



TREE

The Resource Exchange

Your Guide To Receiving Services

Call us at 719-380-1100 / 719-601-9991 in Pueblo

Tell us how we are doing





Welcome to TRE! We are happy to help you and want to make sure you have a good experience. This handbook is for you, and it will show you what choices you have. We usually update it once a year, but sometimes things can change sooner. You can also find a copy on our website. This handbook has a list of people you can contact, your rights, resources, and a description of the services you can get. Our friendly staff is ready to help you.

Please contact us if you have any questions.

TRE Mission Statement

Advocating for independence and inclusion, TRE partners with children and adults who have a variety of disabilities, delays, mental health or long-term care needs. We do this using a person-centered approach in coordinating care, promoting choices, and collaborating with community partners.



Helpful Ways To Stay Informed

Follow us on social media: [Facebook](#) [Instagram](#) [Twitter](#) [LinkedIn](#)

See our [Community Resources](#) page!

Acronyms: [Office Of Community Living Acronym Glossary](#)

TRE is a partner with Colorado's Department of Health Care Policy and Financing (HCPF), specifically, the Office of Community Living (OCL). Updates are available to you through a variety of ways:

Sign up for the TRE Newsletter [here](#).



For Office of Community Living and Health Care Policy and Financing (HCPF) [sign up here](#).

To follow changes happening with Case Management in Colorado, follow along [here](#).



Look for the tree to find web links to additional information/resources

Empowering People. Strengthening Families. Building Inclusive Communities.

www.tre.org





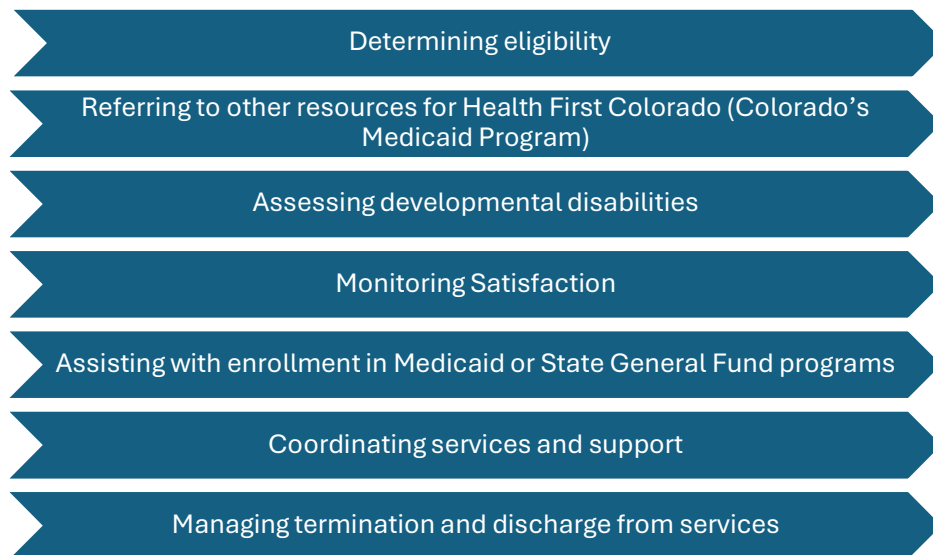
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WHAT IS THE RESOURCE EXCHANGE (TRE)

TRE is a Case Management Agency (CMA) serving members (that's you!) in El Paso, Pueblo, Teller, and Park Counties. We help people with long-term care needs live independently in their homes and communities. We offer Home and Community Based Services (HCBS), also known as waivers, which are long-term Medicaid benefits based on eligibility. Our goal is to improve efficiency, make access easier, and maintain high-quality services. Our services include:



TRE has been a Colorado non-profit since 1964, and serves over 12,000 individuals across El Paso, Pueblo, Teller, and Park counties. Our team of over 400 employees and partnerships with over 500 community organizations create opportunities for the people we serve. We embrace diversity, equity, and inclusion at all levels, aiming to build systems, structures, and policies that promote fairness, accountability, and a respectful workplace culture. We are committed to becoming an adaptable antiracist organization, welcoming progress to achieve this goal. TRE is committed to providing services to all qualified individuals, regardless of race, color, religion, national origin, sex, sexual orientation, gender expression, age, height, weight, disability status, veteran status, military obligations, or marital status. We strongly oppose any form of unlawful harassment, which includes verbal or physical conduct that interferes with service delivery or creates an intimidating, hostile, or offensive work environment.

FUNDING AND ACCREDITATION:

TRE works in close partnership with Health Care Policy and Financing (HCPF). The majority of funds for Colorado services are provided from the Colorado legislature and administered through HCPF. A large portion of funding for adult services comes from Medicaid. TRE also raises money from private sources such as individuals, foundations, and corporations. To learn more about our fundraising efforts, please contact our Director of Development klyng@tre.org or visit www.tre.org.

CORE VALUES



BOARD OF DIRECTORS

TRE has a board of directors, which is a group of people who help lead and make important decisions for the organization. Each board member gets a vote, and together, they choose the direction for TRE to help make it better for everyone.



Learn more here: [Board of Directors](#)

FUNDING

Outside of Medicaid, TRE's major contributors include the El Paso County Investment fund, The Gazette Charities' Empty Stocking Fund, Anschutz Foundation, Nutrition Camp Foundation, Buell Foundation, Lane Foundation, The Independence Center, Colorado Disability Opportunity Office, Disabling Barriers and the local Regional Accountability Entities.

