

Welcome

This document contains frequently asked questions and response gathered from a series of case management redesign (CMRD) townhalls hosted by Developmental Pathways in the fall of 2023 prior to our 11/1/2023 transition date. We'd like to stress that these are point-in-time responses, relevant from approximately 9/1/2023 through 10/31/2023. For the most current information on our agency and updated information on CMRD, please visit our [website](#) and follow us on [social media](#).

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1	Case Management Supports: General	Are you still hiring case managers?	<p>Absolutely!</p> <p>If you know great folks, please refer them: https://www.dpcolo.org/careers/ --we know that great people know great people.</p>
2	Case Management Supports: General	<p>How do we make communications between providers and/or families and case manager better? What should we do if we are not getting initial responses to emails and voicemails within 48 hours from case managers and/or other team members?</p> <p>Also phrased as:</p> <p>Who do we talk to when we can't get a response?</p> <p>Also asked as:</p> <p>With case manager shifts (due to promotions, turnover, etc.), how can we better communicate when requesting/receiving service plans, PAR updates/changes, etc. --and how can we make sure any issues/requests are completed in a timely manner?</p>	<p>Thank you so much for asking!</p> <p>We are excited to share that DP has recently established a Family & Community Relations team to support both Members and our broader community. This team has multiple liaison positions to establish relationships & connections with: County Offices (APS, CPS, etcetera) as well as Crisis Services to support Members in immediate need to help ensure appropriate community placement.</p> <p>In October, we are launching our Case Management Care Team (CMCT) which will be a point of contact for individuals, families, and providers when they have an immediate/time-sensitive, but non-emergent needs. We've set this team up to be a voice/face that members can reach out to when their CM may not be available in the moment.</p> <p>We have been formalizing updated accountability measures around timelines and responsiveness and often survey for this in our annual client satisfaction surveys--so knowing if and when things are going well or not so well is very helpful to us.</p> <p>We also strongly encourage our provider network along with the community at large to let us know if/when communication isn't going well. We ask our teams to include their supervisory information in their signatures lines and would ask that you share support wins and challenges with supervisors.</p>
3	Case Management Supports: General	How long will it take to be assigned a CM?	<p>Thank you so much for asking.</p> <p>We were able to migrate/ consolidate the data from multiple systems and have assigned case managers to all clients. Your new case manager should be reaching out soon (if they haven't already).</p> <p>If you need immediate assistance with an urgent request, you can contact our transition team or call our community line and they will connect you to your new CM.</p>
4	Case Management Supports: General	If there's an emergency what is the expected turnaround time for replying to us after we reach out to you?	<p>Thank you so much for asking!</p> <p>For non-urgent situations, we ask our teams to try to respond to within 2 business days; for higher priority items, we aim to respond within 24 hours. For urgent and crisis situations, we have a Care Team available during business hours. For true mental health and medical emergencies, folks should always contact 911 or your nearest crisis center.</p>
5	Case Management Supports: General	What are the benefits of having a case manager?	<p>Thank you so much for asking.</p> <p>Case management and service coordination are interdisciplinary processes that assess, plan, implement, coordinate, monitor, and evaluate supports to improve outcomes for individuals and families. Case managers help keep individuals and families informed about key programming and support changes; help identify support needs and provide referrals and resources. In addition, they coordinate services in crisis situations and can help connect you with local programming.</p> <p>Case management supports are intended to help ensure all required administrative work related to long-term care programming are completed, funding is appropriately authorized, and quality improvement in the delivery of services can occur (through monitoring). Case managers for long-term care programming in Colorado are responsible for:</p>

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			<p>--Assessing your long-term care needs, --Developing and implementing your care plan, --Coordinating and monitoring the delivery services and providers, --Evaluating the effectiveness of the services, and --Periodically re-assessing your needs.</p> <p>You can read more about DP's long-term case management and all it offers here: https://www.dpcolorado.org/programs-services/long-term-care-case-management/ or, take a peek at our most recent annual report here: https://www.dpcolorado.org/wp-content/uploads/2023/03/FY22-DP-Annual-Reporting-Final.pdf where you can read about all our programming, our wrap-around care coordination, and support outcomes.</p>
6	Case Management Supports: General	What is DP doing to attempt to retain staff given the high turnover of case managers?	<p>This is most definitely a multi-faceted question, and we thank you for asking it.</p> <p>We are very proud to report that our turnover rate is, overall, in line with or below the national average which ranges (depending on the study) between 25-30% and, throughout the Public Health Emergency (PHE) much lower than many similar agencies in Colorado.</p> <p>Developmental Pathways (DP) offers a total rewards program aligned with our organization's mission, vision, and core values: We seek to attract and retain a highly engaged workforce through competitive base pay, comprehensive benefits, flexible work-life schedules, recognition programs, and professional development opportunities--a tricky balance to strike within the Medicaid-system as available reimbursement rates are often not where we'd like to see them. We strive to ensure that every employee feels welcomed and valued and receives the resources necessary for early and continuing success within the organization.</p> <p>To that end: DP has successfully decreased turnover year over year. We have built a comprehensive employee retention strategy to support high-potential and high-performing employees and to reduce turnover and its associated costs. Our leadership team has worked very hard to support a change management plan that will significantly mitigate increased turnover. And, to the best of our ability, we have tried to develop meaningful contingency plans.</p> <p>We have also seen incredible opportunities for our teams in during this period of growth which has provided ample opportunity for professional growth.</p>
7	Case Management Supports: General	What is the turnaround time for getting a call back?	<p>Thank you for your question.</p> <p>Our goal is to return calls within two (2) working days.</p> <p>If it is helpful to know: We have been formalizing updated accountability measures around timelines and responsiveness and often survey for this in our annual client satisfaction surveys--so knowing if and when things are going well or not so well is very helpful to us and letting us know if we are not meeting your needs is definitely encouraged and, to that end, we ask our teams to include their supervisory information in their signatures lines and would ask that you share support wins and challenges with supervisors.</p> <p>Additionally, we are excited to share that DP has recently established a dedicated Family & Community Relations team to support both Members and our broader community. This team has multiple liaison positions to establish relationships & connections with: County Offices (APS, CPS, etc.) as well as Crisis Services to support Members in immediate need to help ensure appropriate community placement. A section of that team includes our Case Management Care Team (CMCT), which has been designed to be a good point of contact for individuals, families, and providers when they have an immediate/time-sensitive, but non-emergent needs (individuals and</p>

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			families facing medical, mental health, or other serious emergency situations should call 911). We've set this team up to be a voice/face that you can reach out to when their CM may not be available in the moment.
8	Case Management Supports: General	What is your current grievance process?	<p>Thank you for asking!</p> <p>At DP, we value kindness, collaboration, and competency and, as mentioned above, have a strong commitment to person-centeredness. We strive to create and support an environment of inclusion and belonging for individuals and we have worked diligently to ensure individuals and families feel safe to provide their feedback to us. Individuals receive written explanations of complaints, critical incidents, and appeals procedures and we make every effort to ensure that individuals understand their rights.</p> <p>Our current complaint and grievance policy is posted online, here: https://www.dpcoloro.org/wp-content/uploads/2022/10/Complaint-and-Grievance-Policy.pdf and we have a page dedicated to encouraging feedback, here: https://www.dpcoloro.org/feedback/</p> <p>We also encourage participation in our board meetings, run a Family Support Services Council, and multiple Human Rights Committees. As a Community Centered Board (CCB), our board membership includes county commissioners from both Arapahoe and Douglas Counties, individuals in service, family members of those in service, and other professionals connected to our community. We actively seek our board's input on policy and governance issues, including frequently discussing their service experiences with our agency.</p> <p>We look forward to working closely with our community advocacy partners in developing our formal Community Advisory Committee to further refine, improve, and expand opportunities for feedback. We also have two teams that focus on swiftly & thoughtfully meeting the various needs of the community we serve; this includes our Family & Community Relations team and Case Management Care team. These teams hold a great deal of collective expertise and are equipped to navigate a wide array of customer service needs as well as solving complex scenarios.</p>
9	Case Management Supports: General	What is your experience with CDASS over cost-containment (OCC)?	<p>Thank you for asking!</p> <p>While over cost-containment (OCC) is not currently required for individuals enrolled in HCBS-SLS and utilizing CDASS, the I/DD waivers all have other types of spending limits in place to monitor costs.</p> <p>Our case managers are very familiar with spending limit management and are familiar with navigating exception processes for individuals in I/DD programming including SLS flexibilities, SIS Support Level disputes, and special requests related to home accessibility, vehicle modification, and assistive technology support limits.</p> <p>So, while OCC for non I/DD programming will be somewhat new to us, we feel confident in our team's ability to support individuals enrolled in the non-I/DD programs with their OCC needs.</p>
10	Case Management Supports: General	What is your experience with employment and the Working Adults with Disabilities Medicaid Program (often referred to as Buy-in)?	<p>Thank you for asking!</p> <p>We are an avid supporter of integrated employment and believe that everyone who desires work should be empowered to work. The Health First Colorado Buy-in Program for Working Adults with Disabilities (WAWD), often called Medicaid Buy-in, was authorized as an allowable form of Medicaid for the HCBS-DD waiver in 2023 but has been authorized for those enrolled in HCBS-SLS since October 1, 2017.</p> <p>Since its implementation in the SLS waiver, DP has developed resources to support individuals and families in navigating this resource and has actively trained and supported our case management teams in understanding the buy-in program. We have an in-house benefits team who provides education on applying for Medicaid and Social Security Benefits and refers individuals to entities who</p>

