ADMINISTRATIVE COMPLAINT Additional Supplemental Filing

Office for Civil Rights – **Filing Receipt No. 30017390** U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 509F Washington, DC 20201

U.S. Department of Justice – **Reference No. 414820-FJQ**Civil Rights Division
950 Pennsylvania Avenue, NW
Washington, DC 20530

Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services 7500 Security Boulevard Baltimore, Maryland 21244

RE: Colorado's discriminatory provision of case management services to people with disabilities and *request for immediate action* by the federal agencies

On February 21, 2024, the National Health Law Program (NHeLP) and Colorado Center on Law and Policy (CCLP) sent an Administrative Complaint to the above agencies. We submitted supplemental information on February 28, 2024. We write now to provide yet more information regarding the continuing and growing problems in Colorado for people with disabilities as the State is transitioning to a new case management system. The second phase of the transition occurred on March 1, 2024.

1. On February 28, 2024, the Director of the Office of Community Living, a member of the Executive Leadership team for the Department of Healthcare Policy and Financing (HCPF), sent an email to stakeholders (see attached email). This letter informed readers that a system update "resulted in a subset of LTSS [Long Term Services and Supports] members being scheduled to have their coverage terminated as of February 29, 2024." This system update was meant to improve automation but instead created new problems that are serious enough that HCPF decided it was necessary to begin "implementing a system workaround, which will reinstate and keep impacted individuals covered until an appropriate resolution is found in their case." Advocates have since been told by HCPF staff that these new system errors affected at least 6,000 enrollees on LTSS.

Despite HCPF's attempts to reinstate those affected members, advocates are hearing from enrollees who remain confused about whether or not they are currently enrolled in Medicaid. People have reported to advocates that they have not been reinstated or, if they have, they have not received notice of reinstatement. Many of these people have high needs and cannot access services.

- 2. Case managers are reporting to advocates that the computer updates that occurred in late February have caused other downstream errors and have further disrupted communication between systems. Possibly due to these recent programming changes, the legacy system that is used to request and process approvals for services, referred to as "the Bridge," is malfunctioning. Case managers have reported that the start dates for services are blank in the Bridge system, which stops them from being able to request services. Some case managers are receiving a close case date for clients who are enrolled and in need of immediate services, and whose cases should remain open. Case managers are being told to contact providers about stopping or starting services but are not getting the dates for these actions in the computer system. People with very high needs are not getting services, and providers who are willing to provide services despite the eligibility glitches are going without payment.
- 3. On March 7, 2024, Colorado Arc's Network of 15 Chapters wrote to the Governor and Medicaid officials about these ongoing problems (see attached letter). The Letter describes many "unresolved issues related to long-term services and supports (LTSS), Home and Community Based Services (HCBS) and Health First Colorado (Medicaid), that have reached a critical juncture resulting in people not being able to access the services that they have accessed in the past and need immediately." The Colorado Arc Network requests "a pause on all Medicaid redeterminations for people receiving Long Term Services and Supports until June 2025, or until all the data issues have been corrected and verified. We are also requesting an immediate reinstatement of all those within the long-term services and supports (LTSS) Medicaid, who have been terminated whether or not they have submitted an appeal, or are still pending. We would also request any LTSS individuals terminated from Medicaid as of 11/01/2023 be reviewed and reinstated."

As requested in our previous submissions, we are asking the federal agencies to require the State to pause terminations for LTSS enrollees during the ongoing implementation of the case management system until the problems are resolved. We can make individuals available to speak with you.