COMMUNITY ADVISORY COMMITTEE (CAC)

The Community Advisory Committee (CAC) is essential in improving the operations and service delivery from TRE. This committee is comprised of volunteers from a variety of stakeholders to include partner agencies, community members and families. While the CAC does not have decision-making power, its advice and recommendations significantly influence the organization. The committee focuses on several key areas:

- **Complaint Analysis:** Evaluating and improving complaint management processes to enhance member satisfaction.
- **Policies and Procedures:** Reviewing and updating policies to ensure efficiency, compliance, and continuous improvement.
- **Exception Requests:** Assessing the framework for handling member exception requests from outside TRE's service areas.
- **Staffing Patterns:** Optimizing resource allocation and improving service delivery by reviewing staffing patterns.
- **Resource Development and Marketing Strategies:** Providing feedback on resource development and marketing efforts to align with organizational goals and community needs.

Members of the CAC contribute their expertise and insights to shape the future of TRE's services. The committee meets quarterly for three-hour sessions and requires three hours of monthly independent work. Active participation is highly valued to help strengthen the organization and better serve the community. Interested individuals can contact Kcox@TRE.org.



Learn more about the CAC on our website: [Community Advisory Committee](#).

COMPLAINTS AND KUDOS

TRE, Providers, and PASAs have procedures for resolving any conflicts. It is the policy of The Resource Exchange (TRE) to address complaints, or any other customer satisfaction concerns, with TRE services provided through its contract with the Colorado Department of Health Care Policy and Financing (HCPF) in accordance with applicable Code of Colorado Regulations and consistent with TRE's Mission and Roots. We encourage direct conversations with the person/entity with whom you are having trouble to try to arrive at a solution that works for everyone.

We strive to resolve issues through informal discussions and the Service Planning (SP) process whenever possible. Our primary focus is on creating options and service alternatives that best serve the interests of those receiving our services, fostering opportunities for collaborative and innovative solutions. Complaints are logged and reported to HCPF as well as the Community Advisory Committee at a regulated cadence. TRE strictly prohibits any form of retaliation for complaints filed and is dedicated to resolving issues amicably. Specific Complaint and Grievance procedures are stated in writing with each organization and are given to you upon enrollment and by request. If you want or need a new copy – ask your Service Coordinator or we have it posted on our website.



A full version can always be found here: www.tre.org/notices/

Complaints may be reported to any TRE staff member and should be reported to the appropriate TRE employee first (this could be the person with whom the issue resides or their supervisor).



You can also file a complaint, here [TRE Complaint Form](#).

If you have a great experience, we encourage you to compliment TRE staff and can do that here: [TRE Kudos](#)

RECORDS AND CONFIDENTIALITY

TRE follows processes and laws to keep your information private and is HIPAA compliant. We use your health information for treatment, payment, administrative purposes, and to evaluate care quality. You have the right to request and receive a copy of your records. TRE's policy protects the privacy and confidentiality of medical information, whether spoken or written down.

REGIONAL ACCOUNTABILITY ENTITIES (RAE)

Assistance with other Medicaid services may be available through the RAE.

- El Paso, Park and Teller Counties: [Colorado Community Health Alliance \(CCHA\)](#)
- Pueblo County: [Health Colorado](#)

Intake

Enrollment

Ongoing

1

Our **Intake team** is your first point of contact for TRE services. They help you find out if you qualify for services like Medicaid Home and Community Based Services, Community First Choice, Nursing Facilities, State General Fund services, and more. The team will guide you through the eligibility process and help you enroll. Each type of service has different requirements, and we will assist you every step of the way. This process may include assessments, information from your doctor, home visits, and financial details. You will work with several team members and outside agencies like the Department of Human Services. It may take up to six months or more to be fully enrolled and start services, but our team is committed to making the process as quick and smooth as possible.

2

Once you are eligible, you will work with the **Enrollment Team** to start services. We will introduce you to provider options in your community and help you prioritize your needs in a Service Plan. It's important to choose an agency that works best for you. The HCPF website has resources to help you find providers. Your Service Coordinator can also provide these options but cannot choose an agency for you. Ask your coordinator about working with an agency, hiring your own providers, family caregiver options, and more. Most services authorized by TRE must be provided by qualified providers and are not directly hired or paid by TRE. You can find qualified providers on the Health First Colorado website.



Qualified Providers can be found here: [Find a Doctor - Health First Colorado](#)

Once you choose your providers, we'll help you create a Service Plan. This plan outlines your needs, goals, chosen services, and the details of those services, like how often and how long they will be provided. Please keep in mind, Long Term Care Medicaid services are the last option for payment. If you have other insurance, it must be used first before accessing Medicaid benefits.

After the Service Plan is developed, we can address any other needs for the services you choose. The final step is to submit and get approval for a Prior Authorization Request so that your services can be paid to providers. These services must be preauthorized, and providers need to have that approval before starting services. Depending on the service you choose, this process can take *weeks to several months*. We will tell you the date services are authorized to begin, and the agency providing your services will receive a Prior Authorization Request (PAR). Once that's all done, your services can begin!

3

We encourage providers to wait for authorization before starting services. Internally, we will make sure you have an **Ongoing Service Coordinator** at this time.

WHAT TO EXPECT WHEN RECEIVING SERVICES

- Your Service Coordinator will communicate with you frequently to maintain the services you choose, ask about how services are going, make any needed adjustments, arrange meetings, and request annual documentation. We will also need to be in your home throughout the year and will work alongside you as to when this is most convenient.
- It is important for you to communicate respectfully and respond to your coordinator as soon as possible. You can expect the same from us. Refusing to participate in required meetings or not submitting needed paperwork when it is due may jeopardize continuity of services.
- While we try not to use acronyms, it is really hard! Never hesitate to ask us to explain. Here is a guide that may help: [Office Of Community Living Acronym Glossary | Department of Health Care Policy and Financing](#)
- The services every member receiving HCBS services can expect are:

Monitoring

- This is checking in with you. We have some specific questions we need to review, but the process is making sure you are getting what you need, that you are being respected, and are satisfied with what is being received. These are done, typically quarterly, more often if needed, and are either in person or virtual. Minimally, one per year needs to be in person and we typically like to do this halfway through your Plan.

