



# Enrollment Roadmap

## Intake Phase

### Step 1

#### Referral & Screening

DP's Intake team receives member referral. Intake Case Manager (CM) contacts member within 2 business days to complete an screening for Long-Term Service and Support needs.



### Step 2

#### Medicaid Application

If not enrolled in Medicaid, member applies for Medicaid (Health First Colorado) with their county.



### Step 3

#### Level of Care Assessment

The Intake CM schedules and conducts an in-person assessment within 2, 5, or 10 business days (based on referral type and date) to determine functional eligibility. Developmental disability or delay determination is needed for I/DD specific waivers.



### Step 4

#### Medical Form Submission

Member provides a signed Professional Medical Information Page (PMIP) within 90 days of the assessment date to finalize functional eligibility. Need this form completed to move forward with enrollment.

## Enrollment Phase



### Step 5

#### Assessment Submission

If eligibility is approved, the Intake CM submits the assessment to the County Medicaid Office for Long Term Care (LTC) Medicaid approval. Approval may take up to 120 days. During this time, member moves to the Enrollment Phase and assigned an Enrollment CM.



### Step 6

#### LTC Medicaid Monitoring & Provider Selection

Enrollment CM monitors LTC Medicaid status and will notify the member of the outcome. During the waiting period, the Enrollment CM provides the member with a list of services and providers to begin the selection process.



### Step 8

#### Ongoing Case Management

An Active CM meets with member at least quarterly, completes annual reassessments, updates the service plan, and adjusts services as needed.



### Step 7

#### Service Plan Meeting

Enrollment CM schedules a Service Plan meeting within 15 business days of LTC Medicaid approval to discuss service needs and goals for the year. A start date is set with authorized service providers. *Enrollment complete!*

### Member Expectations During Intake/Enrollment:

- Provide accurate information throughout the process
- Respond promptly to case manager communications
- Schedule all needed screenings, assessments, and meetings within the required timelines
- Complete the PMIP form and any other required documentation and return to DP as soon as possible
- Act promptly on any notifications from the County regarding LTC Medicaid
- Contact providers and arrange for needed services