



INFORMATIONAL MEMO

TITLE:	HCPF CASE MANAGEMENT AGENCY SAFEGUARDING INFORMED MEMBER CHOICE, NURSING FACILITY LEVEL OF CARE, CHOICE OF PARTICIPANT DIRECTED PROGRAM, AND OVER COST CONTAINMENT REVIEWS
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Purpose and Audience:

The purpose of this Informational Memo is to safeguard informed member choice, clear communication about Nursing Facility Level of Care, choice of participant-directed programs, and choice of community-based services. This Informational Memo will also address the purpose and use of Over Cost Containment reviews. The Department of Health Care Policy & Financing (Department) requests that this memo be distributed to all case management administration, leadership, and staff who may not receive this memo through the Department's memo distribution lists.

Information:

Service Planning and Member Choice

The Department is committed to guarantee members served in the Home and Community-Based Services (HCBS) waivers receive service planning that promotes

member choice and ensures members receive the right services at the right time. 10 CCR 2505-10 8.519.1.SS explicitly states,

"Support Planning means the process of working with an individual receiving services and people chosen by the individual to identify goals, needed services, individual choices and preferences, and appropriate services providers based on the individual's assessment and knowledge of the individual and available community resources. Support planning includes informing the individual seeking or receiving services of his or her rights and responsibilities."

As such, one of the modalities of services available to members that supports member choice and preference is through Participant-Directed Programs.

Participant-Directed Programs

Participant-directed programs are HCBS that help people of all ages, across all types of disabilities, maintain their independence and determine what mix of personal care, homemaker, and health maintenance activities works best for them. Participant direction empowers members to direct and manage their services in a highly personalized manner. The participant-directed service delivery options in Colorado are Consumer-Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS).

Case managers are required to provide information and resources about CDASS and IHSS to all members on eligible waivers. Information should include an introduction to the benefits and characteristics of participant-directed programs, enrollment forms, and contact information for the Training and Operations Vendor, Consumer Direct of Colorado. Case managers engaging in processes that screen out members, limit access to participant-directed programs, or divert interested members to traditional service delivery options must cease these activities immediately.

Consumer Direct of Colorado provides training specific to case managers about Participant-Directed Programs, which is a valuable resource. Case managers are required to attend training to ensure understanding of CDASS and IHSS and the respective enrollment and ongoing case management requirements. The training calendar can be found here: [Training Schedule](#).

Nursing Facility Level of Care

As outlined in regulation 10 CCR 2505-10, 8.400.12, HCBS under the Medicaid Waivers include distinct services programs designed as alternatives to standard Medicaid nursing facility or hospital services for members. These waivers are the HCBS Waiver for Persons Who Are Elderly, Blind and Disabled (HCBS-EBD), the HCBS Waiver for Complementary

and Integrated Health (HCBS-CIH), the Community Mental Health Supports Waiver (HCBS-CMHS), the HCBS Waiver for Persons With Brain Injury (HCBS-BI), the HCBS Waiver for Persons with Developmental Disabilities (HCBS-DD), the HCBS Supportive Living Services Waiver (HCBS-SLS), the HCBS Children with Life-limiting Illness Waiver (HCBS-CLLI), the HCBS Children's Habilitation Residential Program Waiver (HCBS-CHRP), the HCBS Children Extensive Supports Waiver (HCBS-CES), and the HCBS Children's Home and Community Based Services Waiver (HCBS-CHCBS). While participants of these waiver programs must meet nursing facility level of care, participants are not required to enter a nursing facility if HCBS are declined or do not meet the needs of the participant. Case managers should use this information to inform members that they must meet Nursing Facility Level of Care as outlined above; however, they should communicate that meeting Nursing Facility Level of Care is not requiring them to receive care in a nursing facility.

Over Cost Containment

Over Cost Containment (OCC) is a review of requested Home and Community Based Services (HCBS) and Long-Term Home Health (LTHH) services. A review by the Department, or its designated reviewer, is required when the average daily cost of HCBS and LTHH services exceeds the cost containment daily rate determined by the Department for the Elderly, Blind and Disabled (EBD), Brain Injury (BI), Community Mental Health Supports (CMHS), and Complementary and Integrative Health (CIH) waivers. The review is conducted to ensure there is no duplication of services and the services requested reflect the needs identified in the ULTC 100.2 assessment. Cost Containment rules can be found in 10 CCR 2505-10, Section 8.393.2.F and 10 CCR 2505-10, Section 8.486.80. Rules around Cost Effectiveness can be found in 10 CCR 2505-10, Section 8.485.61.E.

Case managers should submit a Prior Authorization Request (PAR) for review regardless of the average daily cost and should not deny services based on average daily cost. All OCC reviews are reviewed by the Department's utilization management vendor and considered. The Department, or its vendor, may communicate with the case manager if there are questions about the appropriateness or duplication of services included in the review. Case managers shall not use OCC reviews as a deterrent to identify necessary services and supports through the service planning process. Additionally, case managers shall inform members that the necessity for an OCC review does not require a member to go into an institutional setting (for example, a nursing facility).

Complaint, Dispute Resolution, and Case Management Agency Grievance

Case Management Agencies (CMAs) have their own grievance and complaint policy and procedures. Members can request a formal grievance and complaint process from their

CMA directly. If this process does not meet the Member's needs, Members are able to escalate concerns directly to the Department at any time utilizing the Department's [Case Management Agency Complaint Form](#), located on the Department website.

Additional Resources:

[HCPF Long Term Services and Supports Training Website](#)

[Consumer Direct of Colorado – Training Calendar](#)

[Consumer Direct of Colorado – CDASS & IHSS Training and Operations Vendor](#)

[Secretary of State Code of Colorado, Volume 8 Regulations](#)

Attachment (s):

None

Department Contact:

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OCC Inbox

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