Dated: March 12, 2024 Respectfully submitted,

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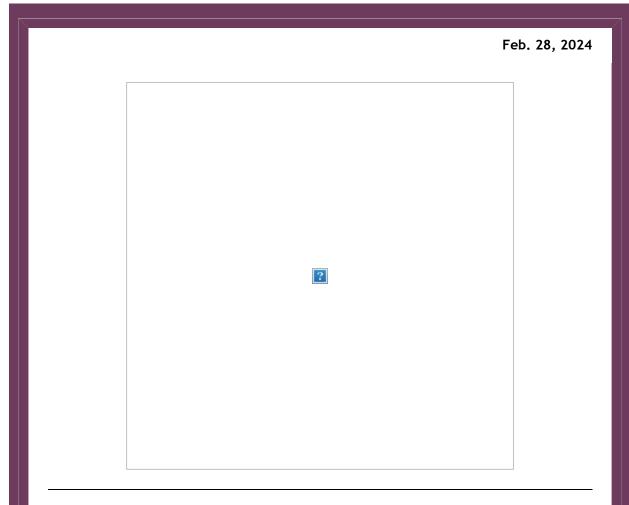
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From: Bonnie Silva
To: Katie Wallat

Subject: IMPORTANT COMMUNICATION Reinstatement of LTSS members scheduled to lose eligibility effective 2/29/2024 due to

an unintended system occurrence

Date: Wednesday, February 28, 2024 8:30:55 PM



Dear Members, Family Members, Advocates, Case Management Agencies, County Leaders and other community members:

The Department of Health Care Policy & Financing (HCPF) recently became aware of an unintended occurrence specifically impacting Long-Term Services and Supports (LTSS) members that resulted from a system update. The occurrence resulted in a subset of LTSS members being scheduled to have their coverage terminated as of February 29, 2024. HCPF is implementing a system workaround, which will reinstate and keep impacted individuals covered until an appropriate resolution is found for their case. We will be issuing new notice of action letters indicating an approval effective as of March 1, 2024 to all members who were impacted. Electronic messages to impacted members are scheduled to be released Thursday, February 29 and USPS mail communications are scheduled for release on Friday, March 1.

If a LTSS member reaches out to you because they received a notice of termination effective February 29, 2024, please share this information with them, as those not receiving their communications electronically may be delayed in receiving a communication via USPS mail.

We are also sharing this message with county workers, case managers, consumer

advocates and others who may hear from members receiving LTSS services who were originally notified that coverage was terminated as of February 29, 2024.

I want to acknowledge how challenging the past year has been and realize that this message is coming at a time of great difficulty. Please know that we are dedicating resources to alleviating the pressures in the community. Thank you sincerely for your continued partnership and for using <u>our escalations form</u> so we can help members stay connected to needed services.

Bonnie Silva Director Office of Community Living

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Looking for Prior OCL Communications?

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Colorado Department of Health Care Policy & Financing | 303 E. 17th Avenue Suite 1100, Denver, CO 80203

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Dear Governor Polis, Lieutenant Governor Dianne Primavera, HCPF/OCL Director Kim Bimestefer, Executive Director, Colorado Department of Health Care Policy & Financing, and members of the Joint Budget Committee:

We, The Colorado Arc Network of 15 chapters, are writing on behalf of the thousands of Coloradoans with intellectual and developmental disabilities (IDD). These individuals are served through Medicaid Waiver programs, under Colorado Department of Health Care Policy and Financing (HCPF), Case Management Agencies and County Medicaid offices.

The Colorado Arc Network is requesting a pause on all Medicaid redeterminations for people receiving Long Term Services and Supports until June 2025, or until all the data issues have been corrected and verified. We are also requesting an immediate reinstatement of all those within the long-term services and supports (LTSS) Medicaid, who have been terminated whether or not they have submitted an appeal, or are still pending. We would also request any LTSS individuals terminated from Medicaid as of 11/01/2023 be reviewed and reinstated.

Currently there are many unresolved issues related to long-term services and supports (LTSS), Home and Community Based Services (HCBS) and Health First Colorado (Medicaid), that have reached a critical juncture resulting in people not being able to access the services that they have accessed in the past and need immediately. We believe it is imperative to bring this matter to your attention. These considerable and significant failures have unacceptable ramifications for Medicaid members statewide and the disability community at large. People are experiencing difficulties with eligibility, access to services, and prior authorization, all due to the combination of the Public Health Emergency (PHE) unwind, the new Care and Case Management (CCM) software roll out, and Case Management Redesign (CMRD). Colorado has a responsibility to alleviate the hardships caused by systems changes to the very individuals who depend on their Medicaid Waivers for essential support needs.

