

INFORMATIONAL MEMO

TITLE:	LONG-TERM SERVICES AND SUPPORTS (LTSS)
	OVER COST CONTAINMENT THRESHOLD
	CHANGES
SUPERSEDES NUMBER:	HCPF IM 19-069
EFFECTIVE DATE:	JANUARY 1, 2023
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY
	PERFORMANCE AND BENEFITS AND SERVICES
	MANAGEMENT DIVISIONS IN THE OFFICE OF
	COMMUNITY LIVING
PROGRAM AREA:	OVER COST CONTAINMENT
KEY WORDS:	LONG-TERM SERVICES AND SUPPORTS, LTSS,
	HOME AND COMMUNITY-BASED SERVICES, HCBS,
	OVER COST CONTAINMENT, OCC, ELDERLY,
	BLIND AND DISABLED (EBD) BRAIN INJURY (BI),
	COMMUNITY MENTAL HEALTH SUPPORTS
	(CMHS), AND COMPLEMENTARY AND
	INTEGRATIVE HEALTH (CIH)
INFORMATIONAL MEMO NUMBER: HCPF IM 22-037	
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Purpose and Audience:

The purpose of this Informational Memo is to inform Case Management Agencies (CMAs), providers and stakeholders of the increased average daily cost threshold that requires the Department of Health Care Policy & Financing (Department) review within Over Cost Containment (OCC) for members on the Home and Community-Based Services (HCBS) Elderly, Blind and Disabled (EBD), Brain Injury (BI), Community Mental Health Supports (CMHS), and Complementary and Integrative Health (CIH) waivers.

Information:

OCC is a review of requested HCBS and Long-Term Home Health (LTHH) services. The Department's contracted vendor, Telligen, conducts Utilization Review/Utilization

Management (UR/UM) reviews on behalf of the Department, including UR/UM OCC requests. A review is required for the HCBS EBD, BI, CMHS, and 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. All OCC requests are reviewed and considered. 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.

Effective Jan. 1, 2023, the threshold for average daily cost that will require department review will increase from \$284.99 a day to \$314.99 a day. Any average daily costs over that threshold require a review. The average daily cost that requires CMA supervisor approval will not change. Any OCC requests submitted to Telligen before Jan. 1, 2023, will be reviewed utilizing the previous threshold amounts.

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 Telligen, 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).

When submitting an OCC review request, the case manager must submit a copy of the PAR, including the service line items and units requested. A copy of the Bridge Service Plan is not sufficient. Incomplete information may lead to a denial. Along with the copy of the PAR, the case manager shall include the below additional information for the following areas:

- Consumer-Directed Attendant Support Services (CDASS)
 - ≻ PAR
 - > Task worksheet and explanation of allocated time
 - > Allocation worksheet
 - > Doctor orders, and any other supporting documentation
- In-Home Support Services (IHSS)
 - ≻ PAR
 - Agency care plan
 - ➤ IHSS calculator
 - > Doctor orders, and any other supporting documentation

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- LTHH
 - ➢ Signed and completed LTHH PAR
 - ➤ Agency 485 and plan of care
 - > Physician Orders

The Department will also implement a practice to increase the OCC threshold amount each time there is an across-the-board rate increase to HCBS services.

Attachment(s):

None

Department Contact:

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