COLORADO
Department of Health Care Policy & Financing

Dear Long Term Services and Supports Provider,

Long-Term Services and Supports (LTSS) providers are experiencing an increase in claim denials due to delays in financial eligibility determination and in functional eligibility assessments. This is regardless of case management issues, county eligibility issues, technical issues, etc. 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.

Provisional payments in the form of short-term advances to providers who demonstrate the greatest need will be issued to ensure that the most vulnerable members continue to receive the support necessary within their communities. This will assist in mitigating major financial stressors that some LTSS providers are experiencing, which are threatening their solvency or ability to provide service continuity. LTSS Provisional Provider Payments (3Ps) Request for Application (RFA) are being issued to solicit applications from eligible providers.

Note: Providers receiving the provisional payment must continue to submit claims and rework denied claims as usual. Providers that previously applied for the LTSS 3Ps payment, and received payment on February 5, 2024, can be considered for an additional payment. However, providers must be able to demonstrate and explain the need for additional funds.

Guidelines and Parameters

The following criteria must be met to proceed with the application for short-term advances:

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 one (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 February 23, 2024. There will be a two-week period allotted to providers to complete these applications. All applications must be received by 5:00 p.m. MT on March 8, 2024, to be under consideration.

Submit questions about the application or program to Victoria Rodgers at Victoria.Rodgers@state.co.us no later than 5:00 p.m. MT on March 4, 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 p.m. MT on March 4, 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 p.m. MT on March 8, 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. When emailing these documents, 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, keep the following in mind:

- Application documentation requirements
- The Department may not have sufficient funding to support all requests made and reserves the right to approve or deny applications based on funding limitations; 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.

Exclusions

The following will not be considered for the LTSS 3Ps Application:

- All Non-Emergency Medical Transportation (NEMT) Providers

Contact Information

Contact Name: Victoria Rodgers, HCBS Residential Benefits Specialist
Contact Email: Victoria.Rodgers@state.co.us

Thank you,

Department of Health Care Policy & Financing