Provider and Community Experience (P&CE) Subcommittee

RAE/CMA Collaboration

January 13, 2022

Background on:

Colorado Case Management System

Case Management Agency

Oversight by Office of Community Living

Case Management Agencies

24 Single Entry Point (SEPs) serves adults and children

Determines eligibility for PACE, Nursing Facilities, and HCBS waivers targeted to aging members and/or members with various disabilities (BI, CLLI, CMHS, EBD, SCI waivers); provides case management for those waivers

Some SEPs provide case management for CHCBS waiver

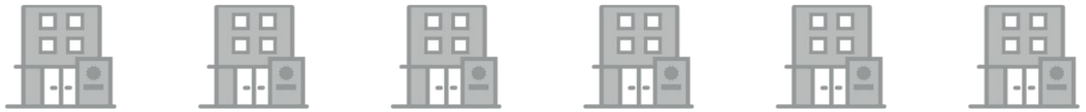
20 Community Centered Boards (CCBs) serves adults and children

Determines eligibility for programs targeted to members with intellectual and developmental disabilities (IDD) (CES, CHRP, DD, SLS waivers); may provide case management for those waivers

Some CCBs provide case management for CHCBS waiver

4 Private Case Management Agencies serve children only

Provides case management for CHCBS waiver



SOURCE: August 13, 2019, based on claims in MMIS.

Core CMA Responsibilities

- Determine eligibility for long-term services and supports (LTSS)
- Develop and monitor Service Plan
- Coordinate long-term services and supports
- Aid in determining appropriate services and level of care
- Assist individual in identifying the waiver that best meets needs
- Assist in identifying necessary supports in service planning regardless of funding source

CMA Responsibility to the Member

- Determine Level of Care for functional eligibility to access Home and Community Based Services (HCBS) waiver services

- Assist with development of a service plan
  - Assessed needs
  - Personal goals

- Help members navigate the LTSS system and understand all of their service options to make informed choices
- Help connect members with providers
- Maintain contact with members regularly and monitor and adjust services as needed according to the member's changing needs

Regional Accountable Entity

Oversight by Health Programs Office

Regional Accountable Entities

- 7 RAEs across the state assigned to geographic regions
- Care coordination focuses on patients with acute, high cost, high risk, and complex needs, but available to all members
- Models vary across RAEs - care coordination can be provided by a RAE or delegated to partner (e.g. PCMP, Integrated Community Care Team, etc.)

