



Meeting Summary
Case Management Agency Quarterly Meeting

Webinar Only

November 5, 2020

9:00 a.m. – 4:00 p.m.

Call-in: 1-877-820-7831; Participant Code: 356906#

Webinar: <https://cohcpf.adobeconnect.com/cmaquarterly/>

I. Introductions 9:00

II. Combined Case Management Agency

a. Assessment, Service Plan, Person Centered Budget Algorithm, Care and Case Management Tool - Michelle Topkoff and Tasia Sinn

- Presentation available on [Case Management Agency Resources](#) page
- [Care and Case Management System Initial Survey](#)
- Please email specific questions to michelle.topkoff@state.co.us and/or tasia.sinn@state.co.us

b. APS Information Sharing - Rhyann Lubitz and Stephanie Woodard (APS)
stefanie.woodard@state.co.us

* Information Sharing Document was sent out to the group on information APS is allowed to share to facilitate health/safety of members.

c. Duplicative Administration Burden Review - Heather Fladmark and Michelle Topkoff

Question: Is there a plan for participants and Guardians to potentially view their own records in the system?

Answer: We aren't sure about the systems capability to do this yet

Question: Will we enter info for State General fund individuals into this new system too?

Question: Will waitlist individuals be able to be documented in the new system.

Answer: The waiting list records and SGF programs will be held in the new system

d. PQR Successes and future Mandy Smith and Lauren Stanislaio

PQR review of all CCB agencies completed and provided examples of areas reviewed that specific CCBs did very well. This team regrouped following the completion of all 20 CCBs to determine the best direction to move toward to improve outcomes for the individuals enrolled into our waivers. Looking at all performance measures from our previous PQR work and working with our colleagues in case management it has been determined that monitoring has been significantly low across the state. The PQR team is currently reviewing monitoring by waiver and individual case management agency.

e. Case Management Score Cards - Rhyann Lubitz

The Department is working towards the creation of case management score cards to share CMA performance on specific items that are applicable to all case management agencies. Performance success and areas for improvement can be identified which will allow targeted follow up and collaboration.

- f. Health First Colorado Working Adults with Disabilities Buy-In Program [Frequently Asked Questions](#), Health First Colorado Children with Disabilities Buy-In Program [Frequently Asked Questions](#) - **Karli Altman**
- g. Pediatric LTHH and PDN Utilization Management Denials Trainings www.colorado.gov/hcpf/private-duty-nursing-and-pediatric-long-term-home-health-services-pre-approval-project - **Karli Altman**
- h. LTHH email HomeHealth@state.co.us or call 303-866-3447 or www.colorado.gov/hcpf/home-health-program-0 - **Karli Altman**
- i. Over Cost Containment v. Cost Containment in CHCBS OM 19-001 - **Karli Altman**
- j. Data Migration and Provider Validation - **Joanne Svenningsen**

Providers can view a member's Prior Authorization Request (PAR) status in the Provider Web Portal. In order to look up a PAR on the Web Portal, users should choose the "Care Management" option from the home page and click on "View Authorization Services." Next, users should enter the member identification number and provided PAR number into the Web Portal to search for the PAR status. Providers should still be receiving PAR letters and/or PAR numbers from the case managers. Providers may also call the Provider Services Call Center (1-844-235-2387) to obtain a PAR number. PARs that are visible in the Web Portal are finalized PARs in the interChange (Bridge). PARs that are in process in the Bridge cannot be viewed through the Web Portal. For more information on viewing PARs on the Web Portal, refer to the Viewing Prior Authorizations in the Portal quick guide, available on the [Quick Guides](#) web page.

Contacts:

joanne.svenningsen@state.co.us
sathya.sundaram@state.co.us
CCMHelpdesk@dxc.com

- k. Communication about 803s - **Emma Dayney**

Please remind members to check the form and make sure they understand that they will receive an 803 whether they are eligible or not, and to check the form before appealing it. They can also confirm with the case manager whether they were deemed eligible or not before sending in the form to the ALJ.

We appreciate feedback from the meeting in terms of the 803 form and making it more user friendly!

- l. CIR Follow Up and Quarterly Reports - **Michael Pasillas and Trisha Creech**

Question: So I have had two occasions in which a CSR was "cleared", but then another reviewer added that additional information was needed.

Answer: This the system concern that Trisha is addressing with the BUS. In the meantime, Trisha will be scrubbing the CIRS data and sending out follow up requests on items that are overdue/missing follow up by the CMA.

m. Trails Eligibility Processes Memo – Lindsay Westlund

Look out for memo coming soon!

Question: Every time I have been through eligibility/financial eligibility with a youth receiving Medicaid through trails, we have had to wait on the County to process an ARBOR application to get in CBMS correctly. Is this still the case?