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			provide hands-on support with the application process. They maintain strong relationships with county DHS office staff which support resolving Medicaid issues for individuals we serve quickly and efficiently. We welcome feedback on how to improve our resource library to more actively support working individuals with their benefit needs.
11	Case Management Supports: General	What is your experience working with non-I/DD disabilities	<p>Thank you so much for asking!</p> <p>DP actively supports almost 10,000 individuals and families across their lifespans and has experience with supporting individuals with co-occurring needs from birth to aging and from various backgrounds, including individuals with developmental delays and I/DD, cerebral palsy, seizure disorders, brain injuries, vision impairment and blindness, hearing loss and deafness, as well as individuals with mobility, mental health, and aging support needs. We actively support individuals with incredibly complex needs in a variety of settings and have a dedicated crisis management team with strong connections to an array of community resources to help those most in need if and when they encounter support obstacles.</p> <p>We support individuals and families across various income and employment spectrums and from a wide variety of racial and ethnic backgrounds. Additionally, we support individuals who identify as LGBTQIA, individuals experiencing homelessness, and individuals living in nursing facilities.</p> <p>We have strong relationships with many of our Single-Entry Point (SEP) and Regional Accountable Entity (RAE) partners including Rocky Mountain Human Services (RMHS), The Resource Exchange (TRE, the SEP for El Paso County), Starpoint (the SEP for Alamosa, Saguache, Custer, and Fremont Counties), Jefferson County Dept of Human Services (the SEP for Jefferson County), and Colorado Access (our local RAE). Through these partnerships we have received coaching and support on an array of topics related to serving the larger disability community through the expanded Case Management Agency contract and have prepared thoughtfully to best meet each individual where they are and in ways that will best meet their needs.</p> <p>While our specific contracted case management supports have not previously identified our core work as supporting individuals with physical disabilities, mental illness, brain injury, chronic illness, and aging concerns, we hope our experience in supporting individuals across their lifespans and with multiple support needs gives you confidence in our commitment to our community and our ability to meet you where you are.</p>
12	Case Management Supports: General	Who is my case manager? And/or when will I hear / know who my CM is?	<p>Great question and thank you for asking.</p> <p>We were just able to migrate/ consolidate the data from multiple systems and have assigned case managers as of this week. Your new case manager should be reaching out soon.</p> <p>If you need immediate assistance with an urgent request, you can contact our transition team or call our community line and they will connect you to your new CM.</p>
13	Case Management Supports: General	Will all the waivers get reviewed by HRC? If so, will the review process and team look the same?	<p>Thank you so much for inquiring.</p> <p>As you know, the Human Rights Committee (HRC) is a third-party mechanism to safeguard the rights of individuals with I/DD receiving services. The Human Rights Committee is an advisory and review body to the administration of the community center board or regional center.</p> <p>It is our current understanding that HRCs, which are outlined in Colorado Revised Statutes (CRS) as well as the Code of Colorado Regulations (CCR), will remain focused on programs in which individuals with intellectual and developmental disabilities (I/DD) are involved, monitoring the use of psychotropic medication by individuals with I/DD, and reviewing investigations of allegations of mistreatment of individuals with I/DD who are receiving services or supports.</p> <p>We do not anticipate expansion of HRC functions to all disability programming.</p>

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			For Developmental Pathways, our HRC will remain the same.
14	Case Management Supports: General	Will DP be working M-F now with these changes and increase in number of individuals you'll be servicing?	Thank you so much for asking and, yes, we are now open Mon-Friday. Our team of case managers for long-term care generally work 4-day flex schedules with availability listed in their email signatures. Additionally, if you need urgent help during business hours, we have a Case Management Care Team available to support you.
15	Case Management Supports: General	Will PASAs still have access to the DP provider team with the change?	<p>Thank you so much for asking!</p> <p>As you know, Developmental Pathways (DP) has a dedicated provider relations team which provides technical supports to provider agencies related to Medicaid policies; relays community resources to providers; and provides oversight over the Request for Provider (RFP) process and general referrals to providers.</p> <p>This team will continue to engage our provider network regularly through quarterly meetings, provider communications, technical guides and other resources, as well as (when appropriate) various training opportunities. We also make a concerted effort to pass along training opportunities through other community partners. We encourage provider agencies that are interested in learning more about the long-term care system and its programs to visit Health Care Policy and Financing's (HCPF's) dedicated LTSS training site, here: https://hcpf.colorado.gov/long-term-services-and-supports-training</p>
16	Case Management Supports: General	Will requesting changes to SP/or additional units be the same process? (going through CM)	<p>Thank you so much for asking.</p> <p>As you know, revisions to a service plan should be driven by the individuals in service and/or by their legal guardians--providers who are supporting an individual in making updates to their service plans [and/or individuals and families who would like to make a change] will reach out to the assigned case manager to request support in doing so.</p> <p>Additionally, the member selected team (which used to be called the inter-disciplinary team or IDT) can be leveraged to support discussion around service planning outcomes as directed by the individual and/or the legal guardian.</p> <p>In short, yes, Case Managers are still the primary contact to make updates to the service plan.</p>
17	Case Management Supports: Intake	How does an individual get into case management services?	<p>Thank you for your question.</p> <p>Intake and referral to long-term care case management service services will look pretty much like it looks now: Individuals can connect with our intake team by calling or emailing our intake line:</p> <ul style="list-style-type: none"> · Phone: 303-858-2260 · Email: Intake@Dpcolo.Org
18	Case Management Supports: Intake	Who will be supporting the new waivers intake and the new team(s) being created?	<p>Thank you for your question.</p> <p>Our Systems Navigation Department, supported by Kristin Yoder (Director), Jen McIntyre (Associate Director), and Jessie Wilkerson (Associate Director) will oversee the build-out of the Systems Navigation teams.</p> <p>During the budgeting process for this year, we significantly increased resources for these teams including adding a variety of new intake roles.</p> <p>These talented teams will be responsible for all intakes for individuals 3 and older (as Early Intervention supports intakes for babies and toddlers).</p>

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19	Case Management Supports: Medicaid	I lost Medicaid, what am I supposed to do?	<p>We are sorry to hear that. We know interruptions to Medicaid are frustrating and sometimes scary.</p> <p>The most direct option is to contact your county Medicaid office, which are in your local Department of Human Services with either Arapahoe, Douglas or Elbert Counties. I'll link their information below.</p> <p>You can also log into your PEAK account for more information about the loss of coverage and what might be needed from the county.</p> <p>And, your CM with DP can help provide additional support/resources, depending on the issue but we suggest contacting the county directly first:</p> <p>Colorado PEAK site https://coloradopeak.secure.force.com/</p> <p>Health First Colorado Medicaid https://www.healthfirstcolorado.com/</p> <p>Arapahoe County (2 locations) (1) 14980 E Alameda Dr, #007, Aurora, CO 80012 (2) 1690 W Littleton Blvd, #123, Littleton, CO 80120 Phone: 303-636-1170 Fax: 303-734-4301 Web: https://www.arapahoegov.com/1906/ArapaSOURCE</p> <p>Douglas County: 4400 Castleton Ct., Castle Rock, CO 80109 Phone: 303-688-4825 Fax: 877-285-8988 Web: https://www.douglas.co.us/ Email: Dhs.inbox@douglas.co.us (document size limit)</p> <p>Elbert County: 215 Comanche St., Kiowa, CO 80117 Phone: (303) 621-3206 Fax: (303) 621-0122 Email: elbert.assistance@state.co.us</p>
20	Case Management Supports: Medicaid	What are the changes to my benefits?	<p>Thank you for asking.</p> <p>Case Management Redesign (CMRD) does not affect your approved benefits or your authorized providers. This change relates to your case management supports only.</p> <p>Case managers are the ones who do an annual assessment with you, help write your service plan, support you with referrals, complete monitoring, etc.</p> <p>These moves do not change any of your authorized supports, your approved providers, etc.</p> <p>Your service plan will remain the same until your next annual plan or next service plan revision.</p>
21	Case Management Supports: SIS/PCBA	<p>Will the DD Waiver be changing? How will the SIS Level Scoring Change?</p> <p>Also phrased as:</p> <p>Will all individuals served need to be re-assessed based on any new SIS levels/scoring?</p>	<p>Thank you for asking.</p> <p>The HCBS-DD waiver is not changing. This change affects case management services, not waiver programming.</p> <p>SIS Support Levels are not changing immediately/ with this change. More information will be coming as we know more about the new single assessment and person-centered budget planning, which will likely be in 2025.</p>

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		<p>Similarly:</p> <p>Please describe the new assessment system that will replace SIS</p>	
22	Case Management Supports: Training	How are Case Managers being trained for the future CMRD work?	<p>Thank you so much for asking.</p> <p>We are doing all we can to ensure our teams have the knowledge they need to support our new members: We'd like to remind you that, in our role as a current case management provider, a key component of our core work is referral work and our community currently relies on us to help them access needed Home and Community Based Services (HCBS) along with other long-term care programming and services, including non-Medicaid services. This means case managers are already trained on other waivers: They make referrals to look at other waiver programming when appropriate and take required trainings such as Waiver 101.</p> <p>We have also created special training on the physical, aging, and mental health waivers to underscore key similarities and differences for case managers who have been primarily supporting I/DD programming.</p> <p>We are also actively working with disability and advocacy partners on determining opportunities for knowledge growth and relying heavily on our partners at Health Care Policy and Financing (HCPF) to keep key training content updated and available on their dedicated Long-term Care (LTC) training site: https://hcpf.colorado.gov/</p>
23	Case Management Supports: Training	How are new case managers trained?	<p>Thank you so much for asking.</p> <p>DP devotes about 30 days upon hire to core case management training using both in person and online approaches. These trainings cover the disability System Framework, Targeted Case Management (TCM), Long-term Care Eligibility, Support planning, Referral/Request for Proposal (RFP), Waiver Services, IDT, Monitoring Services, and Revisions/Notices of Action.</p> <p>Alongside these core skills, we train staff to utilize at least 16 systems/computer applications to facilitate outcomes for individuals and families. The courses taught and the skills targeted offer practical knowledge needed for case management of all LTSS programs.</p>
24	Case Management Supports: Training	How well informed will the case managers be about CDASS?	<p>Thank you so much for asking</p> <p>While consumer directed service delivery models were not widely available in any I/DD waiver until August 2018, we have supported consumer directed programming through the 1915(i) State Plan Benefit Pilot program.</p> <p>Our case managers are fully trained on consumer directed options including both CDASS and IHSS and have established workflows to support individuals with enrollment into this service delivery option including allocation development, training and attendant support management, FMS referral, and prior authorization.</p>
25	Case Management Supports: Training	How well informed will the case managers be about EBD?	<p>Thank you for your question.</p> <p>As you may already know, a key component of our current core work is referral work, which includes helping our community access needed HCBS waiver services including waiver programs we have not historically directly provided case management for. Our case managers take required trainings on topics such as Waiver 101, participant-directed supports, waiver requirements and services (for all waivers), and so forth. Additionally, we created special training on the physical, aging, and mental health waivers to underscore key similarities and differences for case managers who have been primarily supporting I/DD programming.</p> <p>We are also actively working with disability and advocacy partners on determining opportunities for knowledge growth and relying</p>

