



Alliance State Forum Office of Community Living

June 22, 2023

Agenda

- OCL Office Goals
- Case Management Redesign Updates
- Provider Rates Update
- Provider Revalidation
- Long-term COVID Management for Non-Licensed Facilities
- Member Emergency Preparedness Application Launch
- CMS “Access” Rule

General Department and Programmatic Updates



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Current Primary Office Goals

ARPA Project Implementation

Ensuring that spending and project outcomes remain on track.



Successfully launch and monitor all DOJ projects

Improve the nursing facility transition and diversion processes, expand services, and ensure proper oversight



Address critical staffing shortages
Wage sustainability, Training, and Implementation of new technologies

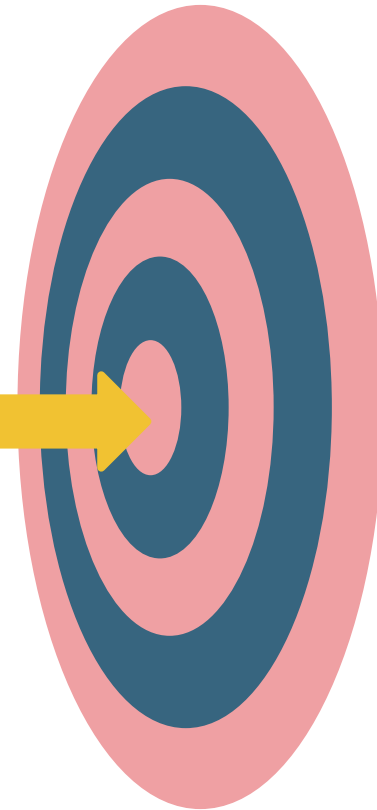


Implement Case Management Redesign
Federal compliance, Quality, Simplicity, Stability and Accountability



Transform the Nursing Home industry to ensure sustainability

In accordance with HB 23-1228



ARPA = American Rescue Plan Act
DOJ = Department of Justice
HB = House Bill



Case Management Redesign Updates

- Notices of Intent to Award for 18 of 20 Defined Service Areas sent on 6/12/23 and the Protest Period is underway
 - Competitive Negotiations opened for remaining 2 areas with proposals due June 30, 2023
 - Communication methods:
 - Constant Contact
 - Procurement Site
 - Member Letter
- Case management agency (CMA) transitions in 3 groups in FY 23-24
- CMA rates finalized
- All federal authorities approved

OCL Rule Revamp

- 6/27/23: Last official stakeholder meeting
- 7/15/23: Public Rule logs updated and finalized
 - [CO Rules Listening Log](#)
 - [Stakeholder Issues for Further Discussion](#)
- 8/1/23: Drafts begin eClearance process
- September to December: Medical Services Board reading
- October 2023: Public Comment period anticipated
- January 2024: Anticipated approval of rules

CCM/Assessment Rollout

- Case Management Agencies will begin using the new Care and Case Management (CCM) system on 7/5/23
- Level of Care rules have been adopted with an 8/1/23 effective date
- Needs Assessment and Person-Centered Support Plan (PCSP) rules are in process
- Anticipate implementation of the new LOC, Needs Assessment and PCSP in November 2023

Roadmap to Implementation

Update June 2023

Phase 2 Nov. 1, 2023

Colorado Single Assessment and Person-Centered Support Plan (CSA/PCSP)

CMA's begin using new assessment process and electronic signature with members on a rolling basis at annual reviews and new enrollments

Phase 4 (a) Jan. 1, 2025

Person-Centered Budget Algorithm (PCBA)

Rollout new resource allocation method for new enrollments in the adult IDD waivers (SLS & DD)

Phase 1 July 5, 2023

Case Management Agencies (CMAs) will begin using the new Care & Case Management (CCM) system with current assessments and functionality

Phase 4 (b) July 1, 2025

Community First Choice (CFC) and PCBA

- Rollout new resource allocation for all HCBS waivers
- Implement CFC

Phase 3 Feb. 10, 2024

Streamline Eligibility

- All case managers trained and using CSA/PCSP
- Implement uniform HCBS Financial Eligibility Indicator
- Decommission legacy assessments





Questions



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HCBS Provider Updates



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Provider Rates Update

The Big Picture

- Effective July 1, 2023.
- **3% Across the Board (ATB) rate increase** for most Home and Community Based Services benefits.
- The Department has also **increased the base wage** to \$15.75/hr.
- Additionally, the **Denver County** minimum wage increased to \$17.29/hr.
- Non-Medical Transportation (NMT) for DD and SLS waivers and Group Residential Service and Supports (GRSS) received a **targeted rate increase (TRI)**.

