



OPERATIONAL MEMO

TITLE:	NEW SUPPORTED LIVING PROGRAM NEGOTIATED RATE AND REVIEW PROCESS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JULY 1, 2022
DIVISION AND OFFICE:	BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	BRAIN INJURY WAIVER
KEY WORDS:	HCBS RATES, SUPPORTED LIVING PROGRAM, SLP, NEGOTIATED RATE PROCESS, BRAIN INJURY WAIVER
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APPROVED BY: CANDACE BAILEY	

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Purpose and Audience:

The purpose of this Operational Memo is to inform Case Management Agencies (CMAs), Supported Living Program (SLP) providers, parents/legally responsible parties, families, and stakeholders that a new reimbursement tier has been created for SLP providers. The new tier will be a negotiated rate, based on acuity, that can be requested through the process outlined in this memo and through the attached document.

Information:

As of July 1, 2022, the Department of Health Care Policy & Financing (the Department) is adding an additional tier with a negotiated rate to the Brain Injury Waiver. This additional tier will be for SLP providers to pursue for members that have extraordinary needs that cannot be supported with the current reimbursement levels. A new procedure code and modifier combination has been created and can be found on the [Provider Rates & Fee Schedule](#) webpage.

The Department will continue to use the Mayo-Portland assessment tool administered by Telligen to determine the assigned tier for members. The process for requesting, scheduling, and conducting the Mayo-Portland assessment will not change. Any member where the provider is seeking the negotiated rate will need to have an assessment completed.

SLP tier levels 1 through 6 are set per diem rates. The new tier rate will be negotiated between the provider, case manager, and the Department. The SLP provider must initiate the negotiated rate review process by speaking with the CMA. The only members that would be considered appropriate candidates for this negotiated rate are those that 1) were already scored at a tier 6 on the Mayo-Portland assessment and 2) have extraordinary needs.

The CMA shall complete the information required by the Department on the Google Form "[SLP Negotiated Rate Request Form](#)" to request a review for a negotiated rate. Prior to submitting the request, the CMA shall provide an opportunity for the provider, the member, the member's parent or legal guardian, authorized representative, or family member, as appropriate, to review and provide additional information to be submitted to the Department.

The Department shall examine all information submitted by the CMA and seek to identify any significant factors, which may cause the member to have higher support needs than those in the established tier reimbursement system. In cases where the Department finds that the member does have higher support needs than those in the standard tier reimbursement model, the Department will review and if appropriate approve the per diem reimbursement rate proposed by the provider.

The Department will notify the CMA in writing (electronically) of the approved amount. The case manager will then complete the following steps:

1. The case manager will complete a Post Eligibility Treatment of Income (PETI) worksheet in the Bridge.
 - a. On the PETI, the case manager will select "Tier 6" to determine the member obligation.
2. Because the case manager will be using the Tier 6 PETI, the PETI will not populate the correct amount for the provider portion. *The member portion will be correct and must be signed by the member.*
3. The Prior Authorization Request (PAR) and PETI will be in "Pending State Approval" status. The case manager can email Jeremy.Branting@state.co.us to notify the Department that the PAR is ready for review.

4. The Department will manually update the PAR in interChange to reflect the correct, negotiated rate and will approve the request. The Department will let the case manager know when the PAR is approved.
5. The case manager will share the PAR with the provider to bill the correct rate.

A Member who has been assigned a negotiated rate shall have this assignment re-examined by the Department every year or at a frequency determined by the Department. It is the responsibility of the SLP provider to initiate the negotiated rate review process when the previously approved term is ending.

This memo contains an attachment titled "Supported Living Program Rate Review Process." The purpose of this attachment is to provide a more detailed outline of the negotiated rate review process, how to initiate a review, review criteria, and what to expect through the process.

Attachment(s):

Supported Living Program Rate Review Process

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