



Case Management Agency Quarterly Meeting Minutes

Webinar Only
August 5, 2021
9:00 am - 4:00 pm

I. Introductions

II. Combined Case Management Agency

A. PACE Enrollment Follow Up - Bryan.Fife@state.co.us

Q: Do we need to do a second assessment for HCBS services or can just use the pace assessment?

A: You will need to complete a second assessment specifically for PACE services

- The PACE email inbox address HCPF_PACE@state.co.us
- Contact for general LTSS Support HCPF_HCBS_Questions@state.co.us

B. Preparing for end of the PHE - Rhyann.Lubitz@state.co.us and Marivel.Klueckman@state.co.us

Q: What should we do in instances where someone is unable to find services due to lack of providers? And thus it has been 30 days without a service

A: Leave person open and work with them in the event that a provider becomes available or other services are provided

Q: For clarification, if a client who had previously been approved for the waiver and is now no longer eligible...we add them to our 803 list. Do we complete the 803 in the BUS but not send? Additionally, if we conduct an initial assessment for a client but they are not qualified, do we issue the 803?

A: You would not generate the 803 until the Department provides updated guidance nearer the conclusion of the PHE. For an initial enrollment, you would send the 803, that is not considered to be a termination of eligibility since they never had it in the first place.

Q: Are we able to close someone who gets incarcerated?

A: While incarceration is not specifically identified in [QM 20-045](#) as an exception to the issuing of a notice of action, it is actually an allowable reason to reduce benefits during the public health emergency. You may close this case and send the 803. The county will likely code this member as limited benefits due to incarceration and he may reapply for HCBS upon release.



Q: For Health and welfare concerns where a CM needs to go see a member, is the CM required to be vaccinated?

A: Yes the CM must be vaccinated.

Q: What should we do in instances where someone is unable to find services due to lack of providers?

A: Please continue to work with the member to attempt to locate services- whether HCBS, state plan, community resources.

Q: For clarification: If a client who had previously been approved for the waiver and is now no longer eligible...we add them to our 803 list. Do we complete the 803 in the BUS but not send?

Additionally, if we conduct an initial assessment for a client but they are not qualified, do we issue the 803?

A: You would not generate the 803 until the Department provides updated guidance nearer the conclusion of the PHE. For an initial enrollment, you would send the 803, that is not considered to be a termination of eligibility since they never had it in the first place

C. Shadowing and Monitoring - Rhyann.Lubitz@state.co.us

Shadowing: The Department is developing a CMA workgroup for Continuous Quality Improvement. This will kick off in September 2021. As part of the group, CMAs will be an integral part of the design/development of the shadowing form that will be used to oversee a case manager's appropriate application of the new assessment and support plan, as well as determining quality performance.

Monitoring: The Department has developed new training on CMA monitoring. All case managers must take this training as outline in [IM 21-048](#)

D. HRCC Universal Forms - Rhyann.Lubitz@state.co.us

The Department is holding stakeholder meetings to develop universal forms for Human Rights Committee meetings/processes. As forms as in the draft process, they will be shared with CCB's for feedback, likely in September.

E. Start dates for IHSS/CDASS cases that must go through Telligen review Kristine.Dossantos@state.co.us

The Department provided guidance which can be found in the Telligen Provider User Guide which outlines how to save a PPA so that start dates can be adjusted after the CM receives Telligen approval. By saving the PPA but not submitting it, it can be adjusted as needed by the CM without having issues when revising it.

The Telligen review process for CDASS can be started prior to training, while a member/AR is in training, or when the member/AR is working on the FMS portion of the enrollment. As long as the PAR is not submitted (the PPA is only "saved" and "Submit PPA" button is not



clicked), then the services and tasks can be revised; including the start date or deleting all CDASS if they don't complete enrollment. The start date for a new enrollment can't be submitted with a date prior to FMS good-to-go date or the Telligen review/approval.

The process is similar in IHSS as well. CM should utilize the "save" button on the PPA and not click "submit PPA". Once Telligen has approved the services, the CM can adjust the start date to reflect the date of approval from Telligen.

The process should be discussed with the member/AR that the services are not fully authorized until every step of the process is completed which may require further information, documentation and/or revisions.

F. Telligen Data - Kidron.Backes@state.co.us

Q: We are starting to summarize and include a word document with highlights to prevent this from happening. We are finding that all info is not being reviewed. We actually have copied and pasted exact same comments from the assessment into a document and submitted this and then it gets approved.

