



OPERATIONAL MEMO

Title: Case Management Billing Change for the Children’s Home and Community Based Service Waiver	Topic: Case Management
Audience: Case Management Agencies	Sub-Topic: HCBS
Supersedes Number: N/A	Division: Case Management Quality Performance
Effective Date: July 1, 2024	Office: Office of Community Living
Expiration Date: July 1, 2026	Program Area: Children’s Home and Community Based Services
Key Words: Children’s Home and Community Based Services, CHCBS, Targeted Case Management, TCM, Case Management Redesign, CMRD	
Legal Authority: Targeted Case Management State Plan Amendment 23-0001, CCR 2505-10 Section 8.7202	
Memo Author: Rhyann Lubitz	
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Approved By: Bonnie Silva	

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Purpose and Audience:

The purpose of this Operational Memo is to inform Children’s Home and Community-Based Services (CHCBS) Waiver Case Management Agencies (CMAs) of the new billing process for case management services effective July 1, 2024.

Information:

The Department of Health Care Policy & Financing has implemented Case Management Redesign (CMRD). CMRD refers to several initiatives aimed at simplifying access to long-term services and supports (LTSS), creating stability for the case management system, increasing and standardizing quality requirements, ensuring accountability, and achieving federal compliance. It was initiated in 2014, with a federal requirement for a conflict free case management system and was further developed with input from stakeholders to create a more simplified system. The

Department of Health Care Policy & Financing (HCPF) passed HB 21-1187 to implement this effort. Over the course of the past five years, HCPF has worked with stakeholders to develop policies and procedures to support the infrastructure necessary to execute a simplified and conflict-free case management system.

In order to meet the federal requirements of Case Management Redesign, CHCBS waiver members must have case management services delivered as an administrative process, instead of as a billed direct HCBS from July 1, 2024 forward. This change aligns the case management requirements and billing practices for case management services across all 10 of Colorado's Home and Community Based Services waiver programs. For all CHCBS members beginning in July, CMAs must submit fee-for-service claims to the Colorado interChange Medicaid Management Information System (MMIS) to be reimbursed for TCM provided to eligible and enrolled CHCBS Waiver members.

To support this transition, HCPF will end date all individual service lines with the case management service (T1016 U5) on all existing CHCBS prior authorizations effective June 30, 2024. No action is required by the CMA to revise members' prior authorizations. This service will no longer be available as a service option in the Bridge on or after July 1, 2024. Should CMAs or providers bill claim lines with T1016 U5 with dates of service on or after July 1, 2024, they will deny.

CMAs should refer to the most recent "[HCBS Intellectual and/or Developmental Disabilities Waivers & Targeted Case Management For HCBS Waivers](#)" billing manual for more information on the character of the service, allowable procedure codes.

Action To Be Taken:

CMAs must discontinue billing for case management services through the member's approved CHCBS prior authorization. The last date a CMA may provide case management activities and bill through a member's CHCBS prior authorization is June 30th, 2024. Effective July 1, 2024 all CMAs are required to follow TCM regulations at C.R.S. 8.7202.Z and billing requirements when performing case management services.

Definition(s):

None

Attachment(s):

None

HCPF Contact:

hcpf_hcbs_casemanagement@state.co.us