



# Colorado Utilization Review / Utilization Management

## Provider User Guide

Updated 3/8/2021

Pre-Admission Screening and Resident Review  
Children's Extensive Services Waiver  
Children's Home and Community Based Services Waiver  
Over Cost Containment  
In-Home Support Services  
Consumer Directed Attendant Support Services



Effective 3/1/2021



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### Purpose:

This guide provides information to review submitters regarding the Qualitrac portal. It will be a quick reference tool for important information about review types and the associated timelines for each.



## Important tips:

### PASRR

As of 3/1/2021, please create all requests for PASRR reviews in Qualitrac ([myqualitrac.com](https://myqualitrac.com)). PASRR Level 1 screening forms (PAL/PAS) will not be accepted via email/fax. ONLY supporting documentation for PASRR Level 1 reviews already created in Qualitrac may be submitted by email/fax when the user is unable to upload to Qualitrac. Please send your supporting documentation via fax or email and include the following information:

1. Date
2. Submitter First Name and Last Name
3. Submitter Organization
4. Submitter Phone
5. Submitter Email Address
6. Qualitrac Case ID
7. Type of documentation being submitted: H&P and/or Medication List

**Fax: 720-554-1747**

**Email: [ColoradoReviews@telligen.com](mailto:ColoradoReviews@telligen.com)**

### Submissions for CES, CHCBS, OCC, IHSS, CDASS

For reviews submitted in these categories, please use “Concurrent” for any reviews that have a Requested Certification Start Date prior to the date the review is entered into Qualitrac. For those that have a Requested Certification Start Date the same day or after the request is submitted, please use “Prospective”.

Selecting Providers for non-PASRR reviews: Please select your case management agency for both Treating Provider and Ordering Provider. Also select your case management agency in the Visibility panel to allow other users from your agency to see the reviews you submit.

**\*\***Be sure to select the listing of your case management agency that displays the same NPI or Other ID that was used to register your agency for Qualitrac. Contact your agency leader if you need this information.



## Acronyms Lists

Acronym	Definition
ASAM	American Society of Addiction Medicine
BD	Business Days
BPS	Biopsychosocial (Comprehensive clinical assessment)
CDASS	Consumer-Directed Attendant Support Services
CES	Children's Extensive Services Waiver
CHCBS	Children's Home and Community Based Services Waiver
CMH	Children's Mental Health Bureau
CSR	Continued Stay Review
Ext Req	Extension Request – another way of saying CSR for specific outpatient services within QT
H&P	History and Physical
IHSS	In-Home Support Services
MH	Mental Health
MI	Mental Illness
OCC	Over Cost Containment
PAR	Prior Authorization Request
PASRR	Pre-admission Screening and Resident Review
PR	Physician Review
PRFT-AS	Psychiatric Residential Treatment Facility Assessment
QT	Qualitrac (Online UM portal)
RFI	Request for Information
SDMI	Severe and Disabling Mental Illness
SED	Severe Emotional Disturbance
SUD	Substance Use Disorder
TAT	Turn Around Time
UM	Utilization Management
UR	Utilization Review



PASRR	
Review Type in QT	PASRR Level 1
Place of Service	Nursing Facility
Type of Service	Long Term Care
Timing	Prospective, Concurrent
Suggested Procedure Code	T2010
Examples of clinical documentation to support PA criteria	<p><b>Required:</b> H&amp;P or other documentation of physical review of systems and vitals from within the last 6 months</p> <p>Current Medication List</p>
TAT for UM review	6 Business Hours
TAT for Urgent UM review	6 Business Hours
Request for Information Response	5 Business Days
TAT of UM review after RFI submitted	6 Business Hours
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	N/A



Over-Cost Containment Standard Review	
Review Type in QT	Over-Cost Containment
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	<p>Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel.</p> <p><b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b></p>
Suggested Procedure Code	H2014
Examples of clinical documentation to support PAR criteria	<p><b>Required for all reviews:</b></p> <ul style="list-style-type: none"> <li>ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)</li> <li>Copy or screen shot of PAR (prior to PPA submission)</li> </ul> <p><b>CDASS Specific Requirements</b></p> <ul style="list-style-type: none"> <li>Task Worksheet</li> <li>Monthly Allocation Worksheet</li> </ul> <p><b>IHSS Specific Requirements</b></p> <ul style="list-style-type: none"> <li>IHSS Agency Care Plan Calculator</li> <li>IHSS Calculator Worksheet</li> <li>IHSS Agency Plan of care</li> </ul> <p><b>PDN Specific Requirements</b></p> <ul style="list-style-type: none"> <li>PDN Plan of Care and schedule</li> </ul> <p><b>LTHH Specific Requirements</b></p> <ul style="list-style-type: none"> <li>LTHH Signed and completed LTHH PAR if applicable</li> <li>LTHH Agency 485 and plan of care</li> </ul>



	<p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>Therapy notes</li> <li>Medical Records</li> <li>Previous service plans including previous provider agency care plan and/or previous Consumer Directed Service task worksheet</li> <li>Comparative data on similar individuals if available</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
TAT for UM review	4 Business Days
TAT for Urgent UM review	4 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	4 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