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			<p>heavily on our partners at Health Care Policy and Financing (HCPF) to keep key training content updated and available on their dedicated Long-term Care (LTC) training site: https://hcpf.colorado.gov/</p> <p>What we anticipate, much as we do today in overseeing case management for the eight (8) LTSS programs for I/DD, is that our case managers will have a solid sense of all the programs that might benefit individuals with disabilities.</p>
26	Case Management Supports: Training	How will DP address needs of individuals on different waivers, particularly the CMHS Waiver?	<p>Thank you so much for inquiring.</p> <p>There have been a few other FAQs which speak to our ability to support the unique needs of individuals in other programs such as EBD and those utilizing consumer directed options. We will repeat, in part, the answers from those FAQs but also want to emphasize our commitment to Community Mental Health needs including those with mental health diagnoses who require long-term supports.</p> <p>As you many know, many individuals with I/DD also have co-occurring mental health and behavioral health needs including bipolar disorder, mood disorders, depression, anxiety, schizophrenia, eating disorders, and so on. We have experience in working with our mental health community and we have a dedicated team that provides hands-on and in-depth support for individuals, their families, and Case Management teams in navigating complex and crisis-level needs to support with stability. The team also develops and deepens crucial community partnerships that regularly support crisis work, including hospitals, mental health providers, crisis support centers, Regional Accountable Entities (RAEs), Intermediate Care Facilities (ICFs), etc.</p> <p>We are a partner in the Douglas County Care Compact and Douglas County Mental Health Initiative, which helps solve gaps and barriers in accessing services through the provision of wraparound supports; a member of Signal Behavioral Health leadership sits on our board of directors; and we received letters of support from organizations such as AllHealth when submitting our bid to be the designated CMA for region 5. We have strong relationships with local law enforcement agencies and have partnerships with County DHS child and adult protection units. We believe we are skilled at problem-solving for a range of support needs and are deeply committed to meeting the needs of those with in service with mental and behavioral health needs.</p>
27	Case Management Supports: Training	How will DP address the language and needs of individuals on different waivers?	<p>Thank you so much for asking</p> <p>DP is proud to foster a workforce focused on person-centered supports and structures policies and procedures to affirm our commitment to person-centered thinking and planning, which includes communicating with individuals through their preferred communication modalities and with necessary technology and/or translation supports. You can read about Taryn’s experience with our person-centered approach here: https://www.dpcolo.org/taryns-story/</p> <p>Our case management teams actively meet individuals where and how they preferred to be met (virtually, in person, at home, or in the community) and we continually analyze the preference of individuals and modalities of meetings to ensure appropriate flexibility.</p> <p>The individuals we currently serve may live independently or may live with paid providers and/or family members, partners, or roommates. Regardless of living arrangements, we ensure that we are directing communications to the individual in service and communicating in a way that best meets their needs.</p> <p>We regularly work with individuals who use a variety of communication tools including communication boards and other personal assistive technology devices and have familiarity with assisting individuals in accessing sensory and communication supports.</p> <p>Our designated service area has significant Spanish, Vietnamese, Amharic, and Russian speaking populations, and we work diligently to ensure an individual can communicate in their language of choice and that materials and supporting documentation are provided in that language as well. To further support our efforts in meeting language translation needs, we have integrated Google Translate into</p>

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			our website. We look forward to partnering with our state, federal, and community partners to ensure language resources are easily available to individuals and families.
28	Caseload Transitions and Timelines	How do I get a hold of Rocky Mountain Human Services?	Thank you so much for asking. We recommend you contact your case manager directly or Email CMRDquestions@rmhumanservices.org or Call 844-790-7647 to talk to an RMHS representative
29	Caseload Transitions and Timelines	I don't understand—why did I have to change case managers just because the case management agency changed?	Great question. Thank you for asking. If you moved case management agencies—like from North Metro or RMHS to DP, the agency responsible for your case management changed and we employ different case managers than your previous agency. We are sorry you won't be working with the same case manager, but we are committed your needs met.
30	Caseload Transitions and Timelines	I was supposed to stay with RMHS--when will I move back to RMHS	Thank you for your question. We are working collaboratively with both RMHS and HCPF to get folks moved back as quickly as possible, Sometimes, folks think they have moved when they haven't. Other times, we think we have folks assigned correctly and then there is a data glitch. All that to say, ensuring folks are moved and moved permanently requires a lot of coordination and collaboration on the backend, we will do what we can to ensure this happens as swiftly as possible & can address any urgent needs you may have or work collaboratively with RMHS to get those needs met. In the meantime, we will do all we can to support you in getting your case management needs met. If you need anything related to your case management supports while you wait to be transferred back to RMHS, please let us know.
31	Caseload Transitions and Timelines	Is DP setting the timelines for transitions?	Thank you for your question. No; all transition date timelines are directed by our state partners at Health Care Policy and Financing (HCPF) to comply with federal requirements related to conflict-free case management. Per an informational memo, transitions will occur over three phases with phase one occurring on 11/1/23. Read more: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2023-024%20Case%20Management%20Agency%20%28CMA%29%20Request%20for%20Proposal%20%28RFP%29%20Status%20Update.pdf You can read more about the federal regulations governing Colorado's transition work here: https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html
32	Caseload Transitions and Timelines	What does collaboration between DP and RMHS look like?	Excellent question. We have been meeting regularly with not only our phase one cohort but with our partners at Rocky Mountain Human Services regularly. We have open lines of communication and are doing all we can to support the individuals and families in the metro area with getting their needs met. We trust that, when informed about your needs, we can coordinate to get them met.

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33	Caseload Transitions and Timelines	What type of influx of individuals does DP expect with this award? Immediate change? slow trickle? Somewhere in-between?	<p>Thank you for asking.</p> <p>For each of the three transition phases, full caseload transitions will occur on the final day of the transition period. So, all at once. You can read more in this memo: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2023-024%20Case%20Management%20Agency%20%28CMA%29%20Request%20for%20Proposal%20%28RFP%29%20Status%20Update.pdf</p> <p>By way of example, Developmental Pathways (DP) is in Phase 1 and our transition phase began 8/1/23 and concludes 10/31/23. Thus, on Wednesday, 11/1/23, our fully expanded caseload will be active with our CMA, which we anticipate will be approximately 9,000 individuals.</p>
34	Caseload Transitions and Timelines	<p>What will caseloads look like?</p> <p>Also asked as:</p> <p>How will caseloads be grouped? Geographically, by waiver, etc.?</p> <p>Also asked as:</p> <p>Will there be separate case managers for the non-I/DD waivers (such as the physical disability waivers), or will caseloads support all programs?</p>	<p>Excellent question!</p> <p>After much planning, including gathering stakeholder feedback, analyzing data and support needs, we have landed with having two (2) active CM Departments with blended teams/caseloads --we believe building caseloads with an eye toward child & adult specialties is a win for all and will set all up for success following transitions on 11/1. Our intended teams/caseloads will be:</p> <ul style="list-style-type: none"> --Adult Waivers: EBD, SLS, DD (Elderly, Blind, and Disabled; Supported Living Services; Developmental Disabilities) --Adult Waivers: CIH, CMHS, BI (Complementary and Integrated Health; Community Mental Health Supports; Brain Injury) --Child Waivers: CES, CHRP, CHCBS and CLLI (Children's Extensive Services; Children's Habilitation Residential Program; Children with Life Limiting Illness) --State General Funded Programs (SGF programs): Family Support Services (FSS) will continue to be managed separately at this point and we are continuing to work on our plan for State SLS and OBSS to ensure appropriate supports are in place. <p>As an important note, the size of caseloads is state prescribed (which was supported by a time study and state analysis), and they have indicated an average caseload size of 65 is most appropriate. DP is doing our best to be in alignment with this recommendation and the above plan will likely evolve as we are committed further evaluation and working in partnership with our state partners on the best way to create a sustainable case management system.</p> <p>In addition, we are working to define markers of success around the case management supports we provide and to identify tangible ways to know what's working and what is not working – which will help inform where/when any changes may be needed.</p>
35	Caseload Transitions and Timelines	When an individual or family transitions from one CCB/CMA to their new CMA, will new Request for Proposals (RFPs) be required	<p>Thank you for asking!</p> <p>Request for Proposals (RFPs) are specific to direct service providers (DSPs) for home and community-based services (HCBS) authorized under long-term care (LTC) programming.</p> <p>When individuals move assigned Case Management Agencies (CMAs), they will not have any changes to their Service Plans, authorized services, or authorized providers and no RFPs will be required.</p> <p>If an individual or family would like to pursue changing providers or needs any support with service plan revisions, adding new services, etc., they will contact their new case manager at their new designated CMA.</p>
36	Caseload Transitions and Timelines	When will DP start to inform current individuals and families about the expansion of DP services?	<p>Thank you for your question.</p> <p>Current families supported by DP have had access to our Case Management Redesign (CMRD) website, since it launched in the fall of 2022: https://www.community.dpcolo.org/case-management-redesign</p>

