April 2025: The Latest in LTSS















In a collaborative effort, leadership members from various agencies in our region have partnered to compile and distribute streamlined communication to our stakeholders in long-term care and supports.

We invite you to actively share this information with your stakeholders, ensuring widespread distribution. All issues of this newsletter can be found on the TRE website here.

The Latest

CFC Updates

Community First Choice (CFC) will begin implementation on 7/1/25. CFC moves select HCBS services from waivers into State Plan Medicaid. This implementation will occur at the time of an individuals annual service plan review. Members will be able to access Waiver and CFC services at the same time. The services moving to CFC include:

- Homemaker (with new task called Acquisition, Maintenance, and Enhancement of Skills)
- Personal Care (with new task called Acquisiting, Maintenance, and Enhancement of Skills)
- Health Maintenance Activities
- Home Delivered Meals
- Personal Emergency Response System
- Remote Supports and Remote Supports Technology
- Transition Setup

Due to a delay in the implementation of CFC within the Care and Case Management System (CCM), TRE and other CMAs have been informed that annual service plan reviews (CSRs) for people who may need or are considering CFC cannot be completed in April for 7/1/25 start dates. These will be delayed until May.

There are exceptions to this pause, and these include for Members:

- In the DD Waiver
- Living in an ACF/SLP
- In CHRP receiving Habilitation Services
- Does not have or is not interested in Personal Care, Homemaker, PERs/Electronic Monitoring
- In non-IDD Waivers that do not have IHSS or CDASS

Working Adults with Disabilities (WAwD)

WAwD lets adults with a disability qualify to "buy-into" Medicaid. People may pay a monthly premium based on their gross monthly earned and unearned income. Currently, the system has an auto-enrollment of people into WAwD with HCPBS at enrollment and renewal. This auto-enrollment will be discontinued over the next couple of months. The auto-enrollment has created challenges for people in the DD waiver, so the discontinuation of that should fix those issues.

Advocates for families have received direction from HCPF to support individuals on the DD waiver who have experienced a challenge with auto-enrollment. See below for how to support families with this process.

More information on this process will be provided in the future as the new process rolls out.

See below (in What Members Should Know) for how to support members and their families through this process.

SIS Decommissioning and ISLA Timelines

The Supports Intensity Scale (SIS) is sunsetting on 6/30/25 and will be replaced by the Interim Support Level Assessment (ISLA) which system configurations for the Colorado Single Assessment (CSA), which will ultimately replace the SIS, are completed. All required SIS assessments currently needed must be completed and documented in the CCM by 6/15/25.

The new ISLA will begin implementation on 7/1/25 for all new enrollments. For a SIS completed prior to 6/15/25, where there is a dispute about the results, a complaint must be filed within 30 days of the completion of that assessment. A similar complaint process will be implemented for the ISLA. There will not be an option for an ISLA Reassessment.

In the event of a concern regarding the ISLA Support Level, the team will need to pursue a Support Level Review (SLR) request to override the support level. For a SIS where the Member's needs have changed and require a new assessment, the Support Level Review (SLR) will be used. There will be no new SIS assessments. SLS Exceptions and Tier 3 day hab are still available to members as well.

Some important dates:

- 3/31/25 Last day to submit a SIS Reassessment request
- 4/1/25 6/30/25 ISLA assessment pilot
- 6/13/25 Last date for SIS Interviewers to conduct a SIS Assessment or SIS Reassessment
- 6/30/25 Last date for SIS Interviewers/CMAs to enter any SIS Assessments into SIS Online
- 7/1/25 ISLA Implementation for newly enrolling adult SLS and DD waiver Members

What Members Should Know

- CFC Community First Choice will be explained to individuals and their families/caregivers by their TRE
 Service Coordinator at the time of their annual service plan review between 7/1/25-6/30/26. Families
 will then have the option to choose CFC if they feel it is the right option for the individual. Members do
 not have to do anything until their annual service plan review.
- Working Adults with Disability (WAwD) Members and/or families can opt out of the WAwD benefit plan. Opt out instructions are available on the <u>WAwD website</u>. Children's waivered services are not available for that benefit plan and this is explained on the <u>CBwD Website</u>. If a family has trouble with the process of opting out of this benefit plan with the county, they can submit a <u>Health First Colorado</u> and Child Health Plan Plus Grievance Form.

What The Acronyms Mean

- Acronym Guide: Office Of Community Living Acronym Glossary | Colorado Department of Health Care
 Policy & Financing
- Member = person in services
- CCM = Care and Case Management system (statewide Member health record). This replaced the Benefits Utilization System (BUS)
- HCPF = Health Care Policy and Financing
- CMA = Case Management Agencies. Formerly CCBs and SEPs.
- CMRD = Case Management Redesign
- DSA = Direct Service Area. This is how CMRD designated CMAs. TRE works with both DSA 11 (El Paso, Park, and Teller Counties) and DSA 12 (Pueblo County).
- LTSS = Long Term Services and Supports. Also known as HCBS (Home and Community Based Services) or LTC (Long Term Care).
- OCL = Office of Community Living