staff development division will have some web-based training available on this. and that should be available by June 18th it looks like.

Haydon Bestle - HCPF: And lastly, there will be some new MA renewal documents being updated, a renewal workbook, guidance for MA programs memo, and an updated FAQ sheet. So, that is the highlight. So, I'll hand it back to Marbel.

Marivel Klueckman - HCPF: Thank you,...

Haydon Bestle - HCPF: Thank you.

Marivel Klueckman - HCPF: Hayden. And I just want to make sure if you wouldn't mind, Rebecca, going back one slide. so I just want to call out here, what the Hayden highlighted the changes with the renewal packets that coming up, the renewal process. and I just want to highlight that all the changes are occurring for and team, make sure that I'm straight here. they're occurring starting with the September renewal. So the project goes in June but then the logic does not start taking effect until the process for renewals for September.

Marivel Klueckman - HCPF: So for example there's major changes that are happening with the exparte and those changes will actually occur for in July exparte for the September renewals as such that's why you see these activities that we have here outlined and with that date because although the project is going in June eligibility workers will not see any changes or any modifications with this renewal project. the other thing I think Rebecca I saw you had update on the June meeting the slide that we were showing on the activities. So next month's meeting we are completely dedicating it to the renewal project. So we will be deep diving into the renewal project and what the details are that were behind the highle summary that Hayden provided for us. let's see.

Marivel Klueckman - HCPF: So with that, I think I see a couple questions. yeah, so we'll provide all the details. I know there's a lot of questions about new fields and what that looks like with the renewal packet and the exparte and the six months. we will definitely be providing guidance as soon as possible on that. We're working on updates to the renewal workbook or updates to the FAQs. in case some of you may have been on the DRO list or your directors may have been on the DRO list, I did send out a draft copy of an updated memo that also talks about some of the changes to the renewal packet. so looking to get some feedback on the memo as well.

Marivel Klueckman - HCPF: so there's a lot there. And so Andy, I do see updates here too that we can make or questions you have that we can make sure are covered with all those updates that are coming forward and the FAQs, the materials, the STD training, everything that comes along with that. Thank you, so with that, we're at 3:59. One more Great job, everyone. Great teamwork. any other questions? We'll take one minute around Robin. apologies that we have one minute left but that a lot of these topics you all had asked us for so I hope this was helpful. A quick reminder that we have this recorded we always post the slides to our website. So if we may have gone a little fast we will have the slides to be able to follow up. So any other questions topics from anyone today? No I hear quietness. It's end of day Thursday.

01:10:00

Marivel Klueckman - HCPF: I'm sure a lot of people it's their Friday today because you're taking tomorrow off for a long For Memorial Day weekend and kick off to summer. so I wish you all a wonderful beginning of summer. Thank you so much for everything you do and have a wonderful rest of your day and weekend. Take care everyone.

Meeting ended after 01:23:39 🙌

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