COLORADO
Department of Health Care Policy & Financing

Transition Services Frequently Asked Questions

September 2018

Purpose

The purpose of this Frequently Asked Questions (FAQ) document is to summarize themes identified through stakeholder engagement thus far in implementing transition services for members who choose to move from a nursing facility, intermediate care facility, or Regional Center to a home or community-based services (HCBS) waiver setting, and to respond to questions heard during stakeholder engagement.

The Department wants to express gratitude for the organizations and associations who hosted meetings to gather feedback. In addition, the Department thanks the many stakeholders who engaged in this process, often in multiple meetings, and the thoughtful feedback shared. Stakeholder participation helped the Department develop quality, sustainable services to continue transitions under the Colorado Medicaid State Plan and HCBS waivers.

Background

The Department of Health Care Policy & Financing (the Department) has administered the Colorado Choice Transitions (CCT) demonstration program since April 2013, federally funded by Money Follows the Person (MFP). CCT is designed to help transition Medicaid members out of nursing homes, intermediate care facilities or regional centers into home and community-based settings. Members who have transitioned into community through CCT achieve a higher quality of life, better health outcomes, and a reduction in the total cost of care to the State. As of June 2018, 361 members transitioned to community, and 93% have successfully been living in community for at least one year following transition.

With federal funding for the CCT demonstration ending in 2019, the Colorado legislature passed House Bill 18-1326, directing the Department to implement successful services from the demonstration. This requires amendments to the Medicaid State Plan and to adult HCBS waivers. Benefits and services to continue the transitions program must be implemented by January 1, 2019 to avoid a gap in new enrollments.

Stakeholder Engagement

To implement these changes by January 1, 2019, the Department must adhere to a compact timeline. Each step is in this process is dependent upon approval by the Department, the Medical Services Board (MSB), and the Centers for Medicare and Medicaid Services (CMS). The information below summarizes past and upcoming opportunities to provide input.

Stakeholder Meetings Completed:

- April – October 2018: More than 25 stakeholder engagement meetings and webinars hosted with professional groups, agencies, organizations, associations and individuals who represent the transition process.

Public Comment: To provide comment, please visit HCBS Public Comment Opportunities on the Department website.

- **Developmental Disabilities (DD) and Supported Living Services (SLS) waivers**: Public Comment currently active September 1 – September 30, 2018
- **Brain Injury (BI), Community Mental Health Supports (CMHS), Elderly, Blind, & Disabled (EBD), and Spinal Cord Injury (SCI) waivers:** Public Comment anticipated September 15 – October 15, 2018
- **Targeted Case Management Transition Services State Plan Amendment**: Public Comment anticipated October 1 – October 31, 2018

Upcoming Stakeholder Meetings:

Date	Time	Location
September 28, 2018	1:00 pm	Department of Health Care Policy and Financing 303 E. 17th Ave. Denver, CO 80203, Rooms 7A and 7B
October 1, 2018	10:00 am	Department of Health Care Policy and Financing, 303 E. 17th Ave. Denver, CO 80203, Rooms 7B and 7C
October 5, 2018	10:00 am	Department of Health Care Policy and Financing, 1570 Grant St. Denver, CO 80203, The Palms Conference Room

Call-in information for all meetings: Local: 720-279-0026 | Toll Free: 1-877-820-7831 | Participant Code: 869804

Medical Services Board (MSB):

- MSB Rule Public Preview scheduled for September 24, 2018

- MSB First Reading anticipated October 12, 2018
- MSB Final Reading anticipated November 9, 2018

Summary of Themes Expressed by Stakeholders

Strengths

- Stakeholders emphasize keeping the person-centered, flexible components of the CCT demonstration in consideration when planning for implementing the transition services.
- With the data obtained from the CCT demonstration program, the Department was able to justify a permanent, sustainable set of benefits and services through HB18-1326. This legislation directs the Department to pursue the necessary Medicaid State Plan and HCBS waiver amendments to continue the transitions program.

Challenges

- Affordable, accessible and available housing has been a challenge for transitions across all stakeholder groups.
- The level of care that is needed within a nursing facility cannot always be found in the community.
- Billing issues are a current concern for transition coordination agencies. Specifically, agencies are not paid until a transition is complete in the current model, and the Department's billing systems transition has created a delay in processing payments to providers.
- Change in provider qualifications for services including Targeted Case Management – Transition Services (TCM-TS) and Transition Independent Living Skills Training (T-ILST) may result in costs and impacts on providers to comply
- Rural provider availability and capacity may make Conflict-Free Case Management difficult to achieve.

