



INFORMATIONAL MEMO

TITLE:	ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCD)S) CHANGES FOR CASE MANAGEMENT
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JULY 2024
DIVISION AND OFFICE:	OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	HOME AND COMMUNITY BASED SERVICES – DEVELOPMENTAL DISABILITIES WAIVER (HCBS-DD); HOME AND COMMUNITY BASED SERVICES – SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS); HOME AND COMMUNITY BASED SERVICES – CHILDRENS EXTENSIVE SUPPORT WAIVER (HCBS-CES)
KEY WORDS:	VISION, RECREATIONAL FEES/PASSES, VEHICLE MODIFICATIONS, ASSISTIVE TECHNOLOGY, SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES, CASE MANAGEMENT AGENCY (CMA), COMMUNITY-CENTERED BOARD (CCB), ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCD)S)
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Purpose and Audience:

The purpose of this Informational Memo is to notify case managers, service providers, members, families and other interested stakeholders of:

- Proposed changes to the Organized Health Care Delivery System (OHCD)S, and
- The responsibility of case managers for the Developmental Disabilities (DD), Supported Living Services (SLS), and Children’s Extensive Services (CES) waivers

as it relates to changes in Case Management Agencies (CMAs) and Community Centered Board (CCB) structures due to Case Management Redesign (CMRD).

Information:

Case Management Redesign (CMRD) refers to several initiatives aimed at simplifying access to long-term services and supports, creating stability for the case management system, increasing and standardizing quality requirements, requiring accountability, and achieving federal compliance for conflict free case management.

Currently, within the DD, SLS and CES waiver, services may be delivered through an Organized Health Care Delivery System (OHCDS) arrangement by the CCB. Waiver services may be provided by an OHCDS, as defined in 42 CFR §447.10. In Colorado, the OHCDS is currently the CCB. The OHCDS must provide at least one Medicaid service directly and may contract with other qualified providers to furnish other waiver services. When an OHCDS arrangement is used, the required Medicaid provider agreement is executed between The Department of Health Care Policy & Financing (Department) and the OHCDS. Since the OHCDS acts as the Medicaid provider, it is not necessary for each subcontractor of an OHCDS to sign a provider agreement with the Medicaid agency. However, subcontractors must meet the standards under the waiver to provide waiver services for the OHCDS and the OHCDS must ensure all waiver requirements and provider qualifications are met. When an OHCDS arrangement is used to provide waiver services, payment is made directly to the OHCDS, which reimburses its subcontractors. The OHCDS must ensure through policies and procedures that the OHCDS does not benefit, financially or otherwise, from the service arrangement.

Impact on Conflict-Free Case Management (CFCM) and CMRD

As part of CMRD, CMAs will be chosen through a **competitive** Request for Proposal (RFP) procurement process for each Defined Service Area across the state of Colorado. All CMAs will be required to maintain conflict-free case management or obtain a waiver from the Department for a Conflict-Free Case Management waiver. As such, the OHCDS function will move to the CMA responsibilities and no longer be a part of the CCB designation from the Department when the new CMA contracts are awarded. Full implementation of CMRD will be July 1, 2024.

Case Management Agency OHCDS Arrangement

As the acting OHCDS, Case Management Agencies (CMA) will be responsible for the purchase of items for the services listed below when willing and qualified providers are not available in the CMAs designated service area. The CMA will become an enrolled

provider and submit claims for reimbursement based on the prior authorization requests. The CMA will be required to have a purchase agreement with the vendor(s) used and document attempts to find two bids where possible. Fair market values, mitigating conflict of interest, and ensuring vendor certification and authorization will be required by the CMA acting as the OHCDS.

The OHCDS function will be added to the CMA contract and include five services offered for all waivers. This will no longer be a function limited to the Intellectual and Developmental Disabilities waivers. Below is the *proposed* list of services that could be rendered and billed for by the CMA acting as the OHCDS:

- Assistive Technology
- Specialized Medical Equipment and Supplies
- Vehicle Modification
- Vision
- Recreational fees/passes

As noted, the list above consists of the proposed services, but is subject to change based on the federal Centers for Medicare & Medicaid Services (CMS) approval.

The implementation of these changes will align with that of CMA contracts for CMRD beginning Nov. 1, 2023, and all CMA contracts thereafter unless otherwise notified by the Department.

Attachment(s):

None

Department Contact:

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