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			<p>In August of this year (8/14/23), we released a press release about our expansion and highlighted the news on social media, you can read it here: https://www.dpcolo.org/the-colorado-department-of-health-care-policy-financing-hcpf-awarded-developmental-pathways-the-case-management-agency-contract-for-arapahoe-douglas-and-elbert-counties/</p> <p>In addition, current individuals and families served by DP are invited to a townhall dedicated to current members on Tuesday, October 3, at 5PM. Their invites were sent Monday, 9/11/23 and we have over 200 RSVPs to date (9/26/23).</p> <p>Please note: Health Care Policy and Financing (HCPF) has directed incoming Case Management Agencies (CMAs) to hold their caseload communications on individuals and families transitioning to another CMA until their formal communications have been sent to families.</p>
37	Caseload Transitions and Timelines	Why did my case management move to DP at all? I wanted to stay with RMHS.	<p>Thank you for your question. The reason you moved to DP was because there was a short turnaround time/deadline on submitting case management exceptions to the state.</p> <p>Unfortunately, for some folks, the deadline passed, and we were assigned as the default case management agency for this service area.</p> <p>Another potential reason for an unanticipated switch to DP could have been due to data issues within the state database called the Care & Case Management System – please know HCPF (along with any impacted CMAs) are working tirelessly to solve for all the data issues as best we can.</p>
38	CMRD General Question	Are CCBs and CMAs the same thing?	<p>Great question!</p> <p>No, under Case Management Redesign, Community Centered Boards (CCBs) and Case Management Agencies (CMAs) are different designations with different statutory, regulatory, and contractual purposes.</p> <p>It is possible for CCBs, such as Developmental Pathways (DP) and Rocky Mountain Human Services (RMHS) to be both a CCB and a CMA. But there are other instances in which CCBs will not be designated CMAs such as with North Metro Community Services (NMCS) and the Developmental Disabilities Resource Center (DDRC).</p>
39	CMRD General Question	Are these changes modeled after any other entity who is doing things this way with positive results?	<p>Great question!</p> <p>There are many, many aspects to Case Management Redesign (CMRD) is implemented by our state partners, but the most vital component of the work is to come into compliance with a 2014 rule put in place by the federal government called the HCBS Settings Final Rule.</p> <p>The final portion of the rule that Colorado will come into compliance with through CMRD is the rule to have a conflict-free case management system in place for all home and community-based supports. This means that the case management agency (CMA) that provides intake, eligibility, enrollment activities including authorizing direct services cannot also be the agency that provides the direct supports.</p> <p>Every state in the nation was required to come into compliance with this rule no later than 2024 (a date that was extended multiple times).</p> <p>It is our understanding that multiple states had conflict-free systems that provide high quality long-term care services and that Colorado's redesigned system took many of those best practices into consideration in building their model, however, your question</p>

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			<p>can likely be better answered by our state partners at Health Care Policy and Financing (HCPF). Please visit their website here for more information on their work around CMRD and conflict-free case management.</p> <p>You can also read more in the federal register here: https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider</p>
40	CMRD General Question	How was CMRD designed in terms of equitable distribution in areas?	<p>Thank you for this question.</p> <p>This is language from our partners at Health Care Policy and Financing (HCPF), who shared this about defining the new service areas:</p> <p>"As a first step toward achieving the goals of Case Management Redesign, HCPF partnered with HCBS Strategies and Single Entry Point agencies (SEPs), Community Centered Boards (CCBs), and other stakeholders to design the plan for implementing the Case Management Redesign (CMRD) initiative in Colorado. HCPF recognized the importance of ensuring stakeholders help shape the Case Management Redesign process, and hosted a kickoff meeting, smaller targeted focus group meetings, and a statewide stakeholder meeting. All materials were posted on this page [https://hcpf.colorado.gov/case-management-redesign#Catchment]."</p> <p>This memo contains the defined service area maps for the consolidated designated service areas between the SEPs and CCBs along with HCPF's rationale for the proposed approach: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2021-055%20Case%20Management%20Redesign%20Policy%20Update%20Catchment%20Area.pdf</p> <p>In short, the state looked at the best ways to serve individuals in their area with the ultimate goal of continuing to offer community-centric supports to individuals in their regions. We also know that Mill Levy revenues were an additional component in making service area decisions along with overall final size of designated agencies.</p>
41	CMRD General Question	How will families be notified about the changes including who their new case management agency is and which case manager they have been assigned to?	<p>Thank you so much for asking.</p> <p>Health Care Policy and Financing (HCPF) is taking the lead in sending formal notification to all individuals and families enrolled in supports with a case management agency who may need to transition to a new case management agency (CMA). Developmental Pathways will be sending follow up communication and will be working with the individuals and families who may be transferring to another CMA on 11/1/2023.</p>
42	CMRD General Question	I am new to the system: What is the redesign?	<p>Thank you so much for asking!</p> <p>Colorado is adapting its approach to long-term care through a project called Case Management Redesign (CMRD). CMRD consists of several initiatives that will help make accessing long-term services and supports easier by having Case Management Agencies (CMA) serve all Home and Community-Based Waivers (HCBS) waivers so individuals and their families can easily access the services they need through a single local agency.</p> <p>You can read more about redesign here (on our website): https://www.community.dpcolo.org/case-management-redesign</p>
43	CMRD General Question	Will Community Centered Boards (CCBs) still be a thing?	<p>Thank you for asking!</p> <p>Yes, they will. The Community Centered Board (CCB) designation is separate and apart from the Long-term Service and Support (LTSS) Case Management procurement process.</p> <p>By way of additional background: A CCB is a type of entity outlined in Colorado State Statute since 1964 and whose designation as such</p>

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			<p>is wholly focused on supporting individuals with intellectual and developmental disabilities and delays (I/DD). The definition of CCBs in state statute will be amended but will ensure the continuity of local mill levy dollars focused on supporting I/DD community needs. The 20 designated CMAs in the newly defined service areas (DSAs) are made up of a variety of types of organizations from county departments of human services to private case management agencies, to nonprofit agencies including some CCBs. You can see the complete list here. https://hcpf.colorado.gov/sites/hcpf/files/HCPF IM 23-024 Case Management Agency %28CMA%29 Request for Proposal %28RFP%29 Status Update.pdf</p> <p>As mentioned above, the CCB designation will remain in statute with a focus on utilizing local funding (such as Mill Levy) in meeting the needs of individuals with I/DD and their families; for DP, our CCB designation will support our locally funded programming. You can read more about CCB designations here: https://hcpf.colorado.gov/sites/hcpf/files/HCPF IM 22-026 Case Management Redesign Policy Update- Community Centered Board Designation Procoess.pdf</p>
44	CMRD General Question	<p>Will money be spread across all waivers, or will the appropriations still be waiver specific?</p> <p>Also phrased as:</p> <p>Is there a change in the rates for units of respite on the SLS or CES waivers during this change?</p>	<p>Thank you for your question.</p> <p>The overall available menu of supports, current service caps, and current total plan spending limits that are active with each of the ten (10) active home and community based (HCBS) waivers will remain the same during this transition. If/when HCPF makes changes to the core programming, they will post opportunities for stakeholder engagement on this website: https://hcpf.colorado.gov/hcbs-public-comment</p>
45	CMRD General Question	<p>Would this redesign be expanded for recipients with DACA status?</p>	<p>Thank you so much for asking this question.</p> <p>Eligibility for Medicaid programming is overseen by our federal partners at the Centers for Medicare and Medicaid Services (CMS) and our state partners at Health Care Policy and Financing (HCPF), both of which will follow the guidance outlined by our Federal Legislature.</p> <p>We have not heard any guidance on Deferred Action for Childhood Arrivals (DACA) eligibility but will ask our county partners if they have any information on upcoming changes and will update this FAQ if/when we have additional information.</p>
46	CMRD: General Question	<p>So new services include Mental Health Persons NOT developmentally disabled?</p> <p>Also phrased as:</p> <p>What are the new waivers?</p>	<p>Thank you for asking/clarifying. DP now provides case management for all long-term care programs which support individuals with disabilities of all types. This includes folks who have an I/DD, folks with mental health needs, along with other disability support needs.</p> <p>The programs we support include:</p> <p>6 waivers designed to mostly support adults</p> <ul style="list-style-type: none"> *Brain Injury (BI) *Community Mental Health Supports (CMHS) *Complementary and Integrated Health (CIH) Developmental Disabilities (DD) *Elderly, Blind, and Disabled (EBD) Supported Living Services (SLS) <p>4 waivers designed to mostly support children</p> <ul style="list-style-type: none"> Children's Extensive Services (CES) *Children's HCBS (CHCBS) Children's Habilitation Residential Program (CHRP) *Children with Life Limiting Illness (CLLI)

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			<p>And: The four Non-HCBS Waiver Programs include (new to DP): Program for the All-Inclusive Care for the Elderly (PACE) Long-Term Home Health (LTHH) Hospital BackUp (HBU) Nursing Facilities (NF)</p> <p>And</p> <p>The three State Funded Programs (not new to DP): Family Support Services Program (FSSP) State Supported Living Services (State SLS) OBRA (Omnibus Reconciliation Act) Supported Services (OBSS)</p> <p>The * indicates newer to DP case management.</p>
47	CMRD: General Question	<p>What is the difference between a CMA and a Community Centered Board?</p> <p>Also phrased as:</p> <p>I also do not understand what CMA means.</p>	<p>Great question!</p> <p>Under Case Management Redesign, Community Centered Boards (CCBs) and Case Management Agencies (CMAs) are different designations with different statutory, regulatory, and contractual purposes.</p> <p>It is possible for CCBs, such as Developmental Pathways (DP) and Rocky Mountain Human Services (RMHS) to be both a CCB and a CMA. But there are other instances in which CCBs will not be designated CMAs such as with North Metro Community Services (NMCS) and the Developmental Disabilities Resource Center (DDRC).</p>
48	CMRD RFP Awards and Outcomes	<p>Are there any Community Centered Board (CCB) merges expected because of CMRD transitions?</p>	<p>Thank you for asking.</p> <p>There are two possible answers to this question:</p> <p>If you are asking if, of the 20 CCBs, any are merging together to now be a new single CCB combined, the answer is no. It is our understanding that all 20 CCBs will maintain their unique CCB designations.</p> <p>If you are asking if (and which) some CCBs divested their CMA supports due to CFCM/CMRD in an active agreement or partnership with the anticipated new CMA, it is our understanding that some did. For example, we know that Imagine! (Boulder County) and Adult Care Management, Inc. (ACMI) plan to partner on transitions for case management work; ditto Developmental Disabilities Resource Exchange (DDRC) and Jefferson County, and North Metro Community Services with Rocky Mountain Human Services.</p>
49	CMRD RFP Awards and Outcomes	<p>DP is not merging with anyone, correct?</p> <p>Also asked as:</p> <p>Will all positions will be direct new hires, correct (rather than transitioned from an existing Case Management provider)?</p> <p>Also asked as:</p>	<p>Thank you for clarifying this so we can definitively say:</p> <p>Developmental Pathways is not merging with any other entity and is operating/will be operating as the designated Case Management Agency (CMA) for region 5: Arapahoe, Douglas, and Elbert Counties.</p> <p>All our hiring is direct competitive hiring and if you know anyone who would be a great fit, please refer them to us! https://www.dpcolo.org/careers/</p>