Continued Stay Review (CSR)

- This means Continued Stay Review. This is your annual Plan. This meeting happens yearly and consists of an assessment and a Service Plan. The assessment portion must be done in your home. We strive to do this 90 days before your current Plan ends.

Per Member Per Month

- This is a billing mechanism and is available to TRE for any case management work we do. This could be working with your providers, checking utilization, etc. to ensure your services continue as needed.

HELPFUL TIPS:

- To ensure efficient communication, please make sure we have a good email address for you.
- Let your coordinator know your communications preferences, such as whether you prefer e-mail, phone, text messages, or traditional mail service.
- When you call us, you can expect a response within 2 business days, sooner if possible.
- Read everything we send you and notify us immediately if anything is incorrect.
- If your matter is urgent, or you do not get a returned call, please call the main office at **719-380-1100** or **719-601-9991** (in Pueblo) and ask to talk to a supervisor or director for assistance.

MEMBER RIGHTS

YOU HAVE THE SAME HUMAN AND CIVIL RIGHTS AS ANYONE ELSE. These rights should be limited or modified only to the extent necessary to be beneficial to you, and then only with due process. If you want assistance in exercising your rights, you can select a friend, family member, your TRE Service Coordinator, The Arc, or any other persons to advocate for you.

RIGHT TO AN INDIVIDUALIZED PLAN (IP) [ALSO CALLED THE SERVICE PLAN (SP)]: Members shall have the



right to participate in decisions regarding their services, to obtain available and accessible services to their waiver, and the right to obtain available and accessible services under the Contract. Members get to determine who attends their annual meeting with them and their case manager. Members can obtain a copy of your records through a formal request.

RIGHT TO MEDICAL CARE AND TREATMENT: Members have access to appropriate dental and medical care



and treatment for any physical ailments and for the prevention of any illness or disability. No medication for which a prescription is required shall be administered without the written order of a that is reviewed at least annually. Members have a right to be free from unnecessary or excessive medication. Medication shall not be used for the convenience of staff, for punishment, as a substitute for a treatment program or in quantities that interfere with the treatment program.

RIGHT TO RELIGIOUS BELIEF, PRACTICE AND WORSHIP: Members will be allowed and assisted to worship



as they choose. No one shall be coerced into engaging in or refraining from any religious activity, practice, or belief. No one will be required to perform any act or be subject to any procedure whatsoever which is contrary to the person's religious belief.

RIGHT TO FAIR EMPLOYMENT PRACTICES: Members will be supported to work in an area of their choice



and be paid as anyone doing that work would be paid. No member shall be required to perform labor, unless voluntarily and if the labor is compensated in accordance with applicable minimum wage laws. No member will be involved in the physical care, care and treatment, training or supervision of other persons receiving services unless they have been specifically trained in the necessary skills, have the judgment required for such activities, are adequately supervised, and are reimbursed in accordance with the applicable minimum wage laws.

RIGHT TO VOTE: Members who are eligible to vote according to law, have the right to vote in all



elections.

RIGHT TO PERSONAL PROPERTY: Members have the right to the possession and use of such as their own clothing and personal belongings.



RIGHT TO HUMANE CARE AND FREE FROM DISCRIMINATION: Members have the right to be treated with respect, dignity, with consideration of privacy, free from discrimination, and in a humane environment. Each person has the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. Each person receiving services shall be attended to by qualified staff in numbers sufficient to provide appropriate services and supports. Corporal punishment, Prone restraints, and Seclusion (placement of a person alone in a closed room for the purpose of punishment) is prohibited. service agencies and providers shall prohibit mistreatment, exploitation, neglect, or abuse in any form.



RIGHT TO NOTIFICATION: Members have the right to read or have explained, in their native language, any rules or regulations adopted by the Provider and pertaining to such person's activities.



RIGHT TO REPRODUCE: There are procedures in place by the general assembly that when sterilization is being considered for the primary purpose of rendering the individual incapable of reproduction, certain procedures must be followed. Please ask your Service Coordinator about these in the event sterilization is being considered.



RIGHT TO INFLUENCE POLICY: Members have the right to communicate and is encouraged to get involved and express opinions. This can be on a local, statewide, national, or international basis based on interest. For opportunities to do this, please contact your Service Coordinator.



RIGHT TO COMMUNICATIONS AND VISITS: Members have the right to communicate freely and privately with others of the person's own choosing. Each person has the right to file a complaint. Each person receiving services has the right to receive and send sealed, unopened correspondence; have reasonable access to telephones, both to make and to receive calls in privacy; afforded reasonable and frequent opportunities to meet with visitors. All service agencies shall ensure that members have suitable opportunities for interaction with persons of their choice. **TRE will get your authorization on how we can communicate. While TRE takes reasonable precautions to protect your privacy, electronic communication may carry risks, including, but not limited to: messages being intercepted or read by unauthorized individuals; messages being sent to the wrong address or number, or delays or failures in message delivery.**



EXERCISING YOUR RIGHTS

Advocacy groups can help with information, referrals, system issues, rights violations, and appeals. Many also work on related policy issues but may not directly interact with service recipients. Colorado has a robust advocacy network. Here are some resources:

INTERNAL TO TRE

- Your Coordinator works to protect your rights and interests. Contact them anytime with questions or concerns.
- Human Rights Committee (HRC) safeguards the rights of those receiving services. It advises TRE's Board of Directors and consists of non-TRE professionals.
-

EXTERNAL TO TRE

There are many advocate and advocacy organizations available to you including:

- The Arc Pikes Peak Region: (719) 471-4800
- The Arc of Pueblo: (719) 545-5845
- Disability Law Colorado: (800) 722-0300

MISTREATMENT, MANDATORY REPORTING AND INCIDENT REPORTING

Mistreatment against any person includes Abuse, Caretaker Neglect and Exploitation. All TRE staff are mandatory reporters. Incidents will be reported to law enforcement and Adult/Child Protective Services according to Colorado law and in the jurisdiction where the alleged mistreatment occurred. Additionally, all allegations of mistreatment against any member, must be reported to TRE. PASAs, Providers, and TRE employees, contractors, families, guardians, and any other reporting parties may submit Incident Reports via email (ir@tre.org) or telephone (719) 380-1100. Additionally, allegations may be reported after business hours at (719) 439-9664.



For your convenience the form can be found and filed online here [Incident Report Form](#)

All allegations of mistreatment will be investigated by law enforcement agencies, county protective services agencies and/or TRE as applicable. TRE's Policies and Procedures outline handling cases of alleged or suspected mistreatment, abuse, neglect, or exploitation of a member. No individual who, in good faith, reports, assists, or participates in any way in an investigation of such allegations shall be subject to any form of coercion, intimidation, threats, or retaliation in accordance with Code of Colorado Regulations, Section 8.7201.M.3. Following initial reports of mistreatment, PASAs/Provider agencies and TRE are responsible for ensuring any immediate health and safety needs are met, and victim support is provided as applicable to the allegation. Some common signs of potential mistreatment may include (but are not limited to), isolation, unexplained injuries or bruising, missing money or other items of value, fearfulness and/or avoidance or unusual behavior or affect. The definitions noted below may also aid in recognizing when to report suspected or known mistreatment. The following are statutory definitions consistent with state law and rules. Full definitions of mistreatment, abuse, neglect, and exploitation can be found at 19-1-103 (definition for abuse/child abuse or neglect), 26-3 1-101, 16-22-102 (9), and 25.5-10-202 § C.R.S.

DEFINITIONS UNDER MISTREATMENT

MISTREATMENT

Mistreatment means:

- Abuse;
- Exploitation
- A harmful act; or
- Caretaker neglect

ABUSE

Defined as any of the following acts or omissions committed against an at-risk adult:

- The non-accidental infliction of physical pain or injury, as demonstrated by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation.
- Confinement or restraint that is unreasonable under generally accepted caretaking standards; or
- Subjection to sexual conduct or contact classified as a crime under the “Colorado Criminal Code”, Title 18 of Colorado Revised Statutes (C.R.S.).

Specific to Children:

"Abuse" or "child abuse or neglect", as used in part 3 of article 3 of title 19, means an act or omission in one of the following categories that threatens the health or welfare of a child:

- (I) Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained, the history given concerning such condition is at variance with the degree or type of such condition or death, or the circumstances indicate that such condition may not be the product of an accidental occurrence;
- (II) Any case in which a child is subjected to unlawful sexual behavior as defined in section 16-22-102 (9);
- (III) Any case in which a child is in need of services because the child's parent, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take. The requirements of this subsection (1)(a)(III) are subject to the provisions of section 19-3-103.
- (IV) Any case in which a child is subjected to emotional abuse. As used in this subsection (1)(a)(IV), "emotional abuse" means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development.

- (V) Any act or omission described in section 19-3-102 (1)(a), (1)(b), or (1)(c);
- (VI) Any case in which, in the presence of a child, or on the premises where a child is found, or where a child resides, a controlled substance, as defined in section 18-18-102 (5), is manufactured or attempted to be manufactured;
- (VII) Any case in which a child is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health-care provider, and the newborn child's health or welfare is threatened by substance use;
- (VIII) Any case in which a child is subjected to human trafficking of a minor for involuntary servitude, as described in section 18-3-503, or human trafficking of a minor for sexual servitude, as described in section 18-3-504 (2).

In all cases, those investigating reports of child abuse shall take into account accepted child-rearing practices of the culture in which the child participates, including but not limited to accepted work-related practices of agricultural communities. Nothing in this subsection (1) refers to acts that could be construed to be a reasonable exercise of parental discipline or to acts reasonably necessary to subdue a child being taken into custody pursuant to section 19-2.5-209 that are performed by a peace officer, as described in section 16-2.5-101, acting in the good-faith performance of the officer's duties.

EXPLOITATION

An act or omission committed by a person who:

- Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive an at-risk adult of the use, benefit or possession of anything of value.
- Employs the services of a third party for the profit or advantage of the person or another person to the detriment of an at-risk adult.
- Forces, compels, coerces, or entices an at-risk adult to perform services for the profit or advantage of the person or another person against the will of the at-risk adult; or
- Misuses the property of an at-risk adult in a manner that adversely affects the person's ability to receive health care or health care benefits or to pay bills for basic needs or obligations.

HARMFUL ACT

Occurs when an act committed against an at-risk adult by a person with a relationship to the at-risk adult when such act is not defined as abuse, caretaker neglect, or exploitation but causes harm to the health, safety, or welfare of an at-risk adult.

CARETAKER NEGLECT

Neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision or other treatment necessary for the health and safety of an at-risk adult is not secured for a person with an intellectual and developmental disability or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise, or a caretaker knowingly uses harassment, undue influence or intimidation to create a hostile or fearful environment for an at-risk adult with an at-risk adult.

