



OPERATIONAL MEMO

Title: Closeout Plan for Utilization Review/Utilization Management (UR/UM) Activities for Home and Community Based Services	Topic: Long Term Care
Audience: Case Managers, Case Management Agencies (CMAs)	Sub-Topic: Case Management
Supersedes Number: IM 21-007	Division: Benefits and Services Management
Effective Date: July 1, 2025	Office: Office of Community Living
Expiration Date: June 30, 2026	Program Area: Long Term Services and Supports
Key Words: Utilization Review (UR), Utilization Management (UM), Case Management Agency, CMA, Pre-Admission Screening and Resident Reviews, PASRR, Children’s Home and Community-Based Services, CHCBS, Over Cost Containment, OCC, Participant-Directed Programs, Consumer-Directed Attendant Support Services, CDASS, In-Home Support Services, IHSS, Health Maintenance Activities, HMA, Telligen	
Legal Authority: N/A	
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Operational Memo Number: HCPF OM 25-020	
Issue Date: March 28, 2025	
Approved By: Candace Bailey	

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Purpose and Audience:

The purpose of this Operational Memo is to provide Case Management Agencies (CMAs) guidance surrounding the closeout plan of the Telligen Utilization Review/Utilization Management (UR/UM) submission process for waiver eligibility reviews for Children’s Home and Community Based Services (CHCBS), Over Cost Containment (OCC) reviews, and Health Maintenance Activities (HMA) reviews for members participating in In-

Home Support Services (IHSS) or Consumer Directed Attendant Support Services (CDASS).

Information:

On January 1, 2021, Health Care Policy & Financing (HCPF) awarded the long-term care UR/UM work to Telligen, Inc. Telligen began performing the work outlined below on March 1, 2021.

Due to changes in processes and other contracts, the following Telligen UR/UM reviews will be ending effective June 30, 2025:

- Consumer Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS) Health Maintenance Activities (HMA) reviews
- Over Cost Containment (OCC) for the Elderly, Blind, and Disabled (EBD) waiver, the Complimentary and Integrative Health (CIH) waiver (formerly Spinal Cord Injury (SCI) waiver), the Brain Injury (BI) waiver, and the Community Mental Health Supports (CMHS) waiver
- Children's Home and Community-Based Services (CHCBS) waiver eligibility reviews

There will be no operational change to the following reviews completed by Telligen:

- Hospital Back Up (HBU) program assessments
- Critical Incident Review (CIR) Management
- Supported Living Services (SLS) waiver Exceptions Reviews
- Intermediate Care Facility (ICF) Continued Stay Reviews (CSRs)
- Brain Injury (BI) Supported Living Program (SLP) and Transitional Living Program (TLP) Assessments
- Children's Extensive Services (CES) eligibility reviews

Pre-Admission Screening and Resident Reviews (PASRR) are transitioning to a new contractor, effective July 1, 2025. Additional information regarding PASRR will be forthcoming. Please sign up for [PASRR communications](#) to remain informed. The Department will also update the [PASRR webpage](#) and calendar as dates are finalized.

Action To Be Taken:

Effective July 1, 2025, the Nurse Assessor Program begins for members who receive skilled services through CDASS, IHSS, Long-Term Home Health (LTHH), and Private

Duty Nursing (PDN). As a result, CMs will no longer be required to submit HMA or OCC reviews to Telligen.

All members who receive HMA through IHSS or CDASS and who have a certification start date of August 1, 2025, or earlier must have a Telligen review completed prior to the certification start date. The last day to submit a review to Telligen is June 13, 2025. Any review submitted after this date will be automatically denied. Any member who has not had a Telligen review completed prior to July 1, 2025, must have an assessment completed by the Single Nurse Assessor prior to skilled services beginning.

Case Management Agency (CMA) leadership will be provided a list of all Members that receive HMA services in March 2025. This list shall be used as a tool by CMAs and CMs to ensure timely submission prior to the Telligen UR/UM closeout.

The last day to access previously completed CHCBS, IHSS/CDASS, and OCC reviews in Telligen's Qualitrac system is June 30, 2025. CMs will still have access to Qualitrac in order to complete submissions listed above (HBU, CIR, SLS, ICF, SLP and TLP, and CES eligibility reviews). It is the CMs responsibility to download any relevant documentation, such as outcome letters, requests for information, and relevant case documentation, prior to losing access on June 30, 2025. Outcome letters must be attached to the applicable Prior Authorization Request (PAR) as well as added to the Documents Center of the Care and Case Management System (CCM).

Effective July 1, 2025, the Children's Home and Community-Based Services (CHCBS) waiver will be merged with the Children's Life-Limiting Illness (CLLI) waiver, and the merged waivers will be retitled as the Children with Complex Health Needs (CwCHN) waiver. The last day to submit a CHCBS waiver eligibility review to Telligen is June 9, 2025. For current CHCBS members with renewal dates between July 1, 2025, to June 30, 2026, CMs will help members transition to CFC, if applicable, and the CwCHN waiver at the time of their Continued Stay Review (CSR).

The Over Cost Containment (OCC) inbox (ltssocc@state.co.us) will be decommissioned effective July 1, 2025. All OCC PAR approval requests must be submitted by June 30, 2025. All pending PARs requiring state review after June 30th, 2025 must be fully submitted by Case Managers in the Bridge. PAR's requiring state review will be addressed by HCPF within 10 (ten) business days. If there are questions regarding pending PARs, HCPF will contact the Case Manager within 10 (ten) business days.

Attachment(s):

None

HCPF Contact:

Participant-Directed Programs (CDASS/IHSS) questions may be directed to:

HCPF_PDP@state.co.us

OCC questions may be directed to:

Ltssocc@state.co.us

CHCBS questions may be directed to:

Hcpf_hcbs_casemanagement@state.co.us