Answer: If SEPs/CCBs are waiting for Disability Determinations, contact beverly.hirsehorn@state.co.us

n. Case Manager Qualification Waiver Request Process - Heather Fladmark

Formalization of the request process is coming!

o. Participant Directed Programs and EVV - Kristine Dos Santos

- EVV and PARs
 - A PAR must be in in the system at the time of a service visit for providers to be able to bill with EVV
 - Providers will not be able to “float” a client’s services moving forward
 - Service interruptions may occur if there is not an approved PAR in for a client at the time of service visit for providers to be able to bill with EVV
- Reminders/Suggestions for IHSS, CDASS and OCC Continued Stay Reviews
 - CSRs for Participant Directed Programs often take longer to process and complete
 - Send out the necessary forms that need to be signed by the physician 60-90 days in advance of the certification end date so that you can ensure you have them in time
 - If you are having trouble obtaining signed physicians’ forms, reach out to the client or AR for assistance. Participants/ARs are likely able to help, especially if their services are in jeopardy
 - Submit PARs to UM Vendor as soon as you can so that if the approval gets pended or denied you will have more time to obtain the additional information before the certification end date
- Additional Resources

Consumer Direct of Colorado

Access to CDASS and IHSS Forms and resources to support enrollment and ongoing services <https://consumerdirectco.com/resources/> 844-381-4433

ULTC 100.2 Training

[ULTC 100.2 Training Presentation](#) provides sample questions and narratives for completing the ULTC 100.2 to assist CMs with ensuring their documentation is thorough

Department Contacts

IHSS – Kristine.dossantos@state.co.us

CDASS – Katherine.mcguire@state.co.us

p. COVID Guidance, 803’s for closure, 60 days for forms - [Long-Term Services and Supports COVID-19 Response webpage](#) - Rhyann Lubitz

[Single Entry Point Requirements for Completing an Options Second in Person Monitoring Contact Operational Memo OM 20-096](#)

q. Regulatory Changes and Appendix K (PMIP requirement) - **Michelle Topkoff**

Rule revision adopted Nov. 13, effective date of Jan. 10th, 2021. New waiver amendments/ rules for spring.

r. OPEN DISCUSSION

Question: Who can I refer Home Health Agencies to when they aren't being paid for OT Evals for Home Mods?

Question: On the Western Slope we are hearing from many of our Home Health agencies that without a statewide unit rate being implemented as what will be occurring in Denver, agencies may have to close their doors or not accept referrals as the rate they will be paid is not sustainable. We are significantly concerned about how this could affect our services to our members. Who should we refer to providers to discuss their concerns?

Answer: Modification, Alteration, and Community Supports – Danielle.Krause@state.co.us and Providers can email HomeHealth@state.co.us as well

IV. Community Centered Boards

e. Developmental Delay Determinations, EI criteria and Waiver criteria, potential regulatory changes in definition: EI Eligibility Presentation Questions: epsdt@state.co.us – **Karli Altman**

Delaine Dunning: Do you plan to have a meeting with all the Provider Agencies concerning the ending of the travel payment?

Samantha Winter: If the individual is OCC and we do not change anything from year to year, we still have to have approval from EQ to continue the PAR for the new certification, correct? So we cannot just put last years' hours on the new PAR and get that approved until we have another approval from EQ- Right?

- <https://consumerdirectco.com/>
- ColoradoPAR Customer Service Line 888-801-9355 (toll free phone)

b. CHRP BUS Documentation Requirements – **Michele Craig and Kathleen Homan**

- [Children's Habilitation Residential Program Waiver \(CHRP\)](#)
- [Home and Community-Based Services – Children's Habilitation Residential Program \(HCBS-CHRP\) Waiver Case Management Frequently Asked Questions](#)
- ICAP Score and corresponding Support Need Level should be recorded in a log not in the BUS. Initial ICAP assessment log note title "Enrollment Activity"; re-assessment of ICAP "Assessment"; eligibility criteria that the child meets the extraordinary needs that makes the child at risk of, or in need of out of home placement needs to be documented in the Assessment Demographic section of the ULTC 100.2 under "Eligibility Assessment Summary".

c. Support Levels and Risk Factors - **Victor Robertson**

- Members must meet definition as it appears in 10 CCR 2505-10 8.600.4
- Risk Factors are part of the algorithm that determines the Support Level
- The CMA in conjunction with the IDT shall make a determination whether a Client meets the definition of Public Safety Risk or Extreme Safety Risk to Self through the following process:
 - The decision shall be made by a case management supervisor. He or she shall document the rationale to support the decision which shall be kept in the Client's record;

- The case management supervisor shall document that the Client meets the definition in the Department required data system;
- Review the Client at least annually or when significant changes occur to assure that the Client continues to meet the definition.
- Beginning in early 2021, the Department will ask for paperwork documenting adherence to the regulatorily outlined process. Prior to PAR Start Date, the following should be available to the Department:
 - Evidence of a case management supervisor documentation of the rationale to support the decision from the Client's record (Log Note)
 - Review the Client at least annually or when significant changes occur to assure that the Client continues to meet the definition (HRC Summary /Documentation)

d. ICF/IID Admission Process: [HCPF OM-19-051](#) - **Mary Mangelsen**

Next Meeting: February 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.