Training/Technical Assistance Needs

- Continuous and consistent training will be needed for the sustainability efforts to be successful.
- Buy-in is needed throughout the transition – from Skilled Nursing Facilities to transition options team. Need to have collaborative providers that know how to work with many different state entities and facilities.
- Provider enrollment or re-enrollment processes must be defined to ensure service and billing continuity
- Technical and/or financial support is needed to allow agencies to meet the increased qualifications required under the new structures.

Frequently Asked Questions (FAQs)

1. How did the Department engage stakeholders to guide development and implementation of transition services?

The Department conducted a series of more than twenty meetings during April – August 2018 to gather stakeholder feedback concerning Targeted Case Management - Transition Services (TCM-TS), as well as two meetings specifically regarding the HCBS waiver transition benefits. These engagements helped guide development and implementation of transition services. The Department asked a standard series of questions at every meeting to understand the needs of stakeholders regarding implementation TCM-TS. In addition, the Department presented the draft service coverage standards for all waiver services and recorded feedback on the standards.

For TCM-TS, the information from those meetings was aggregated and summarized to identify the trends and themes. All feedback received for each question was analyzed and grouped by common themes. Each theme was then assigned a numerical value based on how many times that particular idea, or theme is mentioned by stakeholders. The themes were then ranked by the assigned numerical value, showing general trends of what stakeholders mentioned most often. The Department also used this data to identify a series of suggestions and recommendations made by stakeholders, along with common questions and concerns.

In addition, the Department presented the draft service coverage standards for all waiver services at two in-depth community meetings available statewide via webinar, and recorded feedback on the standards. This feedback was then incorporated into the requested waiver amendments to ensure robust and quality services.

2. What is the timeline for implementation?

The last day that an individual may transition under the demonstration project is December 31, 2018. The last day that an individual enrolled prior to December 31, 2018 may receive services under the demonstration project is 365 days after enrollment, or December 31, 2019, whichever is earlier.

3. Members who transition on or after January 1, 2019 must be served under the State Plan and HCBS Waiver Authorities. What are the new services proposed under the Colorado state plan and HCBS waiver services, their rates and limits?

Service	Service Definition	Medicaid Authority	Provider Requirements	Units and Limits
Targeted Case Management – Transition Services (TCM-TS)	Services provided by a Targeted Case Management Agency (Transition Case Manager) to help an individual relocate to a community setting upon discharge from an LTC facility. This includes coordinating the transition options team, completing a transition plan and risk mitigation plan, establishing services and monitoring the health and welfare of the member.	State Plan 19.1	Case Management Agency qualifications, as defined in State Rule. Draft available: www.colorado.gov/hcpf/conflict-free-case-management	15-minute unit limited to 240 units (60 hours) per transition period
Transition Setup	**Transition Setup Coordination (TSC)** The coordination and purchase of one-time, non-recurring expenses necessary for a client to establish a basic household as they transition	1915(c) of the Social Security Act. Adult Waivers – BI, DD, CMHS, EBD, SCI and SLS waivers.	Provider must enroll as a Medicaid Provider. TSC will be monitored based on spending the transition setup funds appropriately.	15-minute unit limited to 40 units (10 hours) Available up to 30 days after enrollment
	Transition Setup Expense (TSE) Funds for one-time cleaning expenses and essential household furnishings, which includes things such as beds, linens, utensils, pots and pans, dishes, etc. that are necessary for setting up a home. This service may only be provided	1915(c) of the Social Security Act. Adult Waivers – BI, DD, CMHS, EBD, SCI and SLS waivers.	The product or service to be delivered shall meet all applicable manufacturer specifications, state and local building codes, and Uniform Federal Accessibility Standards.	One-time for items purchased up to $1,500. Up to $2,000 if demonstrated need and Department

