



## OPERATIONAL MEMO

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<b>Title:</b> Targeted Case Management Documentation Requirements for Home and Community-Based Services Waivers	<b>Topic:</b> Case Management
<b>Audience:</b> Case Management Agencies	<b>Sub-Topic:</b> HCBS
<b>Supersedes Number:</b> N/A	<b>Division:</b> Case Management and Quality Performance
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<b>Legal Authority:</b> 10 CCR 2505-10 8.7202.Z	
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<b>Approved By:</b> Joanne Svenningsen	

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### Purpose and Audience:

The purpose of this Operational Memo is to provide Home and Community-Based Services (HCBS) Case Management Agencies (CMAs) clarification regarding documentation requirements and billing practices for Targeted Case Management (TCM) activities for eligible members enrolled in HCBS waivers.

### Background:

Guidance found in the Billing Manual for TCM indicates CMAs must document the provisions of a billable activity in the Care and Case Management (CCM) System within five (5) business days of the provision of that service, ensuring the date of contact is entered correctly. This contradicts current regulations that indicate all TCM activities must be documented in the Department's prescribed system within ten (10) business days of the activity. The Department of Health Care Policy and Financing (HCPF) has revised the billing manual to reflect regulation.

**Action To Be Taken:**

CMA's are required to follow the regulations outlined in CCR 2505-10 8.7202.Z regarding TCM documentation timeline requirements. CMA's should use the CMA Data Entry and Payment Technical Guide when documenting TCM and complying with billing requirements.

**Webpage:**

[10 CCR 2502-10 8.7000](#)

[Case Management Agency Data Entry and Payment Technical Guide](#)

[Department Billing Manuals](#)

**Attachment(s):**

None

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