A: Our vendor reviews a large amount of documentation. Human error does have the potential to occur. If your agency experiences a high number of these situations, please contact the Department at hcpf_pdp@state.co.us

Q: RFIs that don't include an actual RFI letter, but instead just a comment can be difficult to resolve. Example: if the RFI comment is asking for documents that have already been included or even just some verbal confirmation there isn't a way to "submit" a RFI resolution. At this point we have been told that we need to type in a word document our response and submit. Is there a way to just be able to respond to the RFI comment instead?

A: If you encounter a situation where there is not an RFI letter and you are unable to submit a RFI resolution, please submit a Telligen help ticket through the Qualitrac system.

Q: In some cases it takes months to get a good to go date. Can the Telligen approval count 6 months later?

A: Yes, the approval is for the entire certification period

G. PASRR Updates - Obi.Agomoh@state.co.us

No changes to current process, 1135 waiver still in place

H. Telehealth and HCBS - Lindsay.Westlund@state.co.us

Q: Do we have a memo out already for the postponement of the telehealth behavioral modifiers?

A: There is no memo available regarding the postponement of the modifiers to be used for Telehealth in HCBS waiver benefits. Please continue to offer and authorize Telehealth options as outlined in [OM 20 - 47](#) and [OM 20 - 90](#). The Department will produce a



memo when we do move forward with implementing the permanent HCBS Telehealth policy. At this time, the Department is not considering asking for a backdating of PARs when we do move forward with HCBS Telehealth implementation.

I. SLS Waiver Exception Review Process - Lindsay.Westlund@state.co.us

- [Supported Living Services Waiver Exception Review Process](#)

J. Provider Capacity - Candace.Bailey@state.co.us

Q: What is your timeframe for starting to work with us on provider capacity issues?

A: We do not have an answer for that, but it is a top priority here at the department. HCPF is putting waivers out for public comment. Looking to add CRHP Host Homes

Q: There isn't anywhere to document 6-month reviews of Rights Mod reviews in the doc on the BUS. Do you have suggestions on where to document that review besides log notes?

A: At this time you can document the review in the Log Notes section.

K. Rights modification and informed consent documentation - Victor.Robertson@state.co.us and Lydia.Beals@state.co.us

- [HCPF OM 20-103 Rights Modifications Documentation](#)
- [HCPF IM 21-044 HCBS Settings Final Rule - Trainings on Individual Rights and Rights Modification](#)
- [Training recording](#)
- [Training slide deck](#)

Q: There isn't anywhere to document 6-month reviews of Rights Mod reviews in the doc on the BUS. Do you have suggestions on where to document that review besides log notes?

A: For the current process, please just document in a detailed log note.

L. SIS and Support Level Review Updates and Service Authorization Mismatch - Victor.Robertson@state.co.us

Q: Are you looking at data for people who have higher SL but lower usage

A: We do not think that there are any cases like this

Q: How quickly are support levels updated for an initial or redo done?

A: It is up to the reviewer to enter that information on sis online, it should upload overnight when the sis is uploaded correctly. the problem is seen if the demographic information doesn't match exactly

III. Combined Case Management Agency Continued

A. Soft Launch New CCM Tool - Michelle.Topkoff@state.co.us

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Q: Is there going to be a different rate reimbursement for completing the CHCBS assessments than how we currently get paid for those assessments? Guess my question was during the soft launch, is there a better rate reimbursement for completing those assessments? Currently the reimbursement for that work is not at all comparable to reimbursement for the work we do on the other waivers.

I would think this will affect how many CMs you will be able to recruit to complete CHCBS assessments for the soft launch.

A: No. There is not a plan to have a different reimbursement rate for CHCBS assessments.

Q: During soft launch, will both the 100.2 in the BUS and the new tool need to be done?

A: For the soft launch, we will only be doing the LOC screens. That said, there are key fields that need to be put into the 100.2 within the bus in order for some of the other functionality of the BUS to work HCPF staff will complete enter those fields in the BUS rather than the CM duplicating work.

Q: What happens if the client transfers to another county not piloting the new assessment? How will we transfer the assessment?

A: We are still trying to come up with a solution to this; it will likely be decided on an individual basis. Now that we have a larger cohort of participating SEPs and CCBs, we do not anticipate that it will come up often.

Q: Will the soft launch assessments also determine waiver-specific eligibility or just LTC LOC?

