



POLICY MEMO

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TITLE: COLORADO HOME AND COMMUNITY BASED SERVICES, TRANSITION SERVICES

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**DIVISION AND OFFICE: BENEFITS AND SERVICES MANAGEMENT DIVISION,
OFFICE OF COMMUNITY LIVING**

PROGRAM AREA: TRANSITION SERVICES

APPROVED BY: BONNIE SILVA

**KEY WORDS: COLORADO CHOICE TRANSITIONS (CCT), MONEY FOLLOWS
THE PERSON, TRANSITION SERVICES**

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

Purpose and Audience:

The purpose of this memo is to inform providers, case managers, members and stakeholders about the Transition Services newly added to home and community-based services (HCBS) waivers.

Background:

In April 2011, the Department of Health Care Policy & Financing (Department) implemented Colorado Choice Transitions (CCT), which provides services to members residing in long-term care facilities to help with transitioning to more cost-effective community settings to receive services. The Department saw great success with this program, successfully transitioning about 500 members to the community.

To continue providing support to individuals who would like to transition to the community, the Department developed a plan to sustain the CCT program and include certain transition services within existing HCBS waivers. The Department sought and ultimately received legislative approval through HB 18-1326 to include four transition services in six HCBS waiver programs, with the necessary funds appropriated, starting January 1, 2019.

Information/Policy:

Any individual who is interested in transitioning from an institutional setting, or are experiencing a life transition, may access HCBS waiver Transition Services. The following services have been added to the following waivers:

NAME OF WAIVER	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)
Service Added	<ul style="list-style-type: none"> • Home Delivered Meals • Peer Mentorship • Transition Set Up <p>*Independent Life Skills Training is an existing service in the BI waiver.</p>	<ul style="list-style-type: none"> • Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up 	<ul style="list-style-type: none"> • Home Delivered Meals • Peer Mentorship 	<ul style="list-style-type: none"> • Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up 	<ul style="list-style-type: none"> • Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up 	<ul style="list-style-type: none"> • Life Skills Training • Home Delivered Meals • Peer Mentorship • Transition Set Up

These benefits are available to individuals eligible for the specified waivers when they are experiencing a life transition.

Eligibility

If an individual meets the eligibility criteria outlined in [10 CCR 2505-10 8.533](#), they may utilize these services to aid in their transition. To establish eligibility for Life Skills Training, Home Delivered Meals, or Peer Mentorship, the client must satisfy two sets of criteria: general criteria for accessing any of the three services and criteria unique to each particular service.

1. General criteria for accessing services:
 - i. The client is transitioning from an institutional setting to a home and community-based setting; or experiencing a change in life circumstance; and
 - ii. The client demonstrates a need to develop or sustain independence to live or remain in the community upon their transitioning; and
 - iii. The client demonstrates that they need the service to establish community supports or resources where they may not otherwise exist.

Service specific criteria for Home delivered Meals, Peer Mentorship and Life Skills Training can be found at [10 CCR 2505-10 8.553.2](#).

As noted above, these services are available to an individual transitioning from an institutional setting to a community-based setting, or from a change in life circumstance. Some examples of a change in life circumstance include (list is not exhaustive):

- Person's primary caregiver is no longer able to care for the person receiving HCBS services.
- Person is moving to less restrictive environment, such as from a group home or Alternative Care Facility, to his or her own apartment, or into a family home.
- Person is moving out of parent's home to live independently in own apartment.
- Person has recently aged out of the Medicaid programs for children.

The purpose of Transition Services is to support the person in becoming more independent during a period of transition.

Service Specifications

Home Delivered Meals, Peer Mentorship, and Life Skills Training each has specific inclusions, limitations, and provider qualifications, outlined in [10 CCR 2505-10 8.553.3 – 8.553.5](#). It is important to note that these services may not be provided beyond 365 days. For rate information and billing codes, please refer to the Departments [rate schedule](#).

Transition Setup services includes the coordination and coverage of one-time, non-recurring expenses necessary to establish a basic household upon transitioning from a nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities, or Regional Center to a community living arrangement, up to 30 days post-transition. To access Transition Setup, a client must be transitioning from an institutional setting to a community living arrangement and participate in a needs based assessment through which they demonstrate a need for the service, as described in [10 CCR 2505-10 8.553.6](#). Transition setup is not available when the person resides in a provider-owned or -controlled setting.

How to Access Transition Services

Institution to Community Transition

When the person is transitioning from a nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities, or Regional Center, the person will also receive Transition Coordination, and work with a Transition Coordinator and an HCBS Case

Manager to access Transition Services. "More information about Transition Coordination will be available through the Memo Series."

Community Setting Transition to Community Setting

When the person is experiencing a life transition through a change in life circumstance in a community setting, the person will need to access the benefits by working with his or her HCBS Case Manager. The HCBS Case Manager will work with the person to identify specific goals related to the transition in areas where greater independence is desired or necessary with the areas identified in the assessment.

Attachment(s):

None

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