



## OPERATIONAL MEMO

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<b>Title:</b> Revised Adult Long-Term Home Health (LTHH) PAR Process	<b>Topic:</b> Adult Long-Term Home Health
<b>Audience:</b> Home Health Agencies, Case Management Agencies, Utilization Review Contractor	<b>Sub-Topic:</b> Prior Authorization
<b>Supersedes Number:</b> HCPF OM 24-045	<b>Division:</b> Benefits and Services Management Division
<b>Effective Date:</b> Oct. 14, 2024	<b>Office:</b> Office of Community Living
<b>Expiration Date:</b> Oct. 14, 2026	<b>Program Area:</b> Home Health
<b>Key Words:</b> Long-Term Home Health (LTHH), Prior Authorization Requests (PARs), Case Management Agencies (CMAs), Long Term Care (LTC), Level of Care (LOC)	
<b>Legal Authority:</b> 10 CCR 2505-10 8.520.8	
<b>Memo Author:</b> Christine Merriman	
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<b>Issue Date:</b> October 3, 2024	
<b>Approved By:</b> Colin Laughlin	

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### Purpose and Audience:

The purpose of this Operational Memo is to announce an additional change to the Revised Adult Long-Term Home Health (LTHH) PAR Process outlined in Operational Memo 24-045.

This revision to the process is as follows: Based on stakeholder input, The Department of Health Care Policy and Financing (HCPF) is removing the requirement for CMAs to complete the Level of Care (LOC) assessment for Health First Colorado Members who are not on a waiver and receive LTHH-only services.

HCPF thanks the Members, Colorado Home Health Agencies (HHAs), Case Management Agencies (CMAs), and their affiliated stakeholders who gave their input on the original changes announced in OM 24-045. This additional administrative procedure change is, like the original changes, designed to streamline Prior Authorization Requests (PARs)

by utilizing the Utilization Review Contractor (URC) to process adult Long-Term Home Health (LTHH) PARs.

This Memo supersedes OM 24-045. All changes from the previous Memo are found below in bold.

### **Information:**

To simplify and streamline the administration of LTHH PARs for Health First Colorado adult members aged 21 years and older, HCPF will start processing PARs through the Utilization Review Contractor (URC), **Acentra Health, beginning Monday, Oct. 14, 2024. In addition, HCPF is removing the LOC requirement for members receiving LTHH-only services.**

Currently, HHAs submit PARs for adult LTHH to the CMA who is assigned to the member. The assigned Case Manager (CM) determines the functional eligibility of the member through a LOC assessment. CMs review the PAR for duplication of services if applicable and determines approval or denial for the requested services. Once approved, the PAR is submitted to HCPF for data entry into the Provider Portal.

This procedure and CMA contract change will remove the requirement for the CMA's PAR review and submission of the adult LTHH PAR and eliminate the manual data entry by HCPF. **Additionally, the LOC assessment requirement for LTHH-only members will be removed.** HHAs will submit all adult LTHH PARs directly to the URC for processing and transmittal to the Provider Portal for streamlined efficiency.

### **Updated Home Health Agency Responsibilities**

- HHAs must submit requests for prior authorization for all LTHH services directly to the URC, Acentra Health, via the [Atrezzo portal](#).
- HHA must only submit LTHH PARs for:
  - Members who have active Health First Colorado coverage and are eligible for State Plan benefits, and
  - Home health services requested meet the criteria outlined in regulations [10 CCR 2505-10 8.520](#).
- **LTHH-only members are no longer required to have LOC functional eligibility completed by the CMA to authorize LTHH services.**
- The HHA uploads the required medical necessity documentation to the portal for review.

- Required documentation includes the [HCPF-prescribed PAR Form](#), physician or allowed practitioner-approved Plan of Care/CMS-485, and any other medical information that documents the medical necessity for the home health services.
- The approved LTHH PAR will be transmitted to the Provider Portal so billing can occur.
- For revisions, including change of provider notifications for any active LTHH PAR, HHAs submit requests through the URC portal and include the current PAR number, an updated PAR form, and any necessary documentation to support the revision request.

Additional training and resources for PAR submission and portal access are available on the [ColoradoPAR webpage](#).

#### **Updated Case Management Agency Responsibilities**

In accordance with 10 CCR 2505-10 Section 8.7202.J.8.d., “The Case Manager shall assure there is no duplication in services provided by Long Term Services and Supports programs and any other publicly or privately funded services.”

**Upon the receipt of the Plan of Care/CMS-485, the Case Manager shall review the plan:**

- Within five business days of receipt from the LTHH agency,
- Ensure there is delineation for all services to be provided in the Plan of Care/CMS-485 and services that are approved through the member’s HCBS waiver Person Centered Support Plan.
- Submit an Over Cost Containment review for any member that has a PAR that exceeds the department outlined cost containment threshold (currently \$330 daily average cost).
- Review of the frequency, scope, and duration in the Plan of Care/CMS-485 as compared to the Person-Centered Support Plan;
- Ensure any duplication of LTHH and HCBS waiver services as identified in regulations (10 CCR 2505-10 Section 8.7539.C; 8.520.5.B.2-3; 8.520.5.B.13.g.; 8.520.9.B.2.a.-b.) are identified.

- Communicate identified duplication of care between LTHH and HCBS waiver services to the member.
- Provide the member informed choice between option to receive the duplicative services through either LTHH or the waiver.
- Complete a revision to the Person-Centered Support Plan to end any duplicative services, if indicated by the member's informed choice.
- Complete authorization of non-duplicative services via the Prior Authorization Request (PAR), as needed.
- Issue appropriate Long Term Care Notice of Action for any HCBS waiver services that are declined, decreased or ended based on informed choice of the member to receive services through the LTHH agency, citing the appropriate regulatory citation(s) above.
- Document a member's informed choice if they determine they want to forgo waiver services rather in favor of receiving service through the LTHH Agency in an Activity Log in the Care and Case Management System.
- Document all the aforementioned activities in the Care and Case Management System via Activity Log,
- Continue to discuss additional services members receive or would like to receive at initial referrals, quarterly contacts, and annual assessments.

### **Action To Be Taken:**

HHAs obtain access to the Atrezzo portal by registering prior to **Monday, Oct. 14, 2024.**

HHAs review previously recorded training sessions on **accessing the Atrezzo portal and benefit-specific training** to ensure compliance with program policies. These recorded training sessions are housed on the [ColoradoPAR webpage](#).

Home Health Agencies begin submitting adult LTHH PARs to Acentra Health on **Oct. 14, 2024.**

**All pending LTHH PARs (new and outstanding requests) submitted prior to Oct. 14, 2024, should be reviewed by the CMA and sent to the LTHH PAR inbox for processing by Nov. 1, 2024.**

**Attachment(s):**

None

**HCPF Contact:**

Prior Authorizations questions may be directed to [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us).

LTHH policy and benefit questions may be directed to [homehealth@state.co.us](mailto:homehealth@state.co.us).