Provider Rates Update

The services below will receive the base wage increase

- Adult Day
- Alternative Care Facility
- Consumer Directed Attendant Support Services
- Specialized Habilitation
- Supported Community Connections
- Homemaker
- In-Home Support Services
- Community Connector
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite
- Job Coaching
- Job Development
- Supported Living Program
- Transitional Living Program

Provider Revalidation

- Providers with an original revalidation date during the PHE (3/1/2020 to 5/11/2023) will be given an additional 44 months from their original revalidation date.
- Providers with an original revalidation date in the 6 months following the end of the PHE (5/12/23 to 11/11/23) will given an additional 6 months from their original revalidation date.
- Providers with an original revalidation date of 11/12/23 and after keep their original revalidation date.

Provider Revalidation

- Providers with revalidation due dates between March 20, 2020, through November 11, 2023, who had no claims activity in the last 3 years must revalidate by November 11, 2023.
- Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment.
- Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

Long-term COVID Management

For Non-Licensed Facilities

We are wondering if we can get some guidance on expectations around long term COVID management. Licensed facilities still have clear guidelines, but for the rest of us it just seems to be back to business as usual. And yet no one has said “go back to business as usual”.

Recommendations from CDPHE:

- Most settings should consider revisiting their policies and procedures to make sure they are in alignment with the most current CDC guidance now that the public health emergency has ended. CDPHE has largely moved to referring to CDC guidance for most recommendations.
- [People with IDD are specifically mentioned in CDC guidance](#) as one risk factor that places them at higher risk of complications if they become ill with COVID. For example they will continue to qualify for Paxlovid if they would like to receive it and that alone will significantly decrease their risk.
- Take more precautions indoors if the COVID-19 hospital admissions are high. [This is the exact guidance](#) that CDPHE provides to ALRs/GHs.
- For more information or for questions, please [contact CDPHE directly](#).

ARPA Grant Release



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Member Emergency Preparedness

“Surviving In Place”

Battery Backup Power Supply Systems

- As a part of ARPA 7.02 Member Emergency Preparedness project, HCPF is partnering with The Center for Inclusive Design and Engineering (CIDE) to distribute Battery Backup Power Supply Systems to eligible Health First Colorado members

What is a Battery Backup System?

Home backup battery power supplies are devices that store energy in a battery system and can provide power to your home during power outages or emergencies. They can be charged from various sources such as solar panels, your vehicle, or most commonly, the wall outlet in your home.

When there is a power outage, the battery system automatically switches on and provides power to your important medical devices. This means that you can continue to use your CPAP machine, infusion pump, and other important devices even when the power grid is down.

Home backup battery power supplies offer a reliable and convenient solution for individuals who want to ensure that they have power during power outages and emergencies. They are environmentally friendly, easy to use, and run silently when compared to fossil fuel-based generators.

Member Emergency Preparedness

“Surviving In Place”

Battery Backup Power Supply Systems

- To qualify, applicants must be:
 - An active Health First Colorado member
 - Utilize life-sustaining equipment that requires electricity to operate.
 - Examples include: Chair lifts, CPAP/BIPAP machines, Nebulizer machines, Power wheelchairs/scooters, Wound care management [[see more examples](#)]
 - Members who do not live in a licensed residential program such as a group home, supported living program, or assisted living residence due to the already existing requirement for these facilities to have backup power in place for residents
- Interested in getting helping a member get a Backup Power Supply System? [Help them to complete the Application](#)
- Questions? Contact Julia Beems at 303-315-1284 or julia.beems@ucdenver.edu
- More information - visit the [Surviving in Place webpage](#)



Questions



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Federal and Legislative News

CMS “Access Rule”

Goals:

- Improve access to care, quality, and health outcomes, and better promote health equity for Medicaid beneficiaries
- Increase transparency and accountability, standardize data and monitoring, and create opportunities for states to promote active beneficiary engagement in their Medicaid programs

Proposed Changes:

- New strategies for oversight, monitoring and quality improvement
- Strengthen Person-Centered Service Planning (PCSP) and Incident Management
- Establish a Grievance System
- Require 80% of payment for certain services be spent on compensation for direct care workers (DCWs)
- Create an advisory group on Medicaid Payments
- Require states to publicly report on Waiting Lists
- Public reporting on HCBS quality

Department Stance:

- We recognize and appreciate the federal attempt to improve access to care, quality, and health outcomes for Medicaid members.
- Concerns and recommendations that we will send to the Centers for Medicare and Medicaid Services (CMS) include:
 - Longer timelines for implementation
 - Increased funding for policy changes
 - Rather than 80% reinvestment pass through, require states to have an above-minimum base wage for DCWs



Questions



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Thank you!