Service	Service Definition	Medicaid Authority	Provider Requirements	Units and Limits
	through Transition Setup Coordination. Not available when agency receives Room & Board payment from member.			approval. Available up to 30 days after enrollment
Home Delivered Meals (HDM)	Nutritional counseling, planning, preparation, and delivery of meals to clients who have dietary restrictions or specific nutritional needs, are unable to prepare their own meals, and have limited or no outside assistance. Not available when agency receives Room & Board payment from member.	1915(c) of the Social Security Act. Adult Waivers – BI, DD, CMHS, EBD, SCI and SLS waivers.	Retail Food License and Food Handling License for Staff. The provider must have an on-staff or contracted certified Registered Dietician (RD) or Registered Dietitian Nutritionist (RDN)	Per Meal 2/day up to 14/week, Available for 365 days after enrollment
Transition-Independent Living Skills Training (T-ILST)	Individualized training designed and directed with the client to develop and maintain their ability to independently sustain themselves in the community. T-ILST may be provided in the client's residence, in the community, or in a group living situation. ILST is currently available in the BI Waiver. Not available in the DD waiver due to Residential Habilitation duplication.	1915(c) of the Social Security Act. Adult Waivers - CMHS, EBD, SCI and SLS waivers.	Home Care Agency Class A or B license, available through CDPHE	15-minute unit, limited to 24 units (6 hours)/day, up to 160 units (40 hours)/week Available for 365 days after enrollment

Service	Service Definition	Medicaid Authority	Provider Requirements	Units and Limits
Peer Mentorship	Support provided by peers to promote self-advocacy and encourage community living among clients by instructing and advising on issues and topics related to community living, describing real-world experiences as examples, and modeling successful community living and problem-solving.	1915(c) of the Social Security Act. Adult Waivers – BI, DD, CMHS, EBD, SCI and SLS waivers	Meets the qualification standards designated in the Colorado Peer Mentorship Manual. Has achieved a Certificate of Completion of the Peer Mentorship Training curriculum designated in the Colorado Peer Mentorship Manual.	15-minute unit, no unit limits Available for 365 days after enrollment

Rate information related to these services will be available at www.colorado.gov/hcpf/provider-rates-fee-schedule under the **Annual Rate Updates Information & Resources** dropdown menu.

4. Are the qualifications for providers changing?

Qualifications for some of the services will change to meet State and/or Federal Standards for Qualified HCBS Service Providers.

Targeted Case Management - Transition Services (TCM-TS)

- Agencies currently serving as Transition Coordination Agencies who want to provide TCM-TS will be required to meet all provider qualifications and training requirements associated with Case Management agency requirements, and adhere to Conflict-Free Case Management.

Transition - Independent Living Skills Training (T-ILST)

- All ILST providers who want to provide T-ILST will be required to obtain a Home Health Care Agency Class B License, with the additional option to obtain a Class A license, if desired.

Home Delivered Meals (HDM)

- Provider licensure requirements for this service will not change, including necessary Retail Food License and Food Handling License. Provider enrollment will be contingent upon the provider maintaining and providing proof of these licenses being current and in good standing.
- HDM Providers will be required to submit quarterly reports to case managers on the meal plan and client progress to continue to ensure service quality.

Peer Mentorship (PM)

- Providers for Peer Mentorship must complete training equivalent to the state-standardized Peer Mentorship manual, which was created in collaboration with the Center for Independence in Colorado Springs.

Transition Setup Coordinator (TSC)

- This is a new service on HCBS waivers. The qualifications are the completion of an HCBS waiver provider application and a Provider Agreement with the Department.
- TSCs will coordinate household setup with the member including purchasing household furnishings, moving, setting up the home, and establishing the community residence.
- TSCs are the only Provider type authorized to provide Transition Setup Expense (TSE), one-time funds for cleaning expenses and essential household furnishings, which includes purchase of items necessary for setting up a home.
- TSCs will be monitored to ensure that all items purchased meet manufacturer's standards, building codes, and/or Uniform Federal Accessibility Standards.

5. How will Providers enroll to provide services related to transitions?

Existing Providers: Enrollment and service selection is done through the Provider Maintenance page of the Provider Portal. The page includes a full list of services available to choose from depending upon Provider Type, as well as start dates and other pertinent info. New Providers will need to create an account in the Provider Portal to submit an application.

- **Targeted Case Management – Transition Services (TCM-TS):** Providers currently providing Community Transition Services who wish to become Targeted Case Management agencies will be required

to submit all required documentation for a case management agency to the Department and enroll as a new Provider.

- **Transition – Independent Living Skills Training (T-ILST):** Current ILST Providers who wish to provide T-ILST will need to add the new T-ILST service to their existing service array.
- **Home Delivered Meals (HDM):** Current HDM Providers who wish to continue to provide HDM will need to add the new HDM service to their existing service array.
- **Peer Mentorship (PM):** Current PM Providers who wish to provide PM will need to add the new PM service to their existing service array.
- **Transition Setup Coordination (TSC):** Current Providers who wish to provide TSC will need to add the new service to their existing service array.
- Some services in the HCBS waivers may be subject to surveying by CDPHE

New Providers: must enroll through the Provider Portal to provide HCBS services, which is type 36. Provider applications will be evaluated to ensure the applicant meets training, licensing or other requirements. A Provider must enter into a Provider Agreement with the Department prior to beginning service provision.