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		Will the employees of the other Case Management Agencies (CMAs) be coming under your umbrella be automatically transferred /hired and will they continue with their current caseload providing continuity of care for the individuals in services?	
50	CMRD: Catchment Area	<p>How are Mill Levy Funds recorded and spent?</p> <p>Also asked as:</p> <p>How will Mill Levy funds from Arapahoe County be recorded and spent?</p> <p>Also asked as:</p> <p>With Elbert County part of your service area, how will mill levy funds from Arapahoe County be recorded and spent?</p>	<p>Thank you so much for asking.</p> <p>We are grateful to Arapahoe and Douglas Counties for entrusting us with their tax dollars to protect and assist people with intellectual and developmental disabilities and delays (I/DD) since 2002 (the referendums were passed in 2001 and funding began formally supporting locally funded programming in 2002). Our Board of Directors (which includes individuals in service and family members of individuals in service) and its Mill Levy Fund Balance Committee, as well as our Arapahoe and Douglas Boards of County Commissioners, help guide and direct DP's local programming.</p> <p>We have been tracking and reporting on Mill Levy funds for many years and you can read more about our Mill Levy funding here: https://www.dpcolo.org/about-us/mill-levy/ and review our most recent Mill Levy Report here: https://www.dpcolo.org/wp-content/uploads/2023/03/FY22-DP-Annual-Reporting-Final.pdf.</p>
51	CMRD: Catchment Area	<p>Which Case Management Agency will be serving Adams County?</p> <p>Also asked as:</p> <p>Will North Metro clients go to DP or RMHS?</p>	<p>Thank you for asking!</p> <p>Effective 11/1/23, Adams County will be included in defined service area (DSA) 6, which includes Adams and Denver Counties –Rocky Mountain Human Services (RMHS) will be the designated case management agency for all individuals in that DSA.</p>
52	CMRD: Catchment Area	<p>Which Community Centered Boards (CCBs) were not awarded a CMA region?</p> <p>Also asked as:</p> <p>Who are the Case Management Agencies that will be responsible for Case Management in the Denver metro area?</p>	<p>Great question!</p> <p>Not every Community Centered Board (CCB) opted to bid for the Case Management Agency (CMA) Designation [some CCBs had already chosen to divest their case management work to be conflict-free].</p> <p>Instead of naming which agencies weren't awarded a CMA region, here is a list of the CCBs that will also be CMAs under the new CMRD contracts:</p> <ol style="list-style-type: none"> 1) Region 5: Developmental Pathways 2) Region 6: Rocky Mountain Human Services 3) Region 10: Foothills Gateway 4) Regions 11 and 12: The Resource Exchange 5) Region 20: Community Connections <p>For a complete list of the CMAs awarded regions in the metro area, please check out the Informational Memo: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2023-024%20Case%20Management%20Agency%20%28CMA%29%20Request%20for%20Proposal%20%28RFP%29%20Status%20Update.pdf</p>
53	CMRD: Catchment Area	Will RMHS clients residing in Arapahoe (and Douglas and Elbert) County be transferred to DP?	<p>Thank you for your question.</p> <p>Yes. Based on the newly defined service areas (DSAs), Rocky Mountain Human Services (RMHS) will no longer be the designated case management agency for non-I/DD waivers in Arapahoe, Douglas, and Elbert Counties.</p> <p>Individuals living in those counties will be transferred to DP (the CMA for DSA 5) following operational direction laid out by our partners at Health Care Policy and Financing (HCPF).</p>

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54	CMRD: Impact and Outcomes	Are there any changes to paid family caregivers working and reporting through Colorado Family Caregivers?	<p>Thank you for asking.</p> <p>Colorado Family Caregivers is a direct service agency which is authorized to provide Home and Community Based Services (HCBS) through Medicaid. Their program approval and oversight are overseen by Health Care Policy and Financing (HCPF) and the Colorado Department of Public Health and Environment (CDPHE). Developmental Pathways does not have any direct involvement with how Colorado Family Caregivers is structured or how they administer their family caregiver programming.</p> <p>We recommend you reach out to their agency directly.</p>
55	CMRD: Impact and Outcomes	<p>How does Case Management Redesign (CMRD) affect clients and families</p> <p>Also phrased as:</p> <p>How will case management redesign impact our family?</p> <p>Also phrased as:</p> <p>How will this impact us (the individuals and families and served)?</p>	<p>Thank you so much for asking!</p> <p>Ultimately, Case Management Redesign is intended to have a positive impact for the entire system especially to those supported through and by the system. As you might have seen in the presentation during the CMRD Townhall, some of the key outcomes are system simplicity, stability, and accountability.</p> <p>Right now, case management services are split with some individuals and families getting services from one case management agency in our catchment area, and others getting supports from another. This means, if an individual qualifies for both I/DD supports and non-I/DD supports, they (more or less) have to choose their primary support path and, if they switch up primary programming (such as moving from EBD to SLS), they may need to navigate to a new Case Management agency.</p> <p>Post-transitions, individuals and families can look forward to working with a single designated case management agency for all disability supports in any given designated service area.</p> <p>Another goal of redesign is to support both accountability and quality in case management services—with only 20 case management agencies to support, Health Care Policy and Financing (HCPF) intends to create and sustain consistent more accountability standards across the state of Colorado for case management functions and thus improve quality of outcomes along with more system consistency.</p> <p>While transitions might get a little tricky—as transitions do, with your patience, grace, and support, we believe we are walking toward a far more functional long-term care system.</p>
56	CMRD: Impact and Outcomes	How will the proposed changes make the process easier for caregivers?	<p>Great question!</p> <p>Case Management Redesign (CMRD) is intended to help individuals, their families, and caregivers in creating a simplified and easier to navigate system along with improved quality. You can read more about CMRD here: https://hcpf.colorado.gov/my-hcbs-case-management which provides some information on "How the new case management system will benefit [you]" along with some informational videos.</p> <p>The 20 designated service areas across the state were designed by Health Care Policy and Financing (HCPF), our state Medicaid agency, to best meet members' local needs by providing greater connectivity to other important community contacts, such as local school districts, law enforcement, healthcare connections, advocacy groups, and other resources to the specific region of support, and will make accessing wrap-around support such as locally funded programs easier.</p> <p>While this change does not directly impact the Family Caregiving service delivery model, it should support caregivers by making the long-term care system easier to navigate in the longer-term.</p>

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57	CMRD: Impact and Outcomes	Was there an official policy or law created that makes it so we can no longer choose which CCB provides case management for our waiver services? If so, when was it passed and why did we, as the clients affected by this change, not have an opportunity to weigh in on this?	<p>Thank you so much for asking this incredibly important question.</p> <p>The short answer is yes, under Colorado's system there are official policies in place that guide choice in case management.</p> <p>The longer answer is: The component of Case Management Redesign (CMRD) that required a conflict-free case management system for all long-term care home and community based supports across the nation was a part of the HCBS Settings Final Rule, which was published by our federal partners at the Centers for Medicare and Medicaid Services (or CMS) which outlines a variety of outcomes for home and community-based settings nationwide. While the HCBS Settings Final Rule was not prescriptive in choice in case management agencies, our state partner at Health Care Policy and Financing (HCPF), the state agency that oversees Colorado Medicaid supports, was: Both the current system (prior to 11/1) and the new system were designed by to have individuals supported by their designated case management agencies and "choice" in CMAs has ultimately always been a type of exception process in the delivery of case management.</p> <p>HCPF has a CMRD website here: https://hcpf.colorado.gov/case-management-redesign in which they outline their (continued) approach to choice in case management agencies (revised 8/25/22) as this: "Members will receive case management services from the agency that holds the contract in their defined service area. Case Management Agencies will have a process for members to request a new case manager if they are not a good fit. Exceptions will be made if a person moves across defined service area boundaries and wants to continue being served by their previous agency. The process for this portability allowance and exception is still being formulated and will likely differ by defined service area. (Updated 8/25/22)".</p> <p>We did recently get more information from HCPF (which was, in part, outlined in this memo: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-056%20Case%20Management%20Redesign%20-%20Member%20Exceptions%20Process.pdf) and we have a separate FAQ that covers current guidance on the choice process.</p>
58	CMRD: Impact and Outcomes	What should clients expect regarding the transition?	<p>Thank you so much for asking!</p> <p>Individuals and families can expect the following during transitions: 1) Your service plan, authorized services, and authorized providers will not change. Only case management services will change IF you are current served by a case management agency/community centered board who is not your new designated case management agency (CMA).</p> <p>2) You will be notified by both Health Care Policy and Financing (HCPF), our state Medicaid agency AND your incoming case management agency about the change in case management services.</p> <p>3) Your transition date will be determined by the phases outlined in this memo: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2023-024%20Case%20Management%20Agency%20%28CMA%29%20Request%20for%20Proposal%20%28RFP%29%20Status%20Update.pdf. For people living in Denver, Adams, Arapahoe, Douglas, and Elbert counties, transitions will occur on Wednesday, 11/1/2023.</p> <p>4) Individuals and families served by CMAs may experience a case manager change even if they are not moving CMAs. Most CMAs will need to adjust their assigned caseloads to come into compliance with state policy and guidance along with expected regulatory parameters around caseloads and a desire to create sustainable caseloads for teams.</p> <p>5) For folks who are supported by Developmental Pathways (DP), we will have some short-term transitional support teams in place to help assure continuity in communication and support and, longer-term, will have launched our Case Management Care Team (CMCT) which will be a point of contact for individuals, families, and providers when they have an immediate/time-sensitive, but non-</p>

