OCTOBER 2025

The Latest in LTSS

PMIP & CFC Members

Effective immediately, the Professional Medical Information Page (PMIP) is now required for all CFC (Community First Choice) members, including those enrolling in CFC-only. While previously not mandated, this change aligns with the Colorado State Plan Amendment (SPA) and ensures consistency across the Level of Care (LOC) process.

For those who have already enrolled in CFC-Only, TRE will be provided with member lists to support the effort to obtain any missing PMIPs by the annual CSR next year.

Note: Members enrolled in HCBS+CFC during their existing HCBS CSR do not need a new PMIP.

Respite Changes

What's New: The Department of Health Care Policy & Financing (HCPF) is introducing a package of respite policy updates across children's and adult waivers. These changes are designed to improve clarity, consistency, and access to respite care—helping families and providers better navigate the benefit. One important piece of this effort is the addition of a Group Respite option under the Children's Habilitation Residential Program (CHRP) waiver, but several other updates are also underway.

What's Changing?

- CHRP Group Respite – New Service Delivery Option
- Families with more than one child on a waiver will be able to use a single provider for group respite, similar to what is already allowed in the CES waiver
- A new procedure code and rate will be introduced
- This change is cost-neutral and has the goal of reducing administrative burden for families and providers
- Over-the-Cap Respite Clarifications
- Current rules for requesting respite beyond the standard limit are vague. Rule revisions will align criteria across waivers, clarifying that requests must be based on a **medical or behavioral need** as already stated in approved waiver language.

Newsletter Highlights

- CwCHN Waiver Alignment
- An exceptions process will be added to the Children with Complex Health Needs (CwCHN) waiver so families can request respite Over-the-Cap, bringing it in line with other children's waivers.

Clarity on Paid Caregivers

- Families where the primary caregiver is also a paid caregiver for select services can still access respite, but will not qualify for Over-the-Cap respite. This update makes the existing policy more consistent.
- Adult Waiver Update – Supported Living Services (SLS)
  - A new cap will limit respite to 30 consecutive days per certification period. This ensures that respite remains a short-term, temporary support and aligned with federal definitions.

Family Caregiver (IRSS) Rate Changes

The **Individual Residential Services and Supports (IRSS)** Rate Alignment proposal will simplify how services are billed under the **Developmental Disabilities (DD) Waiver.**

What's Changing:

- One standard rate for host homes, family homes, and member homes
- Higher rate only for staffed homes (provider-owned homes with rotating agency staff

This change ensures billing reflects the actual costs of each setting and helps sustain the program long-term.

Impact:

- Expected to save $1.45 million in General Fund dollars in FY 2025-26
- Supports continued access to all waiver services

Goals of the Alignment

- Clear definitions for each IRSS setting
- Fair Rates Based on staffing and operational needs
- Inclusion of family members under the host home rate due to similar responsibilities

What's Next

- Updated fact sheets and resources are now available
  - https://docs.google.com/document/d/16w1UQhPzH-jh7cYxfGzXT9FZXjdrLzhKGqN056lbF24/edit?tab=t.0
- Outdated materials will be remove to reduce confusion
- Clear, consistent rules will be developed with ongoing stakeholder input

Important Update on Nurse Assessor and Skilled Care Acruity Assessment

HCPF's state contractor, Telligen, is experiencing **delays in scheduling assessments that are impacting** timely access to care. To reduce backlogs and protect member services, the HCPF is making **temporary changes** to Telligen's workload and assessment processes.

The temporary changes to Telligen's assessments and referrals are now in effect.

- **Paused**: Nurse Assessor referrals and the **Skilled Care Acuity Assessment** for members seeking or receiving **Long-Term Home Health (LTHH)** and **Private Duty Nursing (PDN).**
- **Still Required**: Nurse Assessor referrals and the **Skilled Care Acuity Assessment** for members seeking or receiving **Health Maintenance Activities (HMA).**

What's Changing (Effective September 8, 2025)

- Nurse Assessor referrals and the **Skilled Care Acuity Assessment** for members seeking or receiving **Long-Term Home Health (LTHH)** and **Private Duty Nursing (PDN)** will be **paused until further notice.**
- **Prior Authorization Requests (PARs) for LTHH and PDN** — reviewed by Acentra, HCPF's utilization management vendor, **will continue to be required.**
- **Telligen will focus** on Members receiving or seeking **Health Maintenance Activities (HMA).**
- **Nurse Assessor Role:**
  - Continue evaluations for **HMA**.
  - For members needing both skilled (HMA) and unskilled (Personal Care/Homemaker) services, Nurse Assessors will complete the **Direct Care Services Calculator** for unskilled services only.
  - **Oversight** of critical services will continue to protect safety and program integrity.

How will this affect Members?

- If you have already received an assessment by the Nurse Assessor for LTHH and/or PDN, no further action is needed.
- If a member has an assessment scheduled with Telligen prior to their PAR expiration date, the assessment will take place as scheduled. If the assessment is scheduled past the PAR expiration date, the assessment will be canceled, and the provider may proceed with the necessary PAR approval process through Acentra.
- If the assessment is not scheduled, the referral will be voided, and the provider may proceed with the necessary PAR approval process through Acentra. A provider does not need to wait for the referral to be voided before they begin the PAR process.
- Telligen will send a notification to all members with a pending referral for PDN and/or LTHH, informing them of this change.
- HCPF is also communicating directly with agencies, ensuring they understand the appropriate actions to take.

If you have questions please use the following resources:

- Telligen - Call 844-650-0560 for Nurse Assessor questions regarding assessments and scheduling.
- Home Health Agency (HHA) for questions regarding your LTHH and/or PDN services.

TRE Update on Delays & Customer Service Improvement Efforts

TRE Case Management has experienced significant challenges in customer service responsiveness, timely service planning, and PAR creation. As a result, TRE leadership has taken a number of actions to correct this and improve responsiveness.

- CMA leadership implemented a mandatory daily response window for staff to return calls and respond to Member needs, required on-site leadership presence during business hours, and established accountability protocols for all staff to address these issues.
- Delays in service planning and PAR creation were linked to staffing gaps, data integrity issues, and external coordination barriers.
- Strategic staffing solutions include Coverage Coordinators to support Members when a staff person goes on leave, Escalation Coordinators with high expertise to support Members in the moment when an urgent need arises and the service coordinator is not available, and training coordinators to ensure staff receive the necessary hands on training required to perform the job responsibilities.
- Technology upgrades (e.g., DialPad phone system) will enhance responsiveness tracking and support.

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
- **HMA =** Health Maintenance Activities
- **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
- **RAE** = Regional Accountable Entity
- **SIS** = Supports Intensity Scale