A: During the soft launch, the LOC screen will not determine waiver-specific eligibility. The Needs Assessment identifies the waiver specific criteria currently, but during the soft launch the case managers will need to determine waiver specific eligibility prior to completing the Needs Assessment, when they send the DSS1 to the county.

Q: Will you all select what client CSRs will be done during soft launch or does the CMA pick?

A: We will work with the CMA to identify members who have CSRs who are due during the soft launch.

Q: For those participating in the soft launch, just a technical question, will the information in the new system have some of the same info on the current 100.2 and SP so that the appropriate information can be input on the PAR in the Bridge? I hope that question makes sense.

A: There is an interface between the Bridge and the CCM to reduce as much duplication from the two documents as possible; however, until the Bridge is completely replaced by the CCM (2024) the PAR information will still need to be entered into the Bridge.

- hcpf.colorado.gov/care-case-management
- hcpf.colorado.gov/new-assessment-and-person-centered-support-plan

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B. MFP Capacity Building Grant and Transitions Services - Matthew.Bohanan@state.co.us

Q: How will stakeholders be able to participate in the evaluation or do you know yet?

A: We will be developing project plans and initial timelines during the remainder of calendar year 2021. We will provide additional information to stakeholders identifying opportunities to participate throughout the course of these projects.

C. [CHCBS](#) Cost Containment Rule Revision - Karli.Altman@state.co.us

Q: What is the proposed date for these changes?

A: January

Q: It sounds like there is the potential for 3 Telligen reviews at CSR - one for targeting criteria, one for IHSS and one if there is a cost change + or - \$50. Is that correct or will these reviews be combined somehow?

A: The intention is to remove the cost change component and only submit for CSR and initial enrollment

Q: Isn't start date of services also a function of the date of the service plan?

A: Start date of the certification is not always the start date of the service plan

Q: Can we receive a copy of this draft language? And, when will these changes go into effect?

A: January is the proposed effective date. Draft document of proposed changes is posted on the website.

Q: So for new enrollments, after all assessment activities have been performed by the CMA, then submitted to the URC and the start date is on that date, you are saying the CMAs will not get paid for all of the initial assessment activities.

A: CMAs cannot bill for case management services prior to a member meeting all eligibility requirements

Q: The cost containment form will no longer need to be submitted to Telligen?

A: This form will no longer be utilized

Q: The start date for services-not prior to the submission of the assessment to the URC makes sense. Is this also being proposed for initial CES applications (new enrollments)?

A: We have not looked at CES yet

Q: What will happen if a CHCBS cost is more than institutional care? Will families be forced into the hospital? Currently that is a very gray and nebulous concept and calculation.

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A. No, a member will not be forced into a hospital. The overutilization/cost of the member must be documented and justified in the 100.2 and SP

Q: Is the TCM structure being considered for change?

A. No

Q: How does that reimbursement work for Private CMAs with regards to the start date not including any enrollment activities?

A. See above

Q: Is there a plan in the future to use the new Care and Case Management System to house the different documents needed for targeting criteria and needed documents for the URC, in hopes that the CMA would not need to submit all this different documentation to the URC so that the URC could access the new system and see everything? This could help reduce a lot of the back and forth between the CMA and the URC and help with delays.

Of course, this doesn't just pertain to CHCBS.

A. The new CCM system will allow for document upload. It will not replace the Telligen portal, CMs will still need to upload requests for reviews in their system

D. Billing Process Changes for Home Modification Providers - Danielle.Krause@state.co.us

Q: In the training this week, the speaker indicated that this is only applicable for >\$2,500. Is this correct?

A: At this time this is correct

E. Supported Employment Incentive Based Pilot - Megan.Hertwig@state.co.us

F. CDASS EVV Changes - Lana.Eggers@state.co.us

Q: You mentioned that the member would not be eligible for services for 365 days and also that it re-sets on Jan. 1. Which is it because those are different timeframes?

A: If a member is terminated from CDASS due to non-compliance with the EVV protocol, they will be eligible to re-enroll 365 days later. For example, if a member is terminated in August, they would be eligible again the following August. Protocol strikes reset on January 1st every year. This means that if a member has 4 strikes come the end of the year, they will start fresh on January 1st instead of having the strikes roll over.

Q: If a person does not wish to have other services nor had the ability to have other services due to area. Would their case be closed and have to come back through Intake?