CARETAKER NEGLECT EXCEPTION:

Notwithstanding the provisions of paragraph (a) of this subsection (1.8), the withholding, withdrawing or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, artificial nutrition and hydration, any medication or medical procedure or device, *in accordance with any valid medical directive or order, or as described in a palliative plan of care, shall not be deemed caretaker neglect.* As used in this subsection (1.8), “medical directive or order” includes a medical durable power of attorney, a declaration as to medical treatment executed pursuant to section 15-18-104, C.R.S., a medical order for scope of treatment form executed pursuant to article 18.7 of title 15, C.R.S., and a CPR directive executed pursuant to article 18.6 of title 15, C.R.S. C.R.S.

A CARETAKER IS ANY PERSON WHO:

- Is responsible for the care of a person with an at-risk adult as a result of a family or legal relationship.
- Has assumed responsibility for the care of an at-risk adult; or
- Is paid to provide care, services, or oversight of services to an at-risk adult.

WHAT'S NEW

COLORADO'S COMMUNITY FIRST CHOICE (CFC)

Community First Choice (CFC) is a new Medicaid program starting in Colorado on July 1, 2025. CFC will make it easier to get help with personal care and homemaker services. More people can get this support without joining a Medicaid waiver. You still need to meet certain care requirements, but you don't need to qualify for programs like SLS, CES, or EBD. Current members can transition to this program at the time of their annual meeting. See more on the CDASS page in this handbook!



Learn more here: [Community First Choice Option](#)

English: [Community First Choice Fact Sheet-February 2025](#)

Spanish: [Community First Choice Fact Sheet \(Spanish\) - Feb 2025](#)

WELLNESS EDUCATION BENEFIT (WEB)

The Wellness Education Benefit (WEB) is designed to reduce the need for a higher level of care by offering educational materials that provide members and their families with actionable tools that can be used to prevent the progression of a disability, increase community engagement, combat isolation, and improve awareness of Medicaid services.



Learn more here: [Wellness Education Benefit webpage](#)

CHILDREN WITH COMPLEX HEALTH NEEDS (CWCHN)

The Children with Complex Health Needs Waiver will be a new waiver for children that merges the Children's Home and Community Based Services (CHCBS) and the Children with Life-Limiting Illness (CLLI) waivers. The services on the new CwCHN waiver will be the same as the current CLLI waiver services with the addition of the Wellness Education Benefit. Additionally, eligibility will be expanded to capture both the CHCBS and CLLI Waiver populations.



Learn more here: English: [Children with Complex Health Needs \(CwCHN\) Fact Sheet-February 2025](#)

Spanish: [Children with Complex Health Needs \(CwCHN\) Fact Sheet - Feb 2025 - \(Spanish\)](#)

CHRP (CHILDREN'S RESIDENTIAL HABILITATION PROGRAM) EXPANSION

HCPF has expanded the Children's Residential Habilitation Program (CHRP) to include children and youth with serious emotional disturbances (SED), facilitating access to residential habilitation benefits.



Learn more here: [Children's Habilitation Residential Program Waiver \(CHRP\)](#)

SUPPORTS INTENSITY SCALE (SIS)

The SIS is no longer used in Colorado. Until HCPF implements the Person Centered Budget Algorithm, HCBS-DD and HCBS-SLS services will utilize the Interim Support Level Assessment (ISLA). Support Level Reviews and the Level 7 process have no changes as of June 2025.



[Person-Centered Budget Algorithm \(PCBA\) | Department of Health Care Policy and Financing](#)

MEMBER EXCEPTIONS

In recent years, Colorado implemented a member exception process. This is in order to ensure you have a choice in the Case Management Agency you prefer. Each Case Management Agency has a process in place to accept/deny providing services to people outside of their typical geographic areas. In TRE's case, if you live outside of El Paso, Pueblo, Teller or Park Counties and you choose to receive Case Management from TRE, this applies to you! If approved, you will get a letter to confirm this choice.

The person making the request will send an email to TRE transfer@tre.org for TRE to be the CMA.

- The current CMA will be copied on the email.
- TRE requests the following, preferably in the format listed below:
 - o Subject: Requesting TRE as CMA
 - Name of person in services
 - Address
 - County
 - Date of Birth
 - Medicaid ID
 - Contact Information (if there is a guardian or authorized representative, this paperwork needs to be attached)
 - Current needs
 - Current Provider agencies
 - Brief explanation of why the request is being made to change the CMA

MEMBER INFORMATION PORTAL

TRE is now using software called The Vault. If you have an email address on file with us, in late 2025 you will be able to access your information with TRE more readily. Stay tuned for details!

NURSE ASSESSOR AND SKILLED ACUITY ASSESMENT (HCPF MEMBER GUIDE)

Colorado has changed how skilled care services are assessed for members. Beginning August 1, 2025, a new process will go into effect to evaluate skilled care needs for services such as: Private Duty Nursing (PDN), Long-Term Home Health (LTHH) (excluding therapy services) and Health Maintenance Activities (HMA). This process is called the Skilled Care Acuity Assessment, and it will be completed by a Nurse Assessor from Telligen, our third-party vendor.

See attached flyer and keep up to date with all information here: <https://hcpf.colorado.gov/nurse-assessor>

Nurse Assessor Member Guide

New Nurse Assessor and Skilled Care Acuity Assessment

Effective Date: August 1, 2025

For Members Receiving or Needing Skilled Care Services

Important Update About Your Skilled Care Services

Health First Colorado (Colorado's Medicaid Program) is introducing an important change in how skilled care services are assessed for members like you. Beginning **August 1, 2025**, a new process will go into effect to ensure a fair and consistent way of evaluating your needs for services such as:

- Private Duty Nursing (PDN)
- Long-Term Home Health (LTHH) (*excluding therapy services*)
- Health Maintenance Activities (HMA)

This process is called the **Skilled Care Acuity Assessment**, and it will be completed by a **Nurse Assessor** from **Telligen**, our third-party vendor.