6. What will change from a Billing and Prior Authorization Request (PAR) perspective?

When filling out a PAR for transition services under the waivers, the CCT program will no longer exist. Instead the service will be billed under the appropriate state plan or waiver modifiers. TCM-TS providers will authorize transition services with appropriate documentation of services provided. The billing will be done through State Plan services. Helpful information and training on how to do this can be found on the Department website.

- Billing Manuals: www.colorado.gov/hcpf/billing-manuals
- Billing Training: www.colorado.gov/hcpf/provider-training

7. What will be the role of a Transition Case Manager in providing TCM-TS? Will the Transition Case Manager be required to complete the ULTC 100.2?

The ULTC 100.2 will continue to be completed by SEPs and CCBs. When a member needs TCM-TS, a Transition Case Manager will oversee the transitions process including:

1. Coordinate completion of transition assessment

2. Coordinate completion of risk mitigation plan
3. Coordinate transition services, including housing voucher/navigation process
4. Conduct service authorization and referrals for HCBS services
5. Provide referrals for informal non-Medicaid/ community services
6. Complete PARs for all HCBS waiver services
7. Monitor the client for the first 30 days following transition
8. Complete and monitor the overall service plan for member health and welfare during the time period following the transition until the transition period is completed
9. Complete critical incident reports for member health and welfare during the time period following the transition until the transition period is completed
10. Complete all documentation necessary

A transition period is completed when the member has successfully established community residence and is no longer in need of TCM-TS based on the risk mitigation plan. At this time, the member will resume standard case management services with the SEP, CCB, or case management agency for the community of residence.

8. Why did the Department choose a Targeted Case Management (TCM) option for transition services?

There are several reasons why the Department chose the TCM authority in the State Plan to operate transition services:

Flexibility: The TCM State Plan authority allows the Department to access the broadest base of providers for the transition service across Colorado to ensure anyone who wants to transition to a less restrictive setting can do so.

Timely payments for transition coordination time: Lessons learned from the CCT demonstration indicate that operating the transition services as an HCBS waiver benefit limited providers and created financial challenges inherent in the benefit structure. Reimbursement as a waiver service is only allowed as a flat rate for the transition itself, payable after the transition occurs. Work completed before and after transition, or for members who ultimately do not successfully transition, is not reimbursable through the waiver benefit. TCM allows for payment of services before, during and after a transition based on a unit rate for actual time spent, whether or not the transition occurs. If the transition services were to be provided as a waiver benefit, transition case managers could

only coordinate Medicaid services. Under TCM, transition case managers can coordinate other services like housing.

In addition, creating a waiver service would require an administrative claiming reimbursement methodology to reimburse for pre-transition work, subject to approval by CMS. Post-transition work would not be reimbursable. This model would require all transition providers to have both Provider Agreements and an administrative contract with the Department, creating additional administrative burden for both parties to manage multiple agreements.

Ability for providers to bill directly: Operating the transition services under TCM allows TCM-TS providers to directly bill for services which improves accuracy, efficiency and timeliness of billing. Under the waiver structure used in the demonstration project, an HCBS case manager at a Single Entry Point (SEP) or Community Centered Board (CCB) was required to be involved in the transition and submit PARs on behalf of provider organizations.

Alignment with overall Department structure and goals: Colorado is working to standardize how case management is delivered and reimbursed across all populations in Colorado, based on stakeholder feedback asking for consistency and clarity. The TCM State Plan authority aligns with how we currently reimburse for some case management. Creating a waiver service would require an administrative claiming reimbursement methodology to reimburse for pre-transition work, subject to approval by CMS. Post-transition work would not be reimbursable. This model would require all transition providers to have both Provider Agreements and an administrative contract with the Department, creating additional administrative burden for both parties to manage multiple agreements.

9. How does the federal rule for Conflict-Free Case Management impact the new transition services?

The federal rule for Conflict-Free Case Management requires separation of case management from direct service provision, meaning the same agency that provides case management services for an individual cannot also provide direct services to the same individual. In addition, case management redesign allows for individuals and families to have choice in their direct service provider agency and their case management agency.

10. How will the Department make sure there are the full array of services available for consumers in areas that do not have enough agencies to separate the TCM-TS from the other services?

