



Dear Long Term Services and Supports Provider,

Long-Term Services and Supports (LTSS) providers are experiencing an increase in claim denials as a result of financial eligibility determination delays and delays in functional eligibility assessments. The Department of Health Care Policy & Financing (the Department) has been notified of these issues, as agencies and providers are unable to carry the unpaid claims balance within their existing resources. Some agencies have reported having to limit services, deny accepting new members, or even terminate staff to remain solvent.

The Department wants to ensure our most vulnerable members continue receiving the support necessary within their communities by mitigating major financial stressors that some LTSS providers are experiencing, which are threatening their solvency or ability to provide service continuity. Therefore, the Department will provide provisional payments in the form of short-term advances to providers that demonstrate the greatest need. The Department is issuing the LTSS Provisional Provider Payments Request for Application (RFA) to solicit applications from eligible providers.

**PLEASE NOTE: Providers receiving the provisional payment must continue to submit claims and rework denied claims, as normal.**

### **Guidelines and Parameters**

To proceed with the application for the short-term advances, the provider must meet the following criteria:

1. The provisional payment must be less than 75% percent of the provider's eligible denied claims balance
2. Must be a LTSS provider and actively delivering services for a minimum of 1 year
3. Must demonstrate within the application how they are facing insolvency or significant hardship
4. Must describe the potential member impact if provisional payments are not received
5. Must attest to repayment and also select a repayment plan

### **Repayment**

The provider will be required to attest to repayment and select their repayment plan to be considered for this provisional payment. The provider may choose the following options for repayment:

1. Check made out to "The Department of Health Care Policy & Financing" by July 1, 2024.
2. Three quarterly installments made out to "The Department of Health Care Policy & Financing" aligned with the fiscal year quarters (September 30, 2024, December 31, 2024, and March 31, 2025).
3. Automatic deductions from the weekly claims payment starting July 1, 2024, through June 30, 2025.

### **Timeline and Deadlines**

Applications will be made available to providers and agencies beginning January 4, 2024. There will be a two-week period allotted to providers to complete these applications. All applications must be received by 5:00 PM MST on January 19, 2024, to be under consideration.

Please submit questions about the application or program to Victoria Rodgers at [Victoria.Rodgers@state.co.us](mailto:Victoria.Rodgers@state.co.us) no later than 5:00 PM MST on January 11, 2024, to provide time for responses before the submission deadline. Responses will be posted to the [materials folder](#) as quickly as possible on a rolling basis. Questions submitted after 5:00 MST on January 11, 2024, may not receive a response.

Repayments will commence July 1, 2024, as stipulated per the provider's repayment plan of choice.

### **How to Apply**

The following items must be submitted by 5:00 MST on January 19, 2024. Late and/or incomplete application packets will not be considered.

- [Online application](#) including provider repayment attestation and payment plan selection
- The following items emailed to Victoria Rodgers at [Victoria.Rodgers@state.co.us](mailto:Victoria.Rodgers@state.co.us). When emailing these documents, please denote in the subject line "3Ps Application Items - YOUR AGENCY NAME".
  - Document showing accrued denied claims balance per month and calculation of request. An example calculation can be found online.
  - Cover letter signed by Executive Director or other authorized signatory

### **Submission Considerations**

When submitting applications, please keep the following in mind:

- Application documentation requirements
- The Department may not have sufficient funding to support all requests made; providers are highly encouraged to be as concise and clear in describing the need in order to remain solvent
- Payments will only be considered short-term. The provider/agency will be expected to repay the Department the full amount issued through these provisional payments.

**Contact Information**

Contact Name: Victoria Rodgers, HCBS Residential Benefits Specialist

Contact Email: [Victoria.Rodgers@state.co.us](mailto:Victoria.Rodgers@state.co.us)

Thank you,

Department of Health Care Policy & Financing