MAY 2025

The Latest in LTSS

PAR Updates

Current PAR delays are related to a variety of factors including:

- Recent CCM system changes to incorporate Community First Choice (CFC) services
- Updates related to PETI (Post Eligibility Treatment of Income)
- Adjustments to CDASS (Consumer-Directed Attendant Support Services) rates
- Transitions of services to appropriate waivers and programs at the time of CSR.
- Technical issues with CCM system due to the addition of new programs.
- TRE Service Coordinators experiencing challenges in reaching some members in a timely manner to complete their assessments.
- Case Aides are working on a new workflow to connect providers and upload PAR documentation to the Vault for the Provider Portal. This has added additional time for processing.
- What We're Doing to Address the Delays:
  - Actively working to streamline internal processes to ensure they are as efficient and effective as possible to reduce wait times and improve the overall experience for members and providers.
  - Contacting providers when members cannot be reached, to prevent delays and request their assistance in connecting with members to complete the assessment.
  - Submitting help desk tickets promptly when system issues arise, to ensure technical problems are addressed as quickly as possible.

Newsletter Highlights

Renewal Delays Related to the CES

Delays in renewals for the CES waiver are largely due to expired or expiring ARG diary dates, with approvals currently taking approximately 4–6 months. Anytime an ARG is required at renewal, these approval timeframes will apply regardless of the waiver. Timely approvals depend on submitting comprehensive medical documentation that clearly establishes the disability. If additional information is needed, the Arbor Review Group may contact a medical provider directly. Because ARG is a third-party reviewer, neither DHS nor TRE has direct control over these timelines. TRE cannot contact ARG directly; any questions must be routed through DHS, who then communicates with Arbor.

Renewal Process Overview

The automated renewal process (Ex Parte*) begins by checking information from data sources for individual members.

Member automatically renewed

The member passes ex parte, is automatically renewed and receives a determination letter approving their continued coverage.

Member NOT automatically renewed

One or more household members does not pass ex parte, and is not automatically renewed. A pre-populated renewal packet is mailed and sent to their PEAK inbox.

Member must update, sign & return packet

The renewal packet must be reviewed, updated, signed and returned along with any requested verifications by the deadline specified in the packet.

Renewal packet is reviewed

The returned renewal packet is reviewed by an eligibility site. Some renewals are more complicated and may take longer to process.

Member receives letter

Members receive a determination letter approving or denying coverage.

Members have a right to appeal a benefit decision. If no longer eligible, they can transition to other health coverage. Members who failed to return their paperwork have 90 days to resubmit for redetermination.

* Some members are automatically renewed based on the most recent information already on file for them from other data sources. This process is known as ex-parte.

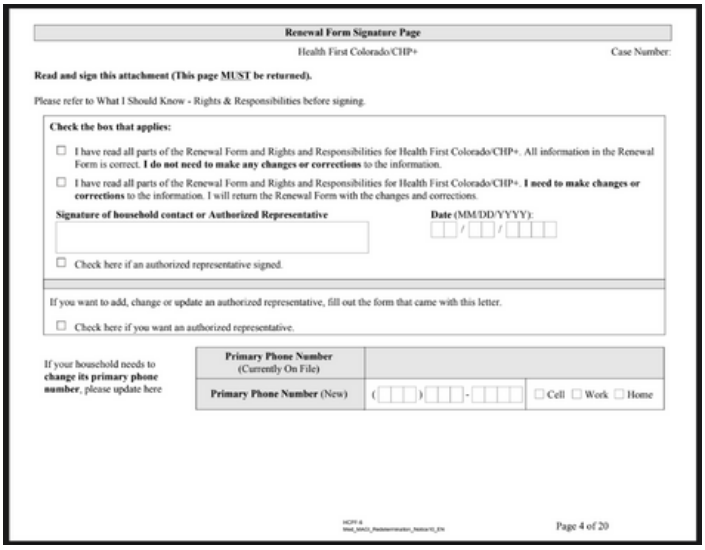
Key Tips for the Renewal Process

1. Understand the Renewal Timeline

- Automatic Renewal: Some members may be automatically renewed based on existing data DHS has available.
- Manual Renewal: If automatic renewal isn't applicable, members will receive a renewal packet. It's essential to complete and return this packet promptly to avoid coverage gaps.

2. Review and Complete the Renewal Packet

- Carefully review the prepopulated renewal packet for accuracy.
- Update any outdated information and provide necessary documentation as requested.
- Sign and return the completed packet by the specified deadline.



Renewal Form Signature Page

Health First Colorado/CHP+ Case Number:

Read and sign this attachment (This page MUST be returned).

Please refer to What I Should Know - Rights & Responsibilities before signing.

Check the box that applies:

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. **I do not need to make any changes or corrections** to the information.

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. **I need to make changes or corrections** to the information. I will return the Renewal Form with the changes and corrections.

Signature of household contact or Authorized Representative **Date** (MM/DD/YYYY): / /

☐ Check here if an authorized representative signed.

If you want to add, change or update an authorized representative, fill out the form that came with this letter.

☐ Check here if you want an authorized representative.

