



OPERATIONAL MEMO

TITLE:	HOME AND COMMUNITY BASED SERVICES CHILDREN’S EXTENSIVE SUPPORTS WAIVER AND CHILDREN’S HOME AND COMMUNITY BASED SERVICES WAIVER – DIRECTION TO CASE MANAGEMENT AGENCIES AND EQHEALTH SOLUTIONS
SUPERSEDES NUMBER:	N/A
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DIVISION AND OFFICE:	OFFICE OF COMMUNITY LIVING
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Purpose and Audience:

The purpose of this Operational Memo is to inform Case Management Agencies (CMAs) and eQHealth Solutions of certain policies and procedures, and roles and responsibilities, required for the determination of eligibility for the Home and Community Based Services Children’s Extensive Supports (HCBS-CES) waiver and the Children’s HCBS (C-HCBS) waiver.

Information:

The Department of Health Care Policy & Financing (Department) is tasked with ensuring all members accessing one of Colorado’s ten (10) HCBS waivers meet targeting criteria and Level of Care (LOC) criteria. The LOC criteria and targeting criteria are identified in the approved HCBS waiver application and the Code of Colorado Regulations (CCR). The Department contracts with entities to evaluate and determine LOC and to ensure targeting criteria is met by individuals prior to enrollment onto an HCBS waiver.

Both LOC criteria and targeting criteria must be met prior to waiver enrollment. It is possible that a youth attempting to access the HCBS-CES or C-HCBS waiver, may meet LOC criteria, but not meet targeting criteria. In this instance the youth would not be eligible for waiver enrollment.

At this time, the contracted entities to evaluate and determine LOC criteria for the C-HCBS and HCBS-CES waivers, prior to waiver enrollment, are CMAs. LOC criteria is assessed using the Uniform Long-Term Care assessment (ULTC) 100.2. Case Managers are trained to complete and score this assessment which results in the determination of Level of Care/functional eligibility.

The Department contracts with eQHealth Solutions to review and determine targeting criteria is met for the C-HCBS waiver and the HCBS-CES waiver. eQHealth Solutions is trained by the Department to review and ensure the targeting criteria identified in the approved waiver application and the Code of Colorado Regulations is met, before waiver enrollment is authorized.

Approved HCBS-CES and C-HCBS waiver applications may be reviewed on the Center for Medicare & Medicaid Services (CMS) [CMS website](#) or by visiting the [Department's website](#) under "Approved HCBS Waiver Documents," where the full text of approved waivers can be reviewed.

Regulation regarding Level of Care Screening guidelines for the HCBS-CES and C-HCBS waivers is found at [10 CCR 2505 – 10 8.400](#).

HCBS-CES targeting criteria is found at [10 CCR 2505 – 10 8.503.30](#) under Client Eligibility.

C-HCBS targeting criteria is found at [10 CCR 2505 – 8.506.6](#) under Client Eligibility.

Based on the above information, the Department is providing the following:

- 1.** Case managers shall complete and score the ULTC 100.2 to determine Level of Care/functional eligibility.
 - a.** For the C-HCBS waiver, within this assessment, case managers shall include information that demonstrates targeting criteria for the C-HCBS waiver. This includes identifying elements of the youth's care and/or condition that would demonstrate medical fragility. This can be documented in the activities of daily living narratives, in the demographic

summary narrative, and/or by providing additional documentation (medical provider's notes, etc.) to eQHealth Solutions for review.

- b.** For the HCBS-CES waiver, case managers shall submit the ULTC 100.2 and additional HCBS-CES application to eQHealth Solutions for review. The HCBS-CES application is a separate document used to collect information to determine targeting criteria. This process has not changed.
 - c.** Case managers shall submit only the ULTC 100.2s to eQHealth Solutions that indicate Level of Care/functional eligibility is met.
 - d.** eQHealth Solutions shall not change the scores used for determination of Level of Care/functional eligibility.
- 2.** EQ Health Solutions shall receive the Level of Care/functional eligibility document with determination by the case manager and further determine if targeting criteria is met for the waiver applied for, either HCBS-CES or C-HCBS.
 - a.** eQHealth Solutions shall notify the case manager, per contractual requirements, if targeting criteria is met.
 - b.** The case manager shall prepare all appropriate documentation to be sent to the individual/family regarding waiver enrollment or waiver denial, per contractual and regulatory requirements.
- 3.** In instances where the case manager has determined an individual has met Level of Care/functional eligibility, but eQHealth Solutions has determined an individual does not meet targeting criteria for the waiver, the following shall be implemented:
 - a.** The case manager shall leave scores on the ULTC 100.2 assessment that indicate Level of Care/functional eligibility is met.
 - b.** The case manager shall complete the LOC certification in the BUS, in the following manner:
 - i.** In the LOC determination, "Client meets level of care?" this shall be marked "Yes".
 - ii.** In service requirements, "Are waiver services needed within 30 days?" this shall be marked "No".

- iii. Comment Section shall state, "UR vendor has determined targeting criteria not met."
- iv. In the LOC certification info, "Program Eligibility Decision," shall be marked "Denied".
- v. No start or end date shall be given.
- vi. Denial information shall be the date the UR vendor provided targeting criteria denial letter to the CMA.
- vii. The ULTC 100.2 must be verified and finalized with this denial information.
- viii. The case manager shall send a Notice of Action indicating, "Not eligible for waitlist or not eligible or no longer eligible to receive services."
- ix. The case manager shall include the appropriate regulatory citation for denial and complete the Notice of Action per regulation.

The Department anticipates the above instruction to be implemented effective as of the release date of this Operational Memo. The Department contacts listed below may be reached for additional questions by CMAs and/or eQHealth Solutions.

Attachment(s):

None

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