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			emergent needs. We've set this team up to be a voice/face that members can reach out to when their CM may not be available in the moment.
59	CMRD: Impact and Outcomes	What would be the implications for my daughter and her services if she moves?	<p>Thank you so much for asking.</p> <p>If this question is meant to ask about the implications of your daughter changes case management agencies from Developmental Pathways to another case management agency such as Rocky Mountain Human Services (RMHS), we hope that the impact to your daughter will be minimal and that she will receive similar case management supports at either agency. Case management services do not change your daughter's support plan (including her authorized services and/or providers) or any other benefits such as long-term home health, private duty nursing, etc.</p> <p>If your question is meant to ask about the implications of your daughter moving from one county of residence to another (now or in the future), much as it does today, it would likely mean that your daughter would transfer case management supports to the designated case management agency for her new county of residence, who would provide case management supports. Depending on how far she moves, there may need to be a need to modify her service plan and/or authorized providers to ensure she is able to get her needs met in her new county of residence, though, if she remains in the Denver metro area, significant support shifts may not be needed.</p>
60	CMRD: Impact and Outcomes	Will the change affect my son in the host home?	<p>Thank you so much for asking!</p> <p>If you are asking if the services in the host home will change due to CMRD, the short answer is no because the case management transitions do not modify the services and supports provided through anyone's service plans (which means services in a host home should remain the same).</p> <p>However, there are few changes to be aware of:</p> <p>1) For folks in the metro area who might have historically received case management from the same agency that provided their residential services, there may be some changes because, under CMRD, case management agencies in the metro area cannot provide both case management and direct services, such as residential services through a host home provider. Agencies such as DDRC and North Metro, who wanted to remain direct service providers, will continue to provide direct services but, if they were also providing case management, after the transition, people served by them will have new case management agencies. Developmental Pathways has already fully separated from all long-term care direct services and no host home providers are employed by or through our agency and so there would be no changes here for us.</p> <p>2) The transitions scheduled through CMRD may lead to changes in case managers and/or case management agencies. And so, while direct services (such as host home supports) would not change, case management supports may.</p>
61	CMRD: Impact and Outcomes	Will the changes eliminate caregivers from reporting to multiple agencies in the state?	<p>Thank you so much for asking.</p> <p>The short answer is: Possibly. The longer answer is: It depends because Case Management Redesign (CMRD) really only affects a very specific set of supports in the long-term care (LTC) world in Colorado.</p> <p>For example, CMRD does not change the roles of our local Departments of Human Services (DHSes) in determining financial eligibility for supports. So, all individuals/families will still need to coordinate with their local county and/or Health First Colorado for ongoing Medicaid eligibility. Nor does CMRD change the Colorado agency that oversees the Home Care Allowance (HCA) program, nor the Department of Vocational Rehabilitation (DVR) programming, and so forth.</p>

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			<p>It will, however, create direct impact for individuals and families navigating long-term care programming, as there will now be a single agency approved in your area to provide case management instead of (at least) two.</p> <p>However, this change could simplify the intersection of points of contact for programs such as</p>
62	CMRD: Impact and Outcomes	Will there be a loss of program support?	<p>Thank you so much for confirming with us because the answer is no:</p> <p>Case Management Redesign (CMRD) does not modify the services and supports provided through your current programming. If you are enrolled in a program like Supported Living Services (SLS) and change Case Management Agencies (CMAs), your service plan does not change nor do your authorized providers.</p>
63	CMRD: Impact and Outcomes	Will this change help when renewing Medicaid, getting connected to DVR, etc.?	<p>Thank you so much for asking.</p> <p>Our goal is to continue to provide great customer service leveraging our strong community partnerships with both the Department of Vocational Rehabilitation (DVR) and our local Departments of Human Services (DHSes) to support individuals and families in getting their needs met including providing appropriate escalation supports when things get sticky. We hope that, in moving from 44 or so different case management agencies to just 20 will also help our partners at DVR and DHS in getting their needs, thereby positively impacting the individuals and families we serve. We hope this shift in designated case management agencies helps create a simpler, stronger, support system.</p>
64	CMRD: Impact and Outcomes	Will we still have the same case manager? Also asked as: What steps do I need to take to continue to have my same case manager?	<p>Thank you so much for asking this question.</p> <p>Individuals and families served by CMAs may experience a case manager change even if they are not changing case management agencies (CMAs) because CMAs will need to adjust their assigned caseloads to come into compliance with state policy and guidance along with expected regulatory parameters around caseloads and a desire to create sustainable caseloads for our teams.</p> <p>We know that changes to your assigned case manager can sometimes feel hard and that there can be a strong desire to stick with the case manager you've already been working with. While not ideal, we are doing all we can to assure seamless transitions both internally and externally.</p> <p>For folks who are supported by Developmental Pathways (DP), we will have some short-term transitional support teams in place to help assure continuity in communication and support and, longer-term, will have launched our Case Management Care Team (CMCT) which will be a point of contact for individuals, families, and providers when they have an immediate/time-sensitive, but non-emergent needs. We've set this team up to be a voice/face that members can reach out to when their CM may not be available in the moment.</p>
65	Future Casting / Change Management	How does this change the direction or trajectory of Developmental Pathways?	<p>Thank you for asking!</p> <p>In many ways, Case Management Redesign (CMRD) is in alignment with our grassroots vision to support individuals in their communities in lieu of institutional settings.</p> <p>DP already actively supports almost 10,000 individuals and families across their lifespans and has experience with supporting individuals with co-occurring needs from birth to aging and from various backgrounds, including individuals with developmental delays and I/DD, cerebral palsy, seizure disorders, brain injuries, vision impairment and blindness, hearing loss and deafness, as well as individuals with mobility, mental health, and aging support needs.</p> <p>We also actively support individuals with incredibly complex needs in a variety of settings and have a dedicated crisis management</p>

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			<p>team with strong connections to an array of community resources to help those most in need if and when they encounter support obstacles.</p> <p>So while Case Management Redesign (CMRD) greatly expands the number of individuals and families we will be directly supporting, we believe the addition of the physical, aging, and mental health waivers is in line with our long-standing mission to honor and elevate our founding vision by supporting those we serve in their pursuit of meaningful and inclusive lives based on their individual needs and preferences.</p>
66	Future Casting / Change Management	How will the leadership of CMAs function, which positions will be considered leadership?	<p>Thank you so much for asking.</p> <p>As you may know, in December of 2022, the Colorado Department of Health Care Policy & Financing (HCPF) posted the Request for Proposal (RFP), which solicited proposals from organizations who are interested in performing Case Management work in one or more designated regions. In that RFP, HCPF outlined the required key personnel for both private CMAs and county CMAs. For CMAs like DP, we are required to have staff designated as our Executive Director, our Finance Director, our Case Management Director(s), among others. However, as CMAs may be nonprofits, for-profits, or government agencies and all are operating under their own business models, there will be no one way leadership will look across all 20 designated CMAs.</p> <p>That said, here at Developmental Pathways (DP), our core case management teams continue to emphasize a team case management model: our case managers report to program managers (consider them our dedicated front-line managers) who are then supported by our Associate Directors.</p> <p>Leaving the overall philosophy of every-staff-member-is-a-leader at the door for the moment, our leadership roles include Program Managers, Associate Directors, and Directors. Our executive team includes Vice Presidents and Officers of the nonprofit (such as our Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer).</p>
67	Future Casting / Change Management	What will be the end goal of the redesign?	<p>Thank you for this question.</p> <p>There are multiple goals related to Case Management Redesign (CMRD): The most important goals are related to creating a long-term service and supports system that is easier to access and that helps ensure increased quality by making sure there is the right number of Case Management Agencies (CMAs) in the state.</p> <p>It will allow individuals and families to have one place to go in their community for disability supports. You can read more about this here: https://hcpf.colorado.gov/my-hcbs-case-management</p> <p>Additionally, CMRD will ensure Colorado meets the federal Conflict-Free Case Management requirements, which safeguards continued federal funding.</p>
68	Future Casting / Change Management	What will DP's Mission and Vision look like?	<p>Thank you for asking.</p> <p>As you know, the vision and mission statements for nonprofits are incredibly important: together, they identify the purpose and direction of the agency's work. More importantly, they guide our board of directors in their work by clearly identifying our core reason for existing and, thereby, aiming their governance toward clear outcomes.</p> <p>Our current vision and mission are very much in alignment with the expansion: We have always focused on honoring and elevating our founding vision by supporting those we serve in their pursuit of meaningful and inclusive lives based on their individual needs and preferences.</p>

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			<p>As we grow with the CMRD changes this will not change, we will continue to support all members in their pursuit of meaningful and inclusive lives based on their necessities and desires.</p> <p>We anticipate small edits to our mission statement will fully capture our expanded mission, though our board will ultimately craft the final language. For example, we might anticipate our vision remains unchanged but that our mission statement might see small omissions to better capture our full intended community impact:</p> <p>Vision: Enriching Lives. Strengthening Communities. Mission: To enrich the lives of people with developmental disabilities /delays by partnering to provide expertise, support, and advocacy in their pursuit of a meaningful life.</p>
69	Individual and Family Choice (in CMAs)	How will CMRD impact individuals who want to continue to receive services with DP but reside outside of DP's catchment area? Will these individuals need to transfer to their catchment CMA, or will they be allowed to stay with DP for an extended period of time?	<p>Thank you for asking.</p> <p>Individuals served outside of the DSAs by a current Community Centered Board (CCB) or Single-Entry Point (SEP) will ultimately transfer to their newly designated Case Management Agency (CMA) unless they signal they would like to go stay with the existing CMA and go through the exception process.</p> <p>However, we are still working with our partners at Health Care Policy and Financing to determine how that looks for current members versus future members and how their transition dates and timelines will be managed during this transition.</p>
70	Individual and Family Choice (in CMAs)	What about if an individual or family really wants to stay with their current case management agency or leave their designated case management agency (CMA): Is there any option for individuals and families to choose their CMA?	<p>Thank you for your question.</p> <p>As mentioned in an earlier FAQ, a couple stated goals of CMRD are simplification & consistency, and HCPF designated 20 service areas across the state to best meet members' local needs. In keeping with their intent to localize services & support, we encourage individuals and families to engage with their designated case management agency (CMA).</p> <p>We believe being served by the designated, home CMA is the clearest, most straightforward option for families often navigating a constellation of services and supports. Staying local provides greater connectivity to other important community contacts, such as local school districts, law enforcement, healthcare connections, advocacy groups, and other resources to the specific region of support, and will make accessing wrap-around support such as locally funded programs easier.</p> <p>In instances where it is simply not a feasible option, there is an exception process available during this transition period and we can support you in navigating that process off-line on a one-on-one basis.</p>
71	Individual and Family Choice (in CMAs)	<p>Will families be able to choose their Case Management Agency (CMA), or do they have to stick with the assigned agency for their county of residence?</p> <p>Also framed as:</p> <p>Regarding portability: If someone lives in a county no longer served by their previous CCB/CMA, what will choice look like for them--will it be the same for everyone or will it be different for every region?</p> <p>Also phrased as:</p> <p>Will people be able to select a different CMA if they do not wish to work with the CMA that covers the area they live in?</p>	<p>Thank you for this question—CMA choice is definitely a hot topic statewide.</p> <p>One important goal of Case Management Redesign (CMRD) was to address recommendations made by the Community Living Advisory Council (CLAG) and many other stakeholder groups to create a more simplified long-term care system.</p> <p>A component of the simplification was to have defined service areas (DSAs) supported by a single designated Case Management Agency (CMA) in each area focused on supporting individuals in those specific communities and for all individuals and families to receive supports through one of those designated CMAs.</p> <p>Thus, an outcome of CMRD is to have individuals and families assigned to their designated CMA—which is, in large measure, how the historical systems have worked as well—just bifurcated between Community Centered Boards (CCBs) and Single-Entry Points (SEPs). This means individuals who were served by a CCB/CMA that is no longer their assigned CMA under CMRD will be moving to their newly assigned agency during their assigned transition phase. Health Care Policy and Financing (HCPF) will be responsible for notifying</p>