If your household needs to **change its primary phone number**, please update here

Primary Phone Number (Currently On File)	
Primary Phone Number (New)	( ) - ☐ Cell ☐ Work ☐ Home

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3. Common Documents Needed for Eligibility Renewal

- **VCL (Verification Checklist)**
- **Verification that Could be Requested**
- Pay stubs (usually last 30–90 days)
- Bank Statements (usually last 30 days)
- Social Security award letter
- Other miscellaneous documents may be requested on the VCL.

Renewal Resources

Eligibility Renewals | Department of Health Care Policy and Financing

Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHP+) review information annually to make sure a member still qualifies for health coverage. This is known as the renewal process or redetermination (RRR). Some members are automatically renewed based on information on file.

hcpf.colorado.gov

Email for ARG: argcoloradostatusinquiry@equusworks.com

4. Utilize the PEAK Online Portal

- PEAK (Program Eligibility and Application Kit) allows members to manage their benefits online.
- Members can complete their renewal, upload documents, and track the status of their application through PEAK.
- TRE has observed instances where documents were not saved correctly in PEAK. It is very important to log back into PEAK to confirm that your documents have been successfully uploaded.

5. Paper Renewals

- Submitted by mail
- Hand delivered to DHS
- Emailed TRE at renewal@tre.org

6. Keep Copies of All Submitted Documents

- Maintain copies of all forms and documents submitted for your records.
- This practice can be helpful in case of discrepancies or if additional information is requested

Nurse Assessor vs ISLA

The ISLA is the new, temporary replacement for the SIS that will be decommissioned. Here is a screenshot of the information:

> Individuals enrolling in HCBS-DD or HCBS-SLS receive a comprehensive, structured Support Level Assessment to assess their adaptive functioning along with their service and support needs. These assessments are a component in developing a methodology for the classification of individuals into Support Levels (also known as Support Level Algorithm). These Support Levels are a principal factor, in addition to other underlying cost components, in the rate-setting methodologies that build provider payment rates for Day Habilitation, Prevocational, Supported Employment, and Residential Habilitation services.
>
> The SIS-A is the current assessment used to determine an individual's Support Level and is being decommissioned on June 30, 2025. The last day to conduct a SIS-A will be Friday June 13, 2025, and the last day to enter information into SIS Online will be June 30, 2025. The last day to submit a SIS Reassessment request will be March 31, 2025.

The Nurse Assessor (NA) is vastly different than the ISLA - the ISLA defines the support level for those in SLS and DD adult waivers, while the NA assesses the need for skilled care services and recommends units for skilled care services including RN hours, CNA hours, and health maintenance activities. Here is a screenshot directly from HCPF:

What is the Nurse Assessor?

- The nurse assessor is a new process that streamlines the way members are assessed and receive recommendations for skilled care services, including Registered Nurse (RN), Certified Nursing Assistant (CNA), and Health Maintenance Activities (HMA).
- The Department of Health Care Policy and Financing (HCPF) will holistically assess members, using a 3rd party skilled nurse assessor, for the appropriate level of skilled care services across selected service modalities.
- The skilled nurse assessor will also help educate members about skilled care services and all service delivery options, including self-direction, and ensure members understand the service that will best meet their needs based on their assessment.

TRE Updates

CMA Organizational Structure Changes - The CMA Leadership continues to work on changes to the organizational structure to drive effective services for people. The following structure has been established and implemented. Four Director Positions have been implemented across the CMA. Previously, we had 2 Director positions in the CMA (Navigation/Quality and Ongoing Service Coordination). A third Director position was added and a Director position in Early Intervention was expanded.

Director of Adult Case Management Services – Laura Thomas

Laura will oversee all ongoing service coordination for adults receiving Waiver or State General Fund services (Developmental Disability, Supported Living Services, Elderly/Blind/Disabled, Brain Injury, Community Mental Health Supports) across El Paso, Pueblo, Park, and Teller Counties.

Director of Children's Services – Amanda Reed

Amanda will oversee all ongoing service coordination for children receiving Waiver services (Children's Extensive Supports, Children's Habilitation Residential Program, Children with Complex Health Needs) in El Paso, Pueblo, Park, and Teller Counties. She will also continue to oversee Early Intervention Service Coordination and Administration.

Director of Quality and Process Improvement – Nancy Vigil

Nancy will oversee quality and compliance with our state contracts as well as process improvement for the organization.

Director of CMA Operations and Communication – Heather Meizis

Heather will oversee CMA Intake, Enrollment, and Nursing Facilities. She will be responsible for internal and external communication for the CMA activities, including being the liaison to providers and she will facilitate special projects and serve as the training liaison for the CMA to ensure effective support for staff.

What the Acronyms Mean

- **ARG** = Arbor Review Group (3rd party disability application reviewer)
- **CFC** = Community First Choice
- **CDASS** = Consumer-Directed Attendant Support Services
- **CMA** = Case Management Agencies. Formerly CCBs and SEPs.
- **CMRD** = Case Management Redesign
- **CCM** = Care and Case Management system (statewide Member health record). This replaced the Benefits Utilization System (BUS)
- 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).
- HCPF = Health Care Policy and Financing
- ISLA = Interim Supports Level Assessment
- LTSS = Long Term Services and Supports. Also known as HCBS (Home and Community Based Services) or LTC (Long Term Care).
- Member = person in services
- NA = Nurse Assessor
- OCL = Office of Community Living
- PAR = Prior Authorization Request
- PETI = Post Eligibility Treatment of Income
- SIS = Supports Intensity Scale