What This Means for You

If you are **currently receiving skilled care services**, you do not need to take any immediate action. You will continue receiving services as usual. Sometime within the next year, but no later than **April 15, 2026**, your case manager or Home Health Agency will submit a referral for an assessment to Telligen. Once the referral has been made, Telligen will contact you to schedule a time for your new assessment. Your case manager or Home Health Agency will inform you when the time comes for that referral and to be prepared for the intake call.

If you are **not currently receiving skilled care services** but believe you need them, you, your caregiver, your case manager, or your health care provider can request an assessment by submitting a member self referral through [Telligen's Qualitrac system](#) or contacting one of the following entities:

- Home Health Agency (HHA)
- Case Management Agency (CMA)
- Hospital discharge planner, or
- Regional Organization

What to Expect from the Assessment

- **Scheduling:** Telligen will contact you to set up an appointment. Please be sure to answer your phone or return the voicemail from the Nurse Assessor.
- **Assessment:** A Nurse Assessor will meet with you (in person or virtually) to ask questions and evaluate your skilled care needs. After the assessment, the nurse assessor will also provide you with education on the skilled care services and all service delivery options, including self-direction, and ensure you understand the service(s) that will best meet your needs.
- **Recommendation:** After the appointment, you will receive a *Service Recommendation Letter* outlining the level of skilled care services and hours that are appropriate for you. This letter will also be shared with your case manager and Home Health Agency if applicable.

If you choose to receive your services through a **Participant-Directed** option like Consumer-Directed Attendant Support Services (CDASS) or In-Home Support Services (IHSS), your case manager will assist with that process.

Important Reminders

- **Act on Requests:** If you receive a message or phone call from Telligen, please respond quickly to schedule your assessment.
- **Deadline:** If you haven't been contacted by Telligen before your next prior authorization renewal date, please reach out to your Case Manager or Home Health Agency to request a referral.
- **Support:** Training and support resources will be available on the [Nurse Assessor website](#) to help you understand this new process, including information on how to submit a member/[self referral](#).

Questions?

If you have any questions, please contact your Case Manager or Home Health Agency. You can also email us at: HomeHealth@state.co.us

HOME AND COMMUNITY BASED SERVICES (HCBS)

Home and Community Based Services (HCBS) are often referred to as a waiver – you may hear us use both terms. Waivers are an extra set of Health First Colorado (Colorado's Medicaid program) benefits that you could qualify for in certain cases. These benefits can help members remain in your home and community. Waivers have extra program rules, and some programs have waitlists.

At TRE, we provide Service Coordination for all the waivers offered in Colorado and State General Fund programs. It is important to match you up with the waiver that best fits your needs. Each waiver offers a different set of services that are accessible to you. Some services have limitations, additional criteria and usage caps. Once you are using a waiver, it is possible to change waivers. Again, there may be a waiting list, specifically with the Developmental Disability waiver, but we can also look at Emergency Situations to see if set criteria is met. Always talk to your coordinator if your needs change. Be aware that if you do change waivers, you will go through an eligibility process, have new start/end dates, likely a new Service Coordinator, etc.



Full waiver documents and life cycles can be found here: [Home and Community-Based Services Waivers | Department of Health Care Policy and Financing](#)

The service TRE provides to you is case management. When a service provider is needed, members can choose a provider OR have TRE send a referral to all eligible or identified service providers. These providers will then let us know if they are interested in learning more to serve you!

Links are available below to see all available services on each waiver. While we will introduce services to you, you too can ask your Service Coordinator about options. We are in this together! Services are prioritized based on the assessed needs identified in the annual Level of Care Assessment. If you need copies of this information, just ask your Coordinator.

CHILDRENS SERVICES

Colorado offers several HCBS programs for children. A complete list can be found at the link below as well as each waiver to include what services are available on each and a comparison chart of all the options. Children are defined as members under the age of 18 but some waivers are approved until age 21.

- [Choosing an HCBS Waiver \(Children\)](#)
- [HCBS Children Waiver Chart-January 2025.pdf - Google Drive](#)
- [Children's Extensive Support Waiver \(CES\)](#)
- [Children with Complex Health Needs \(CwCHN\)](#)
- [Children's Habilitation Residential Program Waiver \(CHRP\)](#)



MOVING FROM CHILDRENS TO ADULT WAIVERS

When a member is ready to age into an adult waiver, there will be additional eligibility criteria that need to be met. We encourage this transition to happen 9-12 months before the age-out birthday. The age-out birthday is either 18 or 21, depending on the waiver in which the member is enrolled.

For those members in need of a guardian, families are advised to start the process no more than three months prior to 18 as the court hearing will not happen until or after the 18th birthday. In El Paso County, the clerks have advised not to complete required forms until the person turns 18, so that only their income is considered for assessing waiving of the court visitor, GAL, court appointed attorney fees. The process to waive fees in Pueblo is slightly different. For members diagnosed with a developmental disability, The Arc of Pueblo and The Arc of the Pikes Peak Region can also be available for more information and resources.

