



INFORMATIONAL MEMO

TITLE:	CHCBS CASE MANAGEMENT ACTIVITIES AND REQUIREMENTS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 15, 2022
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	CHILDREN’S HOME AND COMMUNITY BASED SERVICES (CHCBS)
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Purpose and Audience:

The purpose of this Informational Memo is to inform Children’s Home and Community-Based Services (CHCBS) case management providers of the Department of Health Care Policy & Financing (Department) requirements for billable case management activities for the CHCBS waiver.

Information:

Case Management for members enrolled in the CHCBS Waiver Program is defined at 10 CCR 2505-10 8.506.3.B:

Case Management means the assessment of an individual receiving long-term services and supports’ needs, the development and implementation of a support

plan for such individual, referral and related activities, the coordination and monitoring of long-term service delivery, the evaluation of service effectiveness and the periodic reassessment of such individual's needs. Additional operations specifically defined for this waiver are described in Section 8.506.4.B.

Additional Case Management requirements outlined in 8.506.4.B are:

- Initial Referral
- Continued Stay Review
- Discharge/Withdrawal
- Transfers
- Support Planning
- Performance and Quality Review

Procedure:

Activities performed by a qualified case manager for members enrolled in CHCBS, which can be classified as one of the types of tasks described in 8.506.3.B or 8.506.4.B are eligible for reimbursement. Providers may bill the following procedure code for HCBS-CHCBS case management services:

HCBS-CHCBS Procedure Code Table			
Case Management (HCBS - CM)			
Description	Procedure Code + Modifiers		Units
Case Management	T1016	U5	1 unit = 15 minutes

Case management services must meet the regulatory requirements and should be person-centered, specific to the member and their individualized, identified needs and goals. Unless otherwise required, qualified case management services provided may be conducted in a manner most effective and appropriate for the member and their family; this may include in-person visits, telephone calls, video conferences or purposeful email exchanges between the case manager and member's parent or guardian. The chosen format should be agreed upon by the member's family and the case manager should present options and alternatives when appropriate.

Not all tasks that CHCBS case management providers complete are billable. These may be activities completed prior to an individual establishing financial and programmatic eligibility, or they may fall outside of the regulatory definition of CHCBS case

management. For example, informing members of recreational opportunities or distributing newsletters are activities that fall outside of the definition of CHBS case management outlined in regulations. Also, leaving voicemails or sending emails, requesting a returned call or email, with no accompanying response or outcome, do not constitute a case management activity. While a case manager may choose to document these non-case management activities in a log note, it should be clearly indicated that a claim for reimbursement will not be made. Activities that are not individualized for members enrolled in HCBS but are instead completed for a large portion of the members, such as a mass email, should not be billed as a case management activity.

The units associated with a single case manager's log notes shall not exceed the hours worked in a single day.

Log note documentation is subject to review by the Department; payments made for Case Management (HCBS-CM) services that have been made in for non-case management activities are subject to recoupment.

Attachment(s):

None

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