



INFORMATIONAL MEMO

Title: Organized Health Care Delivery System (OHCDS) Updates for Case Management	Topic: HCBS-Multiple
Audience: Case Management Agencies (CMA), Program Approved Service Agencies (PASA)	Sub-Topic: Provider Guidance
Supersedes Number: HCPF IM 23-028	Division: Benefits and Services
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Expiration Date: July 1, 2025	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, Case Management Agency, CMA, Program Approved Service Agency, PASA, Organized Health Care Delivery System, OHCDS, Non-Medical Transportation, NMT, Caregiver Education, Children’s Case Management, Hippotherapy	
Legal Authority: N/A	
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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 existing requirements pertaining to billing under the Organized Health Care Delivery System (OHCDS) model and the allowable services. Additionally, this memo serves to notify case managers,

service providers, members, families, and other interested stakeholders of the removal of the Hippotherapy benefit from OHCDS allowable services.

Information:

Within the DD, SLS and CES waiver, services may be delivered through an Organized Health Care Delivery System (OHCDS) arrangement by the Case Management Agency (CMA). Waiver services may be provided by an OHCDS, as defined in 42 CFR §447.10. 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 and Financing (HCPF) 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.

If subcontractors are used, 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.

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 eight 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.

- Assistive Technology - BI, CES, SLS
- Specialized Medical Equipment and Supplies - CES, DD, SLS
- Vehicle Modification - CES, SLS

- Vision - DD, SLS
- Recreational fees/passes - CES
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- ~~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 it pertains to NMT, reimbursement will include public conveyance billing codes A0110 and T2004 for purchase of public transportation tickets and passes.

*Note: Effective July 1, 2024, Hippotherapy services will be available under Medicaid State Plan Benefits so will be removed as an HCBS Waiver service for CES, SLS and CHRP waiver and therefore not applicable under the OHCDS model.

Attachment(s):

None

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