Core RAE Responsibilities

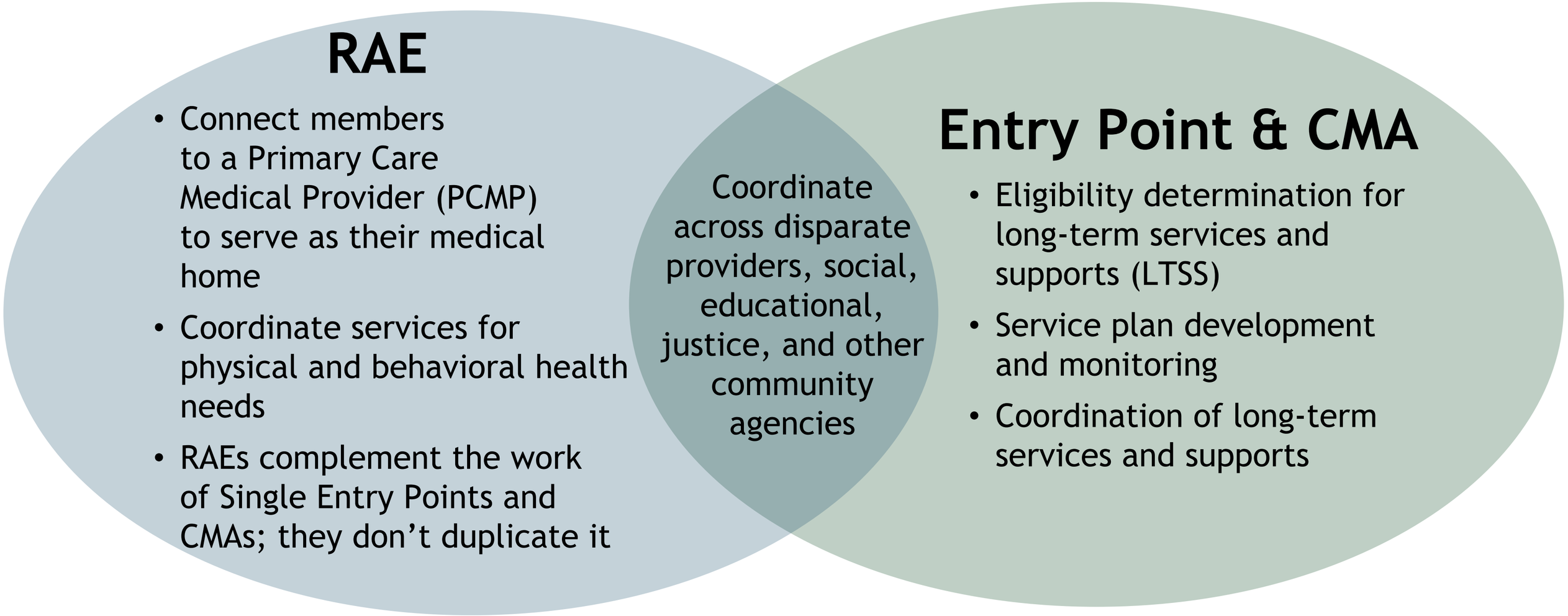
- Develop and maintain network of Primary Care Medical Providers (PCMP) to serve as medical home for members
- Develop and maintain statewide network of behavioral health providers
- Administer capitated behavioral health benefit
- Onboard new members
- Promote population health initiatives and member engagement
- Coordinate care for members across health neighborhood and community to address whole-person health
- Utilization management of covered behavioral health services
- Ensure that care coordination is available to all members across health neighborhood and community, with a specific focus on members with complex needs

CMA and RAE Intersection

Care Coordination

- Aligned with Population Management Framework
- Deliberate and organized activities to support health and social services
- Care Coordination should not duplicate services through LTSS and HCBS Waivers
- Coordination should address care transitions between health systems