A: A member will be terminated from the CDASS delivery option if they have exceeded the number of acceptable strikes. If there is an access to care issue, the Department will take that under consideration during the appeal process.

Q: would the AR need to complete training or would a new one be needed?

A: The AR will need to recomplete training once CDASS is restarted 365 days later. The member does not need to choose a different AR.

Q: If the fifth strikes happens in December, would they not receive notice of termination because of the reset?

A: Termination per the protocol will happen regardless of the month in which the 5th strike occurs.

[EVV-CDASS Compliance Protocol](#)

G. Bridge Issues - Rhonda.Johnson@state.co.us and Chelsea.Morehouse@state.co.us

- hcbs_questions@state.co.us
- CCMHelpdesk@DXC.com

Q: Are you aware there is an issue with virtual adult day on the bridge and if you revise the old pars it does not recognize the virtual adult day as previously approved?

A: The bridge team was not aware of this error. Please contact ccmhelpdesk@dx.com to submit a ticket. If after 2 weeks there is no response, the ticket can be escalated. Please send the CTN, examples, and screenshots to Rhonda (rhondab.johnson@state.co.us) to assist in the research and resolution of this issue.

Q: What is the timeframe we should use (how long do we wait) to escalate unresolved helpdesk issues?

A: The automated message from submitting a ticket with the helpdesk states to wait 3 business days before following up. If the Case Manager has sent two follow up requests with no response, and 2 weeks have passed since the ticket submission, then the issue can be escalated. Please always provide the CTN and any relevant information. Screenshots are also helpful when researching the issue.

Q: We have what seems like a lot of cases that once the limits are checked the submit PPA button becomes disabled. Is this a non issue that is being worked on?

A: Please contact ccmhelpdesk@dx.com to submit a ticket. If after 2 weeks there is no response, the ticket can be escalated. Please send the CTN, examples, and screenshots to Rhonda (rhondab.johnson@state.co.us) to assist in the research and resolution of this issue.

Q: Who will be our point person for the BUS once you transition fully to the Bridge?

A: Josie Guida, Josie.Guida@state.co.us

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Q: Will private case management agencies be able to get access to COGNOS?

A: No, they will not have access

H. LTHH UR UM - Gina.Robinson@state.co.us Katherine.Denny@state.co.us and Matthew.Pfeifer@state.co.us

- [LTHH PDN RAE Contact form](#)
- HCPF_benefitsupport@state.co.us
- hcpf.colorado.gov/private-duty-nursing-and-pediatric-long-term-home-health-services-pre-approval-project
- hcpf.colorado.gov/memo-series
- hcpf.colorado.gov/par

Q: For PDN and LTHH this is just for pediatric members correct, and not adults?

A: Correct!

I. Case Management Redesign - Amanda.Lofgren@state.co.us and Tiffani.Domokos@state.co.us

- hcpf.colorado.gov/case-management-redesign

Q: What plans are in the works to stabilize case management workforce within agencies that are not awarded the RFP prior to the start of the new CMA for the region?

A: HCPF is aware of the uncertainty that can be created with this level of change. HCPF leadership meets with CCB and SEP leadership groups on a monthly basis to discuss ways to support agencies and their staff through this transition. We are hoping to use ARPA funds to identify strategies for this stabilization effort also.

Q: For the catchment areas did you happen to hear from individuals that are on the borders and what confusion that can cause?

A: We did not hear anything from members about confusion with changes to the borders. What we heard from members was that clear communication about who is responsible for their case management services regardless of changes is helpful and important to members.

Q: Has the idea of a regional collaborative for CM services been explored?

A: Our quality case management staff is working with case management agencies to develop “communities of practice” for agencies of similar size to work together to share ideas, tips, tricks, etc. These will come out of workgroups starting in August 2021. For case management redesign, regional entities across the state are collaborating to ensure the most streamlined approach is possible for members in their area.

Q: What is HCPF doing to accommodate non-English speakers in terms of forms/publications?

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A: All HCPF meetings are ADA compliant and offer opportunities for participants to request support if needed (including translation services). We plan to use ARPA funding to ensure online documents, forms and communications are in members' primary language.

J. Case Management Qualifications - Victor.Robertson@state.co.us

Next Meeting: Thursday, November 4, 2021

Reasonable accommodations will be provided upon request for persons with disabilities. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify John Barry at 303-866-3173 or John.R.Barry@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

