



INFORMATIONAL MEMO

Title: Organized Health Care Delivery System (OHCDS) Updates for Case Management	Topic: HCBS-Multiple
Audience: Community Centered Boards (CCB), Case Management Agencies (CMA), Program Approved Service Agencies (PASA)	Sub-Topic: Provider Guidance
Supersedes Number: HCPF IM 22-042	Division: Benefits and Services
Effective Date: September 1, 2023	Office: Office of Community Living
Expiration Date: September 1, 2024	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 - Children’s Extensive Support Waiver (HCBS-CES)
Key Words: Home and Community-Based Services, HCBS, Community Centered Board, CCB, Program Approved Service Agency, PASA, Organized Health Care Delivery System, OHCDS, Non-Medical Transportation, NMT, Caregiver Education, Children’s Case Management	
Legal Authority: N/A	
Memo Author: Janelle Poullier	
Informational Memo Number: HCPF IM 23-028	
Issue Date: September 1, 2023	
Approved By: Cassandra Keller	

HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

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

- Updates to the Organized Health Care Delivery System (OHCDS), 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 have been 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 of Health Care Policy & Financing (HCPF) 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 nine services. This will no longer be a function limited to the Intellectual and Developmental Disabilities waivers. Below is the updated list of services that could be rendered and billed for by the CMA acting as the OHCDS. Services in italics indicate new additions to this list.

- Assistive Technology - BI, CES, SLS
- Specialized Medical Equipment and Supplies - CES, DD, SLS
- Vehicle Modification - CES, SLS
- Vision - DD, SLS
- Recreational fees/passes - CES
- Hippotherapy - CES, SLS
- Caregiver Education (formerly Parent Education) - CES
- Children's Case Management - CHCBS
- Non-Medical Transportation (NMT) - BI, CIH, CMHS, DD, EBD, SLS

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 addition of NMT applies only to public conveyance billing procedure codes A0110 and T2004. This change is temporary and in effect until such time, as determined by HCPF.

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 HCPF.

Attachment(s):

None

HCPF Contact:

HCPF_HCBS_Questions@state.co.us