COLORADO
Department of Health Care Policy & Financing

OPERATIONAL MEMO

OPERATIONAL MEMO NUMBER: HCPF OM 18-027

TITLE: PROVIDER CHOICE FOR INDIVIDUALS ENROLLED IN A HOME AND COMMUNITY BASED SERVICES WAIVER

SUPERSEDES NUMBER: N/A

ISSUE DATE: DECEMBER 14, 2018

EFFECTIVE DATE: DECEMBER 14, 2018

DIVISION AND OFFICE: CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING

PROGRAM AREA: CASE MANAGEMENT

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KEY WORDS: PROVIDER CHOICE, HCBS, CASE MANAGEMENT

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

To clarify for case managers the provider selection process for individuals enrolled in a Home and Community Based Services (HCBS) waiver.

Background:

The federal Centers for Medicare and Medicaid Services (CMS) reviews and approves or denies all HCBS waivers submitted and overseen by the Department of Health Care Policy and Financing (Department). Appendix D-1-f of HCBS waivers requires the Department to ensure individuals are provided informed choice of providers.

Pursuant to 10 CCR 2505-10, 8.602.5, Community Centered Boards (CCBs) have implemented a request for proposal process for provider selection for individuals. Many CCBs have continued with this process even when an individual knows which provider(s) he or she would like to select.

Information/Procedure:

Case managers shall ensure all individuals enrolled in an HCBS waiver are provided informed choice of all willing and qualified providers. Case managers shall ensure person-centered practices are followed in the provider choice process and ask individuals, guardians, families, and/or authorized representatives the amount of assistance wanted from the case manager in selecting a provider.

When an individual knows which provider(s) he or she wants, the case manager shall contact the selected provider(s) and inform the individual if the provider(s) is/are able

to meet the individual's needs. When a selected provider is unable to meet the needs of the individual, the case manager shall inform the individual and provide options on how another provider may be selected. This may include, but is not limited to:

- Providing a list of providers for the individual to select from;
- Using the Department's "Find a Doctor" tool to search for providers;
- The individual asking the case manager to select several providers and then contacting them to determine if the provider can meet the individual's needs; or
- A combination of any of the above.

The case manager shall document in the Benefits Utilization System (BUS) the method chosen by the individual for provider selection.

Beginning February 2019, the Department will conduct stakeholder engagement regarding the provider selection process, so Department regulations can be updated to accurately reflect person-centered processes.

Attachments:

None

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