Here are other resources that may be helpful as children age into adult services:

- [HCBS Adult Waiver and PACE Comparison Chart-June 2024.pdf - Google Drive](#)
- [Home and Community-Based Services Waivers | Department of Health Care Policy and Financing](#)
- [What You Need To Know About Your Supplemental Security Income \(SSI\) When You Turn 18](#)
- [Youth Toolkit 2024 - Turning 18](#)
- [Become the Guardian for an Adult | Colorado Judicial Branch](#)



ADULT SERVICES

There are several options for eligible adults to receive services. A complete list can be found at the link below as well as each waiver to include what services are available on each and a comparison chart of all the options.

- [Choosing an HCBS Waiver Flowchart-Adults-January 2017.pdf](#)
- [HCBS Adult Waiver and PACE Comparison Chart-January 2025.pdf](#)
- [Supported Living Services Waiver \(SLS\)](#)
- [Developmental Disabilities Waiver \(DD\)](#)
- [Community Mental Health Supports Waiver \(CMHS\)](#)
- [Elderly, Blind, and Disabled \(EBD\)](#)
- [Brain Injury Waiver \(BI\)](#)
- [Complementary and Integrative Health Waiver \(CIH\)](#)



STATE GENERAL FUND SERVICES

FAMILY SUPPORT SERVICES PROGRAM

The Family Support Services Program (FSSP), while not an HCBS funded program, provides support for families who have children with intellectual and developmental disabilities or delays with costs that are beyond those normally experienced by other families. These families are not otherwise eligible for HCBS Medicaid services or Early Intervention. The primary purpose of the FSSP is to support children with intellectual and developmental disabilities or delays remaining within their family setting and prevent out-of-home placements.



Learn more here: <https://hcpf.colorado.gov/family-support-services-program-fssp>

STATE SLS

State SLS Services are not an HCBS waiver. These services are available to those adults who meet Developmental Disability criteria and are not otherwise eligible for an HCBS Medicaid Waiver. Services offered mimic HCBS-SLS, but are funded differently, have different authorization limits, and are not guaranteed.



Learn more here: [State Funded Supported Living Services brochure](#)

OBRA

OBRA Specialized Services provides community-based support similar to State SLS to adults with Intellectual and Developmental Disabilities who reside in nursing facilities. Nursing facilities provide the assessment that determines the need for community-based services and refer to TRE based on that need.



Respite Programs

STRENGTHENING FAMILIES AND CREATING COMMUNITY

We believe respite is vital for the health and well-being of everyone in the disability community. Respite is proven to reduce stress on parents and caregivers while children or young adults in their care receive important time with their peers. We have designed these opportunities to support the entire family unit while providing meaningful connection for participants.



Three months
to 21 years

Break Time Children or young adults with an intellectual or developmental disability, delay, or special health care need (medical, physical, sensory, or social-emotional) spend three hours enjoying games, arts and crafts, or holiday-themed fun. Dates and locations vary to include Fountain, Colorado. *Siblings are welcome!*



18-35 years

Gathering Time Young adults with intellectual and developmental disabilities enjoy fun activities and socialize with their peers in a welcoming and inclusive setting. Theme nights are planned monthly from 80s night to Star Wars as well as bingo, arts and crafts, and seasonal activities.

Participants must have an intellectual or developmental disability but cannot be using the DD waiver. They must reside in the home with either their parents or guardians. At this time, we cannot accept high behavior needs.



Cooking Time Pre-teens, teens, and young adults with an intellectual or developmental disability gain skills in the kitchen, develop age-appropriate social skills, and build connections with their peers. A fully adaptive kitchen is available with all equipment and ingredients provided. Participants complete a recipe, enjoy it together, and clean up as a group.



12-18 years

Our Time Pre-teens and teens who have siblings with disabilities gather with other siblings to have fun, make friends, and be themselves. Connecting with other siblings who experience similar situations and feelings can provide a sense of understanding. Age-appropriate activities include roller skating, arcade games, and a baseball game!

FOR EACH EVENT: a dedicated team of professionals, specialists, and volunteers spend quality time with participants while parents and caregivers take a break, go on a date, run errands – the time is yours!

Food is provided.
A donation of \$10 per family is requested. No family will be turned away for inability to pay.

To learn more, please contact Sarah Nolan, Respite Programs Specialist at respiteprograms@tre.org or (719) 338-1718.

www.tre.org/services/break-time

Empowering People. Strengthening Families. Building Inclusive Communities.

Many volunteers are from local colleges and the Air Force Academy. They have a heart for our work and some volunteer for multiple sessions.

(719) 380-1100 | www.tre.org



COMMON SERVICES IN MANY WAIVERS

WELLNESS EDUCATION BENEFIT (WEB)

[See information on page 15](#)

HOME MODIFICATIONS

Home Modifications vary from waiver to waiver as to what benefit is allowable over what period. They are available on most children's and adult waivers. These can take quite a bit of time and start with a Professional recommendation from an OT/PT. These are approved in partnership between TRE, DOLA and HCPF. It often takes up to 120 days AFTER the receipt of the professional in-home assessment to get a final approval. If your child is aging into an adult waiver (at age 18 for most waivers), it is important to start this as early as possible. Requests received within 120 days of aging



out of a waiver will be denied.

Learn more here: [Home Modifications](#)

IN HOME SERVICES AND SUPPORTS (IHSS)

In-Home Support Services (IHSS) lets you direct and manage the attendants who provide your personal care, homemaker and health maintenance services, with the added support of an agency. Through IHSS, you are empowered to select, train and manage attendants of your choice to best fit your unique needs or you may delegate these responsibilities to an authorized representative.



Learn more here: [Participant-Directed Programs | Department of Health Care Policy and Financing](#)

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

Personal Emergency Response System (PERS) allows you to live safely in your home and call for help in an emergency. You may get a PERS if you live alone for most or all of the day, or your companion is too impaired to help in an emergency. You may get a portable "help" button to wear so you can move around.

