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Overview of Colorado Choice Transitions (CCT)

WHAT IS CCT?

- CCT helps Colorado Medicaid members residing in long-term care facilities to explore their community-based living options, and provides services and supports that help these individuals transition to a community based-setting if a transition can be done safely.

- Enrollees in this program will receive home and community based waiver services (HCBS) and CCT enhanced services, including 365 days of follow-up support after the transition.

- Enrollment in CCT does not guarantee transition into a community-based setting.

WHO QUALIFIES FOR CCT?

- Must be 18 years of age or older.

- Must meet Long-Term Care Medicaid eligibility requirements.

- Must reside in a qualified institution, which is:
    1. a nursing home,
    2. intermediate care facility for people with intellectual disabilities, or
    3. an institution for mental disease, such as a psychiatric hospital.

- Must be transitioning from a qualified institution into a qualified residence, which is:
    1. A home owned or lease by enrollee or enrollee's family,
    2. a community-based residential setting where no more than four unrelated individuals reside, or
    3. an apartment with an individual lease not related to the provision of services.

- To enroll in CCT one must have resided in the qualified institution for no less than 30 days; to receive CCT services one must reside in a qualified institution for 90 days.

- Must be concurrently enrolled in a HCBS waiver and CCT.

HOW DOES THE CCT PROCESS WORK?

- The CCT process may vary according to the needs of enrollee, however, the general the steps in the CCT process are:

    1. CCT receives a referral from the enrollee, the nursing facility social worker, family/friends of the enrollee, ombudsmen, or through the Minimum Data Set Section Q500.

    2. Within 10 business days of the referral the enrollee should be contacted by an options counselor who will provide information on community based services, housing, and CCT.

    3. If the enrollee chooses to enrollee in CCT, he/she will be assigned a Transition Coordinator, who will act as the enrollee's advocate and help him/her through the CCT process.

    4. With assistance from the Transition Coordinator the enrollee will complete a self-reflection guide, and explain his/her preferences for community living.

    5. The enrollee and Transition Coordinator will identity who the enrollee wants on his/her Transition Options Team. The options team will include an Intensive Case Manager who will determine eligibility for services, find and authorized services and supports, and provide monitoring services in the community.

    6. The Options Team will meet typically three times, but there can be more meetings:

        - Meeting 1: The enrollee, Transition Coordinator, and options team will complete guides that are used to determine what supports and services will be needed to live in the community.

        - Meeting 2: A search will be conducted to determine if appropriate supports and services exist and the findings of that search will be discussed.

        - Meeting 3: The enrollee and options team will determine if the transition is feasible and safe based on the enrollee's needs and available supports and services.

    7. If the transition is determined to be feasible, planning for discharge will begin and eventually a discharge date will be set.

    8. Following discharge the enrollee will receive 365 days of CCT services.

    9. After 365 days enrollee continues to receive support through the HCBS waiver.

- The CCT can be a long process in some cases taking many months to complete. Do not expect quick transitions.

****** DISCLAIMER: This is not intended as legal advice, but rather for informational purposes only. Always consult a lawyer if you have questions about your legal rights. ******

References:

CO Dept. of Health Care Policy and Financing - https://www.colorado.gov/pacific/hcpf/colorado-choice-transitions

Code of Colorado Regulations - 10 CCR 2505-10, Section 8.500.