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			<p>individuals who are transitioning agencies.</p> <p>In some situations, individuals and families may be served by another CMA and Health Care Policy and Financing (HCPF) has created operational guidance to support individuals, families, and CMAs in navigating those exception Requests, work is currently underway to develop policy, procedure, and communication to support these efforts.</p>
72	Individual and Family Choice (in Program)	<p>I had a family ask what things will look like in November when the other waivers become available.</p> <p>Will case managers discuss the waivers with their caseload and see if anyone wants to change waivers? Or do the families need to initiate that conversation?</p>	<p>Thank you for asking this question—timing is definitely a bit awkward here.</p> <p>As we are sure you know: the other waivers are currently available and referrals can be made anytime—though admittedly, it may serve our clients and families to hold tight through 11/1 to mitigate confusion for the moment.</p> <p>We are hopeful that given our role as a current case management provider and a primary resource of referrals to needed long-term services, that many of our case managers have a general sense of the other long-term care programming available, from long-term home health to other waivers and are already helping families navigate options – especially during annual assessment and service plan meetings.</p>
73	Other: Assessments and Service Plans	<p>Have the new Colorado Single Assessment (CSA) and the Person-Centered Support Plan (PCSP) been delayed, and do we have an updated timeline for implementation?</p> <p>Also phrased as:</p> <p>Will information be provided on the new service plan or what will replace the current service plan?</p>	<p>Thank you for your question.</p> <p>Yes, due to various systems issues, implementation for the new Colorado Single Assessment (CSA) and the Person-Centered Support Plan (PCSP) have been delayed.</p> <p>As we know more about updated timelines and the impact to Case Management and Intake teams, we will keep you posted as best we can.</p> <p>Additionally, while Health Care Policy and Financing (HCPF) will be primarily responsible for statewide training on the new support plans (and information can be found here: https://hcpf.colorado.gov/new-assessment-and-person-centered-support-plan), DP will make every effort to share training and support materials to our community when available.</p>
74	Other: Database and Data Systems	<p>It would be great to be able to implement a portal or another way PASAs can proactively check the status of PAR issues, so they don't have to call/email CMs.</p>	<p>Hurrah to that! We couldn't agree more.</p> <p>While this is not on the immediate horizon (to our knowledge) in any of the state-run databases, we will continue to advocate with our state partners on how beneficial shared technology resources can be in meeting the needs of individuals and families in the most efficient, flexible, and timely manner possible.</p> <p>We will also be exploring what, if any options, we might have at our local level to alleviate technological burdens for our teams and our provider network. Ditto for individuals and families in service.</p>
75	Other: Database and Data Systems	<p>The CCM System's phased launch appears to be delayed again, does this impact DP's timeframe around getting the non-I/DD disability Waivers and/or the release of the new assessment and support plan?</p>	<p>Thank you for your question.</p> <p>It is our understanding that all caseload transitions must be completed by 7/1/2024 and, to meet that deadline, planned phases cannot be delayed (see "Caseload Transition Timelines" in this document).</p> <p>So, while aspects of case management work such as the Colorado Single Assessment (CSA) and the Person-Centered Support Plan (PCSP) may be delayed, caseload transitions will not be.</p> <p>You can visit this site for more information from HCPF on care and case management frequently asked questions: https://hcpf.colorado.gov/care-case-management-faq</p>

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76	Other: In Person Case Management	When do In-person meetings and monitoring visits actually begin?	<p>Thank you so much for asking.</p> <p>In person case management supports were authorized to begin again on 8/1/2022 as outlined in this memo: https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2022-030%20Case%20Management%20Operational%20Changes%20In%20Response%20To%20COVID-19%3B%20In-Person%20Meetings.pdf</p> <p>However, continued flexibility during the duration of the Public Health Emergency (PHE) was allowed and many individuals and families requested continued virtual supports and additional flexibilities were permanently safeguarded in updated waiver applications. Formally, flexibilities related to some aspects of virtual case management are slated to end on 11/11/2023; you can read more here: https://hcpf.colorado.gov/phe-end.</p> <p>Additionally, an important component of home and community-based services (HCBS) is that, in lieu of services provided in institutional settings, individuals are receiving care in their communities. In addition to offering a more integrated and person-centered experience, HCBS offers more flexibility in supports and provides service delivery options not available in other settings.</p> <p>But with that flexibility comes the onus of ensuring health and safety needs are being met in a meaningful way. What is vital to our community (and to our staff) is that the pace of face-to-face connections makes sense and provides meaningful and flexible outcomes, while taking into account individual preference.</p> <p>Our state partners at HCPF commit to specific in person case management activities in each of the HCBS waivers, which are reviewed and approved by our federal partners and the Centers for Medicare and Medicaid Services (CMS); you can find copies of the approved waivers here. And, for additional guidance on in person case management, please see this memo.</p>
77	Other: Waitlists	How long is the waiting list for the HCBS-DD Medicaid Waiver?	<p>Thank you so much for asking this question.</p> <p>The waitlist and enrollment processes for Long-term Care (LTC) Home and Community Based Services (HCBS) are not fundamentally changing with Case Management Redesign (CMRD).</p> <p>Currently, the only Medicaid Waiver in Colorado with a waiting list is the HCBS-DD waiver. You can read more from our partners at Health Care Policy and Financing (HCPF) here: https://hcpf.colorado.gov/IDD-Services-enrollments-waitlists --which includes their FAQs on their statewide waitlist(s).</p>
78	Provider-related Question	Is there a timeline for providers (such as PASA) to update their info with CCBS and/or the new Case Management Agencies (CMAs)? I know this takes some time with the state.	<p>Thank you for asking.</p> <p>We believe this question is asking if/when/how non-I/DD providers get approval to work with newly designated Case Management Agencies.</p> <p>As the long-term care system goes through its transitions, Case Managers will start hearing the term Medicaid Providers more and more. PASAs are a term/category that is specific to the I/DD system.</p> <p>Medicaid Providers have the option to work with any Case Management Agency, they are not tied to specific designated service agencies</p> <p>This is one reason the Program Quality Department/Provider Relations team has been conducting outreach and building relationships with an expanded group of providers.</p>

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			<p>However, and possibly to the other point in this question, it may take some time for us to update our internal database with provider information. In the meantime, HCPF's find a provider page may offer the best resource: https://www.healthfirstcolorado.com/find-doctors/</p>
79	Provider-related Question	<p>What is your current process for complaints about providers?</p>	<p>Thank you for asking!</p> <p>Individuals in service can count on case managers asking about provider satisfaction and supporting individuals in voicing their concerns with services. During monitoring meetings and service plan meetings, case managers will ask individuals how services are going and what, if any, supports they may want or need to make informed choices about resolving concerns. We regularly make referrals to advocacy organizations, who may be better positioned to assist individuals with finding their voice to address specific needs.</p> <p>When we receive complaints about providers, we track concerns internally and encourage engagement with the provider's complaint process and/or working with the appropriate regulatory bodies as appropriate. We believe the complaint and grievance process, along with appropriate appeals processes, are a cornerstone to improving outcomes for everyone.</p> <p>We regularly analyze complaint logs, incident reports, and mistreatment allegations to ensure that issues are identified, addressed, and resolved as quickly as possible including providing technical assistance and guidance to providers in our community and working with other stakeholders such as Health Care Policy and Financing (HCPF) and community advocacy partners to address trends.</p>
80	Provider-related Question	<p>What work is being done to proactively develop relationships with these new populations and/or their historic community partners?</p> <p>Also asked as:</p> <p>How will DP work with community partners to ensure Case Management Redesign is supported and understood through the phase rollout?</p>	<p>Thank you so much for asking! We believe there are two prongs to this question: one related to building relationships with the individuals currently supported through non-I/DD programming and one related to the greater provider and advocacy community for folks with disabilities.</p> <p>As mentioned earlier, DP already works to support individuals across their lifespans and with a variety of support needs. Through those relationships, we were honored to receive twenty letters of support and collaboration from a variety of community disability partners including Family Voices of Colorado, the Denver Regional Council of Governments (DRCOG), the Denver Regional Mobility and Access Council (DRMAC), the Departments of Human Services (DHS) in Arapahoe, Douglas, and Elbert Counties, AllHealth Network, Signal Behavioral Health, and Colorado Access (our Regional Accountable Entity).</p> <p>Additionally, we are completing more in-depth and personal outreach with a variety of disability advocates including the Colorado Cross-Disability Coalition, Disability Law Colorado, and others. In addition, for individuals in service (clients), we have an incoming member townhall session scheduled and are looking to keep our CMRD subsite updated with critical information: https://www.community.dpcolo.org/case-management-redesign</p> <p>For providers: We are very excited to expand our provider community and we are working on multiple fronts to support providers who will be new to working with Developmental Pathways (DP). We have a townhall session fully dedicated to our provider network, which includes non-I/DD providers (i.e., SEP providers). Additionally, we have hired a part-time community engagement staff member to help us with community presentations outreach with both our referring partners and are working in partnership with Rocky Mountain Human Services (RMHS) to develop outreach materials for our referring partners. We also recently applied for and received approval for some American Rescue Plan Act (ARPA) funds that will be dedicated toward communication and outreach projects to our newly expanded community and will be advertising in a variety of ways to share updated referral information.</p>
81	Provider-related Question	<p>Will Family caregivers be given fair pay, holidays and vacation/sick time?</p>	<p>Thank you so much for asking.</p> <p>Developmental Pathways does not have authority over Family Caregiver programming, which is a service delivery model that allows</p>