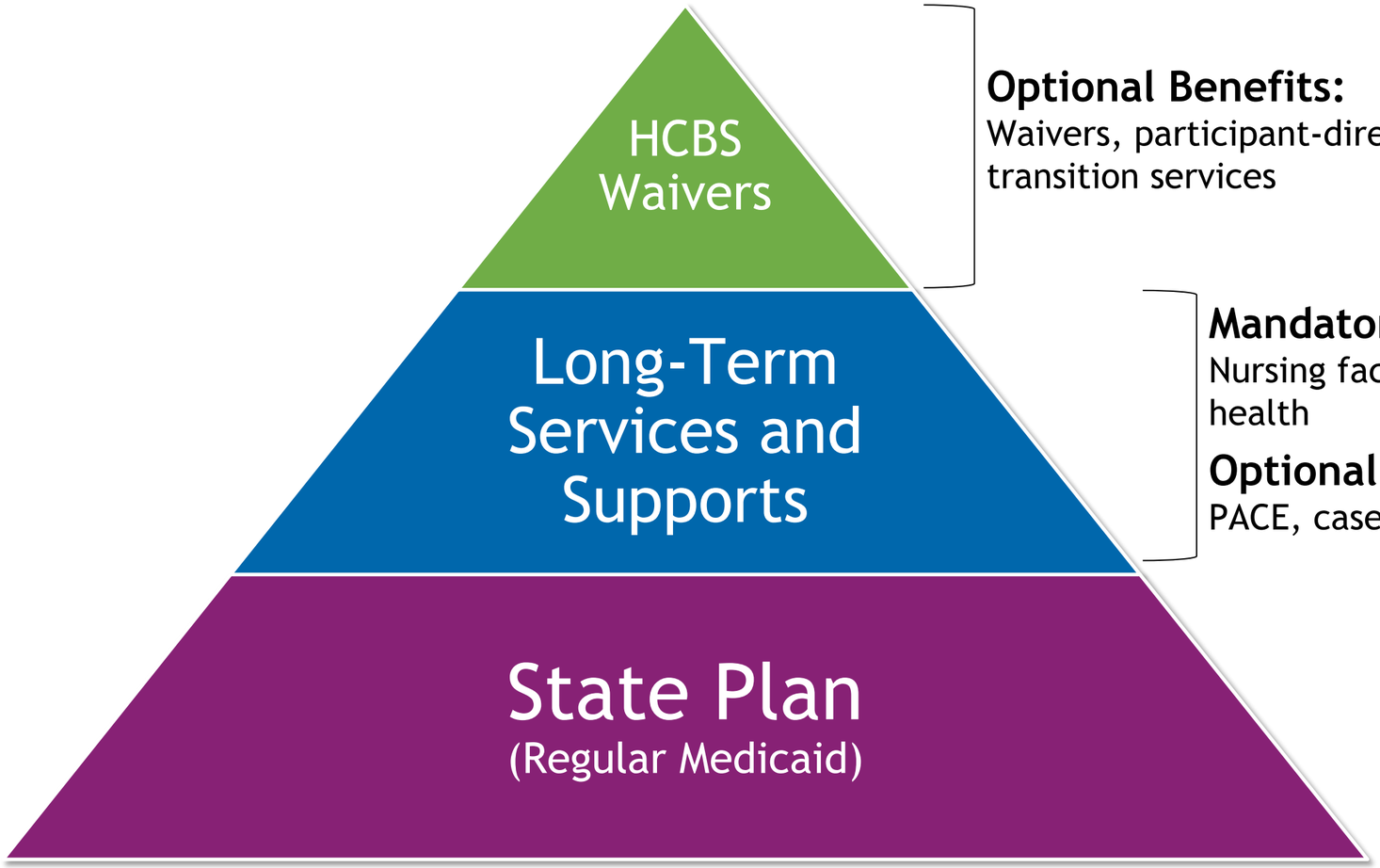
CMA and RAE Roles



Home and Community-Based Services Waivers

Long Term Service and Support (LTSS) managed by Single Entry Point and Community Centered Board CMAs

Benefits Pyramid



Optional Benefits:
Waivers, participant-directed services, transition services

Mandatory Benefits:
Nursing facility services, home health

Optional Benefits:
PACE, case management

Mandatory Benefits:
Inpatient and outpatient hospital services, dental services physician services, laboratory and x-ray services, more…

Optional Benefits:
Prescription drugs, physical therapy, more…

4 Key Requirements for HCBS Waivers:

Be Cost Neutral

Services Provided to Avoid Institutionalization

Protect Health and Welfare

Person-Centered Plan of Care

Home and Community-Based Services (HCBS) Waivers

- Provides all State Plan benefits plus additional waiver services
- Allows members and their families to remain integrated in the community and have decision making power over their life and health
- Members receive services in their home and community
- Members can only be enrolled in one waiver at a time
- Members may be eligible for more than one waiver and must select one that best suits their needs

HCBS Waivers in Colorado

[Colorado HCBS Adult Waiver Chart]

[Colorado Medicaid Waivers Chart]

Adult Waivers
Brain Injury Waiver (BI)
Community Mental Health Supports Waiver (CMHS)
Developmental Disabilities Waiver (DD)*
Elderly, Blind and Disabled Waiver (EBD)
Spinal Cord Injury Waiver (SCI)
Supported Living Services Waiver (SLS)

Children's Waivers
Children's Extensive Support Waiver (CES)
Children's Home and Community Based Services Waiver (CHCBS)
Children's Habilitation Residential Program Waiver (CHRP)
Children with Life Limiting Illness Waiver (CLLI)

* Has waiting list

American Rescue Plan Act (ARPA) Projects

ARPA Information for Stakeholders

ARPA Webpage:

American Rescue Plan Act of 2021

This website contains:

- Background for the American Rescue Plan Act,
- Home and Community Based Services Section of American Rescue Plan,
- Guidance on Home and Community Based Services-Federal Guidance,
- Resources for HCBS Providers,
- Centers for Medicare and Medicaid Services (CMS) Website National Reference Library of State Spending Plans,
- Links to the Spending Plan and Legislation

Thank You!