NON-EMERGENT MEDICAL TRANSPORTATION

Medical Medicaid provides services to and from *medical* appointments through Non-Emergent Medical Transportation. This benefit is not administered by TRE.



Learn more and find providers here: [Non-Emergent Medical Transportation | Department of Health Care Policy and Financing](#)

NON-MEDICAL TRANSPORTATION

This benefit is available on most adult waivers allows members to gain access to non-medical community services and supports, as required by the care plan to prevent institutionalization.

PARTICIPANT DIRECTED SERVICES

CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)

CDASS lets you choose, train, and manage your own helpers instead of using an agency. You can pick people who are a good match for you. If you want, you can also let someone else, called an Authorized Representative (AR), handle these jobs for you. Sometimes, you have to have an AR. With this program, you have more control and can get the help you need to live on your own and be part of your community. Getting started with CDASS can take some time.

CDASS enrollment steps



COLORADO
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IN HOME SERVICES AND SUPPORTS (IHSS)

In-Home Support Services (IHSS) is a way for you to get help at home and have more choice in how you get that help. With IHSS, you can choose who helps you, decide when they come, and help teach them what you need. The people you choose to help are called attendants and work for an IHSS agency, which takes care of the money and makes sure you are getting what is needed.

IHSS enrollment steps



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PARTICIPANT DIRECTED CONSIDERATIONS

- Services Available
 - Personal Care
 - Homemaker
 - Health Maintenance Activities
- Provider Considerations
 - Legally Responsible Persons (parents or guardians of children or spouses of adults) are limited to 10 hours per week of Homemaker services.
 - There is a 16 hour a day limit per caregiver. Any provider doing more than 12 hours a day must be paid overtime and is up to agency discretion if allowed.
- Authorizations are affected by:
 - Extraordinary care & Age-Appropriate
 - Shared spaces
 - Secondary and contiguous tasks
- *Please note that there are additional limitations for both IHSS and CDASS.
- Need help? Information & Assistance (I&A) services help people manage their care when they desire and need extra help. These services provide support that matches each person's needs and preferences through a more hands-on relationship with an I&A coordinator. To access I&A services just work with your Service Coordinator *or* contact the training vendor, Consumer Direct Colorado ([Home - Consumer Direct Care Network Colorado](#)).



Learn more: [Participant-Directed Programs](#)

CDASS & IHSS Differences

Responsibilities	CDASS	IHSS
Employer	Member or Authorized Representative	IHSS Agency
Payroll & Taxes	Financial Management Services (FMS)	IHSS Agency
Care Plan Development	ASMP developed in Orientation with CDCO	IHSS Agency
Forms Required	Physician Attestation (CDASS) Member/AR Responsibilities Form AR Designation & Affidavit AR Screening Form	Physician Attestation (IHSS) Shared Responsibilities Form



CONSENT TO RELEASE INFORMATION

Member Name:	
Birthdate:	

The Resource Exchange (TRE) is authorized to disclose or release my Protected Health Information as specified below to the following person(s) or organization(s) for the purpose of obtaining records and information to ensure eligibility and targeting criteria for services received from TRE. Information requested or released can include, but is not limited to services received/needed, needs to continue/begin services, continual service needs, eligibility status, medical records/diagnosis, psychological reports, social histories, educational records, financial information, or vocational assessments/records.

Name of person or Organization:	
------------------------------------	--

ADDITIONS: If there is other information that needs requested or alternative reasons to share information, list it here:

☐ _____ is designated as the member's Long-Term Services and Supports Representative. A Long-Term Services and Supports Representative means a person designated by the individual receiving services, by the Parent of a minor, or by the Guardian of the Member receiving services, if appropriate, to assist the individual in acquiring or utilizing part or all of their Long-Term Services and Supports. The appointment of a Long-Term Services and Supports Representative shall be in writing and shall be subject to the standards set forth in 10 CCR 2505-10, Section 8.7001.C.5. This designation can be withdrawn by the member, or their Legally Authorized Representative, at any time.

CONSENT TERM: This consent will remain in effect for one year from the signature date below unless and until revoked by either party. I certify that this request has been made voluntarily and that the information is accurate.

SIGNATURES: I/we authorize this to be a two-way release and understand that I/we may revoke this authorization at any time, provided that I/we do so in writing to The Resource Exchange. Signatures below certify that this request has been made voluntarily and that the information given is accurate to the best of my knowledge.

Member Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



MEMBER HANDBOOK RECEIPT 2025

Member Name: _____ Medicaid ID: _____

I have received a copy of the "Guide to Receiving Services from The Resource Exchange" including the following documents, had a chance to ask questions and have been able to see source documents as listed upon enrollments or as requested. I am aware of who to contact should I have any concerns.

- About TRE
- Complaints and Kudos
- Records and Confidentiality
- Accessing TRE Services
- Qualified Providers
- What to expect when receiving services
- Member Rights
- Mistreatment, Mandatory Reporting, Incident Reporting
- What's new? (including CFC, WEB and Member exceptions)
- Home and Community Based Services and Qualified Providers (HCBS)
 - Children's Services
 - Moving from Children to Adult Services
 - Adult Services
 - State General Fund Services (Family Support, State SLS and Respite Programs)
- Common Services Accessible on all waivers (WEB, Home Modifications, IHSS, PERS and NEMT)
- Participant Directed Services (CDASS and IHSS)

I give permission for The Resource Exchange to send me (the member or guardian) detailed information related to services, appointments, and program updates in the following ways:

☐ **Email** ☐ **Text** ☐ **Voicemail**

Signature of Individual _____ Date _____

Signature of Parent/Guardian _____ Date _____

Written Name of signor _____