

October 24, 2023

Dear Community Options Case Management Participants and interested others,

As you may be aware, there are significant changes happening soon regarding the provision of Case Management services, and we want to keep you apprised of the information we know so far. First of all, however, some historical context for why these changes are happening.

Community Options has been providing both Case Management and direct services in this area since 1972, and throughout that time there has been controversy about the potential for conflicts of interest when an agency develops a person's service plan and then provides the services identified in that plan. Virtually all of the state's 20 Community Centered Boards (CCBs) have operated in the same manner, so Community Options is not the only agency involved in this controversy.

In 2014 the federal Centers for Medicare/Medicaid Services (CMS) issued a nationwide rule mandating that agencies that provide Case Management could no longer provide direct services, and vice versa. This ruling mandated a massive restructuring of our statewide system, and since this structure has been in place for decades, the state was given a significant number of years to redesign our system to come into compliance. Throughout this time, our agency has worked collaboratively with state policy makers, legislators, and other human service agencies in Case Management Redesign (CMRD) efforts to implement these changes in a thoughtful, consistent manner that will hopefully minimize disruption to our clients, their families, and our employees. That implementation will begin very soon.

As a part of the CMRD process, Community Options had to make the difficult decision whether to continue providing Case Management services and relinquish all of our direct services, or to do the opposite. In the end, given the lack of other provider agencies and service capacity in our six-county area, we prioritized the importance of continuing to provide the direct services so critical to people's lives. We will therefore be reluctantly relinquishing our Case Management responsibilities, as will virtually all of the CCBs around the state. A Request for Proposal was issued by the state for agencies to apply to become the new Case Management Agencies around the state, and we were recently notified that Rocky Mountain Health Plans has been awarded the Case Management contract for Medicaid recipients in Delta, Gunnison, and Hinsdale counties. The formal transition from our agency to theirs will occur between November 1, 2023 and February 29, 2024. In the meantime, Community Options will continue to provide your Case Management services, as well as any direct program services you may currently be receiving through our agency. If you are receiving direct services through Six Points or another agency, those will likewise not be impacted. The back of this letter provides some additional answers to questions and contact information.

Thank you for your support over the years, and for your patience and understanding as we work through these changes. We look forward to continuing to provide quality direct services on behalf of local citizens with intellectual/developmental disabilities.

Sincerely,

Jennifer Pelligra Executive Director

What This Means for You

You may have questions about what this change means for you. Below are answers to common questions about this change:

Q: Do I need to take action because of this change?

A: No. There is no action you need to take. Community Options will work with Rocky Mountain Health Plans to transition your case management services.

Q: Are the services I receive, as outlined in my service plan, going to change?

A: No. Your services will be the same.

Q: Will I get a new case manager?

A: Because your case management agency is changing, that may mean you will have a new case manager working with you. You will receive information from your new Case Management Agency, including your case manager's contact information.

Q: Who do I go to for other questions I have?

A: Questions you have before February
29, 2024 should be directed to
Community Options. Questions you have
on or after February 29, 2024 should be
directed to Rocky Mountain Health Plans.
Contact information for each is below:

CURRENT CASE MANAGEMENT AGENCY

Community Options, Inc. 936 N. Park Montrose, CO 81401 TELEPHONE # 970-249-1412 EMAIL / WEBSITE communityoptionsinc.org

NEW CASE MANAGEMENT AGENCY

Rocky Mountain Health Plans 12775 Crossroads Blvd. Grand Junction, CO 81506 TELEPHONE # 970-243-7050 EMAIL / WEBSITE Rmhp.org