



OPERATIONAL MEMO

Title: Case Management Contact Requirements and In-Person Meetings	Topic: Case Management
Audience: Case Management Agencies	Sub-Topic: N/A
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Legal Authority: Federal Home and Community-Based Service Waiver Agreement	
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Purpose and Audience:

The purpose of this Operational Memo is to inform Case Management Agencies (CMAs) of the permanent requirements for completing member contacts, including Monitoring, Level of Care Screen, Needs Assessment and Person-Centered Support Planning following the end of the Public Health Emergency (PHE).

Information:

During the Public Health Emergency (PHE), the Department of Health Care Policy and Financing (HCPF) implemented flexibilities for performing virtual case management activities based on the member preference of engagement. The PHE formally ended on May 11, 2023, with existing flexibilities approved to continue for six months following the end of the PHE.

Effective **Nov. 1, 2023**, HCPF is implementing the following requirements for performing in-person and virtual case management activities with members.

- An Initial Level of Care Screen must be performed in-person with the individual in their residence. Accommodation may be made for an alternate location if an applicant is residing in an institutional setting such as a hospital, Intermediate Care Facility (ICF), or when the applicant is unhoused. Accommodation for the Initial Level of Care Screen may also be performed outdoors of the applicant's residence if it is determined to be a health and safety risk to the case manager, however, the face-to-face requirement shall remain in place. Upon HCPF approval, a reassessment, (continued stay review or unscheduled review), may be completed by the case manager at an alternate location, via the telephone or using virtual technology methods. Such approval may be granted for situations in which face-to-face meetings would pose a documented safety risk to the case manager or client (e.g., natural disaster, pandemic, etc.).
- The Supports Intensity Scale (SIS) Assessment, Needs Assessment, Inventory for Client and Agency Planning (ICAP) Assessments, and Person-Centered Support Planning may occur in-person, on the phone, or through other technological modality based on the member preference of engagement.
- Targeted Case Management Monitoring Contacts

CMA's that have been awarded a new CMA contract effective Nov. 1, 2023, and current contracted Community Centered Boards performing Targeted Case Management activities, will follow the guidance below when perform monitoring contacts:

- Monitoring contacts are required to be completed quarterly with the member, as defined by the member's certification period start and end dates. Monitoring contacts may not be performed at the same time as another reimbursable contact. Monitoring contacts shall be completed separately from Level of Care Assessments.
- An in-person monitoring contact is required at least one (1) time during the Person-Centered Support Plan certification period. The case manager shall ensure the one (1) required in-person monitoring contact occurs, with the Member physically present, in the Member's place of residence or location of services.
- The case manager shall perform three additional monitoring contacts each certification period either in-person, on the phone, or through

other technological modality based on the member preference of engagement. The case manager shall document the member's preference within the monitoring contact narrative when the contact is completed on the phone or through other technological modalities.

- Monitoring Contacts completed by Single Entry Point CMAs (which are operating under contracts executed on July 1, 2023 and have not undergone case management redesign) and private Children's Home and Community-Based Service CMAs agencies.
 - Agencies will continue to perform Monitoring Contacts as outlined in programmatic regulations and [Operational Memo 21-082](#).

Action To Be Taken:

CMAs are to implement the guidance in this memo by Nov. 1, 2023.

Reimbursement

To receive a monitoring payment, case managers will document the format of the monitoring activity using the HCPF-prescribed Care and Case Management (CCM) system. Under "Method of Contact" the case manager will indicate whether the contact was completed:

- Face-to-Face (may only be selected when the member is seen in-person at their place of residence or location of services)
- Telephone
- VirtualUnder "Type of Contact" case managers will select the appropriate contact type. The following options in the CCM will trigger a monitoring payment:
 - Monitoring Contact - Scheduled
 - Monitoring Contact - Unscheduled

Effective Nov. 1, 2023, TCM will be reimbursed at a different rate for telephone and virtual monitoring contacts than in-person/Face to Face case management activities. CMAs and CCBs should consult the latest HCBS Rates Schedule on the web page with HCPF's [Provider Rates and Fee Schedule](#) for current rates and procedure code/modifier strings necessary to provide the service. Questions about TCM billing

should be directed to the Fiscal Agent Provider Services Call Center at 1-844-235-2387. There will not be a change to the monitoring rates for SEPs.

All CMAs designated by HCPF as rural or frontier will be eligible for the rural add-on payment for all required contacts that are completed in person. CMAs will be eligible for reimbursement for rural add-on through the CMA, Community Centered Boards (CCB) and Single Entry Points (SEP) Contracts in accordance with the payment procedures and administrative and State General Fund programs rates table within the Contracts. The rural add-on payment will be applied for contract payments using the Face-to-Face selection within the CCM as indicated above. If the activity is not documented as Face to Face, the rural add-on payment will not be triggered.

CMAs and CCBs designated by HCPF as rural or frontier are eligible for reimbursement for rural add-on for in-person Targeted Case Management (TCM) monitoring contacts by billing the Colorado interChange Medicaid Management Information System (MMIS). The service should be billed for using the same Provider ID used to bill TCM. CMAs and CCBs must ensure that all monitoring contacts are documented using the selections within the CCM as described above.

CMAs and CCBs should consult the IDD Billing Manual, the latest version of which can be found on the Department's [Billing Manual web page, under the "HCBS" dropdown](#).

General questions about this guidance and TCM can be sent to HCPF_HCBS_Questions@state.co.us.

Questions about CCB administrative and State General Fund program reimbursement can be sent to Amanda.Allen@state.co.us.

Questions about SEP reimbursement can be sent to Sarah.McDonnell@state.co.us.

Attachment(s):

None

HCPF Contact:

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