Over-Cost Containment Rapid Review	
Review Type in QT	Over-Cost Containment Rapid Review
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b>
Suggested Procedure Code	H2014
Examples of clinical documentation to support PAR criteria	<p><b>Required for all reviews:</b>                      ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)                       Copy or screen shot of PAR (prior to PPA submission)</p> <p><b>CDASS Specific Requirements</b>                      Task Worksheet                      Monthly Allocation Worksheet</p> <p><b>IHSS Specific Requirements</b>                      IHSS Agency Care Plan Calculator                      IHSS Calculator Worksheet                      IHSS Agency Plan of care</p> <p><b>PDN Specific Requirements</b>                      PDN Plan of Care and schedule</p> <p><b>LTHH Specific Requirements</b>                      LTHH Signed and completed LTHH PAR if applicable                      LTHH Agency 485 and plan of care</p>





	<p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>Therapy notes</li> <li>Medical Records</li> <li>Previous service plans including previous provider agency care plan and/or previous Consumer Directed Service task worksheet</li> <li>Comparative data on similar individuals if available</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
TAT for UM review	2 Business Days
TAT for Urgent UM review	2 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	2 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



Children’s Home and Community based Services (CHCBS)	
Review Type in QT	Children’s Home and Community Based Services
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <a href="#">**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</a>
Suggested Procedure Code	H2014 Community HCBS Habilitation
Examples of clinical documentation to support PA criteria	<b>Required:</b> ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)  PMIP (initial only)  CHCBS Cost Containment Form  <b>Optional:</b> Therapy Notes Medical Records Medication List
TAT for UM review	10 Business Days
TAT for Urgent UM review	10 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	10 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business days



Children's Extensive Services Waiver (CES)	
Review Type in QT	Children's Extensive Services Waiver
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b>
Suggested Procedure Code	H2014 Community HCBS Habilitation
Examples of clinical documentation to support PA criteria	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)</li> <li>PMIP (initial only)</li> <li>CES Application</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>Clinical Notes</li> <li>Other Documents demonstrating need</li> <li>Therapy Notes</li> <li>Medical Records</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
TAT for UM review	10 Business Days
TAT for Urgent UM review	10 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	10 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



## Consumer-Directed Attendant Support Services (CDASS) Standard Review

Review Type in QT	CDASS
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b>
Suggested Procedure Code	99509 Home Visit for assistance with activities of daily living and personal care
Examples of clinical documentation to support PA criteria	<b>Required:</b> <ul style="list-style-type: none"> <li>ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)</li> <li>CDASS Task Worksheet</li> <li>CDASS Monthly Allocation Worksheet</li> <li>Copy or screen shot of PAR (prior to PPA submission)</li> </ul> <b>Optional:</b> <ul style="list-style-type: none"> <li>Verification of exercise Plan</li> <li>Medical Records</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
TAT for UM review	4 Business Days
TAT for Urgent UM review	4 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	4 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



<b>Consumer-Directed Attendant Support Services (CDASS) Rapid Review</b>	
Review Type in QT	CDASS Rapid
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	<p>Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel.</p> <p><b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b></p>
Suggested Procedure Code	<p>99509</p> <p>Home Visit for assistance with activities of daily living and personal care</p>
Examples of clinical documentation to support PA criteria	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)</li> <li>CDASS Task Worksheet</li> <li>CDASS Monthly Allocation Worksheet</li> <li>Copy or screen shot of PAR (prior to PPA submission)</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>Verification of exercise Plan</li> <li>Medical Records</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
Documentation requirements	Must include reason rapid review is being requested
TAT for UM review	2 Business Days
TAT for Urgent UM review	2 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	2 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



In-Home Support Services (IHSS) Standard Review	
Review Type in QT	IHSS
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b>
Suggested Procedure Code	99509 Home visit for assistance with activities of daily living and personal care
Examples of clinical documentation to support PA criteria	<b>Required:</b> <ul style="list-style-type: none"> <li>ULTC 100.2 (can be accessed in the BUS by reviewers - upload to Qualitrac optional)</li> <li>IHSS Agency Care Plan Calculator</li> <li>IHSS Agency Plan of Care</li> <li>Copy or screen shot of PAR (prior to PPA submission)</li> <li>Signed and completed LTHH PAR if applicable (for LTHH)</li> <li>LTHH Agency 485 and plan of care (for LTHH)</li> </ul>



	<p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>PDN Plan of Care and schedule</li> <li>Verification of exercise Plan</li> <li>Therapy Notes</li> <li>Medical Records</li> <li>Previous service plans including previous provider agency care plan and/or previous Consumer Directed Service task worksheet</li> <li>Comparative data on similar individuals if available.</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
TAT for UM review	4 Business Days
TAT for Urgent UM review	4 Business Days
Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	4 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days



In-Home Support Services (IHSS) Rapid Review	
Review Type in QT	IHSS Rapid
Place of Service	Community
Type of Service	Home and Community Based Services
Timing	Prospective, Concurrent
Selecting Providers	Select your case management agency for both Treating Provider and Ordering Provider. Also select your CMA in the Visibility Panel. <b>**Be sure to select the listing of your agency that shows the same NPI or Other ID that was used to register for Qualitrac</b>
Suggested Procedure Code	99509 Home visit for assistance with activities of daily living and personal care
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	<p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>PDN Plan of Care and schedule</li> <li>Verification of exercise Plan</li> <li>Therapy Notes</li> <li>Medical Records</li> <li>Previous service plans including previous provider agency care plan and/or previous Consumer Directed Service task worksheet</li> <li>Comparative data on similar individuals if available.</li> <li>Provider/physician orders/clinical notes/letters and any other supporting documentation</li> <li>Medication List</li> </ul>
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Request for Information Response	10 Business Days
TAT of UM review after RFI submitted	2 Business Days
Outcome of missing RFI	Technical Denial
TAT for UM Appeal/ peer to peer	5 Business Days