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			<p>direct service providers to hire family caregivers to provide and be paid for direct care supports for authorized services. Each service agency will have their own approach to the family caregiver model (from full employment to a contractor model) and will have different approaches to pay, coverage for holidays/vacations/sick time, etc.</p> <p>Our understanding is that Health Care Policy and Financing (HCPF) does not have direct authority over employment models either and that the issues outlined in your question are informed, in part, by employment laws as well as state rules and regulations.</p> <p>We do believe a component of this inquiry relates back to rates paid for long-term care programming and keeping an eye on the work of the Medicaid Provider Rate Review Advisory Committee (MPRRAC) by visiting this site could be one strategy: https://hcpf.colorado.gov/rate-review-public-meetings.</p>
82	Provider-related Question	Will there be any type of provider intake for waivers that we haven't serviced before?	<p>We believe this question is asking how will we, employees/staff members/community members help providers who are not currently authorized to support the non-I/DD waivers get approval to do so?</p> <p>The process will be much the same as it is today: At this juncture, we are asking our provider team to support potential new providers with connecting directly with our state partners to obtain Medicaid approval to support home and community based (HCBS) program approvals.</p> <p>As with I/DD programming, providers must be program-approved by the State Medicaid Agency, in this instance Health Care Policy and Financing (HCPF).</p> <p>For more information, providers can review information on program approval here: https://hcpf.colorado.gov/provider-enrollment</p>
83	Provider-related Question	Will there be trainings for PASA staff to learn the CMA systems and understand how to interact in order to best support the clients served?	<p>Thank you so much for asking!</p> <p>As you know, Developmental Pathways (DP) has a dedicated provider relations team which provides technical supports to provider agencies related to Medicaid policies; relays community resources to providers; and provides oversight over the Request for Provider (RFP) process and general referrals to providers.</p> <p>This team will continue to engage our provider network regularly through quarterly meetings, provider communications, technical guides and other resources, as well as (when appropriate) various training opportunities. We also make a concerted effort to pass along training opportunities through other community partners. We encourage provider agencies that are interested in learning more about the long-term care system and its programs to visit Health Care Policy and Financing's (HCPF's) dedicated LTSS training site, here: https://hcpf.colorado.gov/long-term-services-and-supports-training</p>
84	Provider-related Question	<p>How are SP documents to be obtained?</p> <p>Also asked as:</p> <p>Will Service Plans continue (other CMAs have already notified us that Service plans will no longer be shared).</p>	<p>Thank you so much for asking.</p> <p>Under the Colorado Code of Regulations (CCR) and as a core component of case management work, all Case Management Agencies (CMAs) must provide a copy of the service plan to all individuals in service and the providers involved in implementing the service plan. This has been true for many years and will, as we understand it, still be true under revised case management rules.</p> <p>We will note that there are, currently, some technical glitches with the new state-required database (CCM) that houses the service plans. With the upload from the old service plan system to the new one, service plan information does not always seem to be populating information as expected and, in some instances, only the PPA/PAR will print correctly. This is a known issue, and the state should be implementing fixes to address that.</p> <p>Currently, Developmental Pathways (DP) uses a secured email delivery process for sharing support plans with providers, though we can</p>

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			<p>provide hard copies when requested. DP also utilizes a secured platform called DocuSign to obtain signatures for support plans as appropriate/necessary.</p> <p>If a provider (or individual in services or another authorized participant of the member-selected team) needs a copy of the most recent service plan, please contact the assigned case manager.</p>
85	Provider-related Question	Will providers (including PASAs) have the opportunity to share their programs with Case Managers?	<p>Thank you so much for asking!</p> <p>We provide information pertaining to Medicaid Providers (including PASAs) to Case Managers through a library of provider profiles that allow agencies to show the services and programs that they deliver. Case Managers can use these profiles to confirm information about a provider agency, or to give the information to Members and Families. If your agency is interested in providing a profile or updating your existing profile, please notify our provider relations team at providers@dpcoloro.org.</p>
86	Provider-related Question	What level of training is being provided regarding new systems and will there be an adequate number of staff to handle the changes?	<p>Thank you so much for inquiring.</p> <p>We believe this question is directed toward the new Care and Case Management (CCM) system recently launched by our partners at Health Care Policy and Financing (HCPF). HCPF provided robust virtual instructor led trainings and demonstrations (https://hcpf.colorado.gov/ccm-system-training) and numerous technical assistance calls. In addition, Developmental Pathways (DP) is working hard to ensure we have additional technical assistance tools available to support our teams in navigating the newly launched CCM.</p> <p>If this question was related to case managers navigating systems related to supporting individuals currently enrolled in the non-I/DD waivers and utilizing systems related to navigating various non-I/DD long-term care programming, DP trains staff to utilize at least 16 systems/computer applications to facilitate outcomes for individuals and families including systems which support Consumer-Directed Attendant Support Services (CDASS) delivery options, long-term home health PAR authorization, and more.</p>
87	Provider-related Question	<p>How does Case Management Redesign (CMRD) affect PASAs (providers)? And what can we do to prepare for the change?</p> <p>Also phrased as:</p> <p>How will case management redesign impact our agency?</p> <p>Also phrased as:</p> <p>How will this impact us (the providers)?</p>	<p>Excellent questions here.</p> <p>As you may remember, Case Management Redesign is, in part, tied to the HCBS Settings Final Rule, which was published by our federal partners at the Centers for Medicare and Medicaid Services (or CMS) which outlines a variety of outcomes for home and community-based settings nationwide.</p> <p>Ultimately, Case Management Redesign is intended to have a positive impact for the entire system, including our provider network, by fostering key outcomes such as system simplicity, stability, and accountability.</p> <p>Post-transitions, provider agencies can look forward to (mostly) working with a single designated case management agency for all disability supports in any given designated service area. Gone are the days where you would go to agency A for programs XYZ and agency B for programs 123. This should help to simplify wrangling support outcomes for individuals and families in our communities.</p> <p>We also anticipate that Case Management Redesign will help simplify not only referral and intake but also overall case management operations—so that processes between programs and between authorized CMAs will be much more similar.</p> <p>And we know another goal of redesign is to support accountability—with only 20 case management agencies to support, Health Care Policy and Financing (HCPF) intends to create and sustain consistent more accountability standards across the state of Colorado for case management functions.</p>

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Line Number	Topic	Question	Response
			While transitions might get a little tricky—as transitions do, with your patience, grace, and support, we believe we are walking toward a far more functional long-term care system.
88	Provider-related Question	How will the new system directly affect the PASAs?	<p>Thank you so much for this question.</p> <p>If this question is referring to the rollout of the new statewide long-term care database known as the Care and Case Management System (or CCM), it will ultimately mean a new assessment tool and an updated person-centered support plan. However, as mentioned elsewhere in these FAQs, those updates have been delayed. During the transition to the new CCM, there have been delays and a few challenges statewide including delayed data transfers, and so forth--all of which make some of the day-to-day case management work more challenging for our teams and we appreciate your grace and patience as we work with our partners at Health Care Policy and Financing (HCPF) to get the system fully up and running. HCPF does keep a "known issues" site active, here: https://hcpf.colorado.gov/known-issues and general information about the new CCM can be found here: https://hcpf.colorado.gov/care-case-management-system.</p> <p>If this question is asking about the overall impact of Case Management Redesign (CMRD) to the provider network, we have a separate FAQ dedicated to addressing the anticipated shifts for our provider network.</p>
89	Provider-related Question	Will supported employment providers have access?	<p>Thank you so much for this question.</p> <p>If this question is referring to the rollout of the new statewide long-term care database known as the Care and Case Management System (or CCM), we do not anticipate direct services providers will have access to the CCM case management system at this time.</p>
90	Individual and Family Choice (in direct service providers) / RFP	<p>Will the new case management system produce a different way providers (including I/DD PASAs) receive client referrals?</p> <p>Also phrased as:</p> <p>How will it affect RFP and client acquisition?</p> <p>Also phrased as:</p> <p>Will RFPs continue?</p> <p>Also asked as:</p> <p>If we provided services to non-IDD waivers, how will we learn about opportunities for these services in your new CMA area?</p>	<p>Referrals are a hot topic!</p> <p>As of today, the referral process for the disability community has been somewhat confusing—with one process for the I/DD programs and a similar, but divergent process for the non-I/DD programs.</p> <p>Our partners at Health Care Policy and Financing (HCPF) have drafted updated rule language that is less prescriptive than the current I/DD system for sending referrals to providers. These draft rules are intended to go into effect no later than January 1, 2024.</p> <p>Here, at DP, our teams are currently updating referral tools to help case managers with supporting individuals and families in provider selection. Our intention is to be able to provide ranging levels of support—from the historic Request for Provider (RFP) process providers currently working with DP are accustomed to, to the less hands-on option of providing families with lists of providers authorized for their desired service and something in between.</p> <p>We have also been working with vendors like Wayfinder (https://www.joinwayfinder.com/) and exploring some other innovative ways individuals and families can find direct care supports. It's likely that we'll have more information to come in the coming months.</p>
91	Other: Local Funding	How will the Mill Levy continue to be used and if there are plans for additional support of the Mill Levy funds to PASAs?	<p>Thank you so much for asking!</p> <p>We are thrilled to be both the designated case management agency and the designated Community Centered Board (CCB) for our designated service area 5 (which includes Arapahoe, Douglas, and Elbert counties).</p> <p>As the CCB, we will continue to utilize local funding in meeting the needs of individuals.</p> <p>Our biggest funder for local programming includes county mill levy funds from Douglas & Arapahoe counties. And while local programming is also supported by donations, board designated funds, grants, and other revenues, they currently make up the smaller</p>

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			<p data-bbox="1463 298 2996 431">portion of total local funding. As you likely know, the referendums that authorized the Mill Levies in Arapahoe and Douglas Counties in 2001 were specific to supporting individuals with developmental delays and/or Intellectual and developmental diagnoses (collectively known as I/DD), which at this time, means having a formal I/DD determination in place and/or providing supports that directly benefit individuals with I/DDs and their families.</p> <p data-bbox="1463 471 2965 536">Immediately post transition, most of our local programming will continue to be largely focused on supporting individuals with I/DDs and their families, which includes programming like provider grants and scholarships.</p>