These three major system changes happening concurrently have created many unforeseen consequences that require immediate action by the Colorado Department of Health Care Policy and Financing (HCPF). The Arcs in Colorado are requesting an immediate stop to all Medicaid redeterminations. The recent changes in HCPF's case management procedures and software (CCM) have resulted in improper Medicaid coverage terminations, service delays, and confusion among enrollees, in particular, those needing long term services and supports. The end of the Public Health Emergency had already caused a significant backlog as counties struggled with redeterminations that had been suspended for nearly three years. We are requesting that HCPF return to the Continuous Coverage Requirement, and pause all Medicaid redeterminations, as was the case during the Public Health Emergency. The individuals who rely on LTSS, and HCBS should not have their lives put on hold



due to logistical or technical issues at the State and County level that they have no control over. Pausing all Medicaid redeterminations will allow State and County entities time to get new processes in place, time to get caught up, reviews and system testing, in hopes of rectifying the existing challenges while individuals supported by HCBS can keep access to services.

The impact on Coloradoans who rely on LTSS can be life or death. For many, Medicaid is the lifeline for residential services, continued inclusion in their communities, from employment to health care (including life and death medications and direct care), to socialization. No Coloradoan should have to live with the fear and uncertainty that the support network and health care they rely on for their daily needs might be terminated, at any moment due to system updates or changes. Continuing Medicaid redeterminations, while HCPF acknowledges there are many unintended issues specifically impacting Long-Term Services and Supports is not acceptable and is discriminating against individuals with disabilities. HCPF offering "system workarounds" or "resources to alleviate the issues" their system changes are creating is a band-aid approach and not an acceptable solution.

The Office of Community Living (OCL) is charged with supporting individuals with disabilities to navigate a complicated and fragmented system. with the goal to create efficient, person-centered, community-based services and incorporate best practices in service delivery. Currently HCPF and the OCL are not living up to their guiding principles. The individuals who rely on the HCBS, LTSS and Medicaid systems, some of our most vulnerable citizens, are being asked to be patient due to staffing issues, technical issues or just outright confusion. These services are not a want, they are a need for individuals with IDD and pausing all Medicaid redeterminations is an appropriate solution until a permeant resolution is found.

At this time Individuals, their families, their advocates with The Arc's, and their provider agencies are unable to reach anyone at the County levels or at the CMAs without waiting anywhere from 2 weeks to over a month. Even then, they and we are not able to get clear answers as to what the issues are and a clear path to resolution. Individuals and Families are getting countless notifications from Medicaid often in conflict with one another, sometimes within the same letter. This leads to confusion and hours spent trying to resolve an issue, only for a new notice from Medicaid to arrive and start the process all over. Individuals and families find themselves jumping back and forth from County to CMA with no results. At the same time Counties and CMAs are understaffed resulting in long wait times, while people are losing services. Because of flaws in the new data system, CMAs often struggle to identify if an individual has a case with them or another CMA, leading to confusion on where to even go for help.



The IDD system was impacted hard by the COVID 19 pandemic. COVID compounded the shortage of Direct Support Providers (DSPs) throughout Colorado. The system has not recovered from the pandemic and now providers are struggling with not being paid for services they have provided, because of issues related to CMRD, PHE unwind and CCM software changes.

The Arc's in Colorado advocate with and for the IDD community, and this community cannot forgo needed supports and services. Currently the State's broken systems are forcing countless children and adults with IDD to do just that. The Arc's in Colorado are requesting pause all Medicaid redeterminations until June 2025 or such time as all data issues have been corrected and verified.

We sincerely appreciate your time addressing this urgent matter and look forward to your response.

The Arc of Colorado

AdvocacyDenver

Association for Community Living in Boulder County

The Arc of Adams County

The Arc Arapahoe, Douglas & Elbert Counties

The Arc of Aurora

The Arc of The Central Mountains

The Arc – Jefferson, Clear Creek & Gilpin Counties

The Arc of Larimer County

The Arc Mesa County

The Arc of the Pikes Peak Region

The Arc of Pueblo

The Arc of Southwest Colorado

The Arc of Weld County

The Arc of West Central Colorado