The Department always wants to enroll quality Providers and offer member choice. There is a rural exception process for communities in which services may not be available.

11. Will transition coordination agencies providing services under the CCT demonstration be able to provide the new services?

Individuals who transition on or before December 31, 2018 will receive services under the CCT demonstration. Transition coordination agencies would continue to provide services to any individual who transitioned under CCT under the CCT program rules. These services would be offered under the CCT program rules until December 31, 2019.

Individuals who transition on or after January 1, 2019 will receive services under the new state plan and waiver benefits. Transitions will be provided under Targeted Case Management – Transition Services and agencies currently providing the service as transition coordination agencies will be required to meet the requirements of case management agencies.

12. Is there a reason that an individual must be in an institution to receive the transition services?

Under the Money Follows the Person grant that funded CCT, the individual was required to be in a nursing facility, intermediate care facility for individuals with Intellectual Disabilities, or mental health institution to receive transition services. The proposed TCM- TS benefit will be targeted to people living in institutional settings.

13. Is there a way to streamline the Medicaid eligibility process when a person is leaving an institution, so there is no wait/delay in getting services? If a person has Medicaid in a facility, shouldn't they automatically have it when they leave a facility without any gap?

If a person has Medicaid while in a long-term care facility, Medicaid does follow the person when he or she leaves the facility provided the person continues to meet Medicaid eligibility. However, a Medicaid member's record must be updated in the Colorado Benefit Management System (CBMS) by the local Department of Human Services to allow Providers to bill for services under HCBS. The Department is exploring options to expedite financial and functional eligibility redeterminations.

14. Parents shared information about failed attempts to transition by their adult children and concern that at some point they will be forced to transition against their preferred living environment.

The Department supports the individual's right to choose his or her preferred living environment. Through the transition planning process, individuals explore the risks and benefits of their choice and evaluate whether the community supports that match their care needs and preferences are available. Parents and legal guardians are an important part of the transition team.

15. Would the current number of billable Case Management hours (60) increase?

TCM-TS would be additional billable hours (240 units or 60 hours) specifically for the purpose of transition to community.

16. How long will services be available for a transition client with the new changes?

The TCM-TS services will remain available until the unit limit max of 240 units has been reached or the transition period is complete. A transition period is completed when the member has successfully established community residence and is no longer in need of TCM-TS based on the risk mitigation plan. At this time, the member will resume standard case management services with the SEP, CCB or case management agency for the community of residence. T-ILST, PM, and HDM are available for 365 days post transition. Transition Setup Expense is available for up to 30 days post transition.

17. Is HCPF working with other states so as not to reinvent the wheel with these transition services?

The Department works closely with states who provide transition services through a Money Follows the Person grant. Colorado is one of only a few states continuing to fund transition services once the demonstration project is complete.

18. Will Options Counseling provided by the Aging and Disability Resources for Colorado (ADRC) agencies in nursing homes change?

There is no change to Options Counseling, which was not funded by the CCT demonstration.

19. Will the new changes and enrollments cost money, and if so, what assistance can be provided?

The Department is committed to providing training and technical assistance to assist Providers. If the Provider identifies specific costs associated with meeting new requirements, there will be assistance available, particularly for Transition Coordination Agencies enrolling as Targeted Case Management Agencies. The Department will be offering Providers the opportunity to apply for a transition coordination infrastructure grants for assistance with projected administrative costs to meet requirements.

20. Currently, food-allowance costs for House Hold Set Up (to be called Transition Setup Expense) are $100, which is too low. Can it be raised?

The Department has changed this to pantry setup cost to be more inclusive and raised the limit to $250. The Department additionally added $150 specific to the acquisition of needed personal effects.

21. House Hold Set Up (to be called Transition Setup Expense (TSE)) is too low at $1,500. Is anything being done about this?

TSE is limited to $1,500, with the ability to request Department approval up to $2,000 by demonstrating adequate documentation for necessity for health, safety or welfare of the member. These limits are the same as under the CCT demonstration project in which the average utilization was approximately $1,200 per member, showing that the benefit as provided is adequate for most members. The exception process allows for members whose needs exceed the limit to request additional funds with Department approval.

22. How were rates determined, and specifically why is the Peer Mentorship rate so low?

Several items go into establishing a rate including but not limited to the service provided, the provider qualifications and the specialty level of the service. Rates for the services were established under CCT and reviewed and approved by state legislature and CMS. The Department could pursue future changes if needed.

For more information, please contact: CCT@hcpf.state.co.us