



OPERATIONAL MEMO

TITLE:	COMMUNITY CENTERED BOARDS (CCB) RATES
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JULY 1, 2020
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	CASE MANAGEMENT
KEY WORDS:	COMMUNITY CENTERED BOARD, CCB, COMMUNITY CENTERED BOARD RATES, CCB RATES
OPERATIONAL MEMO NUMBER: HCPF OM 20-029	
ISSUE DATE: APRIL 1, 2020	
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Purpose and Audience:

The purpose of this Operational Memo is to notify Community Centered Boards (CCBs) of the finalized rates which consist of Fee for Service (FFS) per activity payments and Per Member Per Month (PMPM) reimbursement for Medicaid administrative and ongoing case management services effective on July 1, 2020.

Information:

The Department of Health Care Policy & Financing (Department) contracts with CCBs for a one-year (1) term, with an option to extend the contract on a year-for-year basis not to exceed five (5) years from the contract's effective date. The rate methodology for State Fiscal Year (SFY) 2020-21 differs from the previous payment model in that it incorporates additional Fee for Service (FFS) per activity reimbursement rates. The finalized Targeted Case Management (TCM) Per Member Per Month (PMPM) reimbursement for ongoing case management services also differs from the current service rate which is a 15-minute unit with a maximum of 240 total units per member

per year. Effective July 1, 2020 TCM activities will be reimbursed as a flat PMPM for active Members.

In November of 2019, the Department sent an Informal Request for Information (IRFI) to all CCBs requesting feedback regarding the draft rates and methodology. Utilizing this feedback, the Department has re-assessed and finalized the administrative and TCM rates. The Department will implement the reimbursement rates, indicated in the table below, starting with the SFY 2020-21 CCB Contract effective July 1, 2020.

Deliverable/Reimbursement Activity	Frequency of Payment	Final Rate	Dollar Change RFI to Final	Reason for Change
Operations Guide	One-time payment per Initial Guide-Year 1 of the Contract	\$7,331.00	\$133.67	Added Case Management Director and Chief Financial Officer to the rate model
Operational Guide Update	Each Annual Update- Years 2, 3, 4, and 5 of the Contract	\$1,309.63	\$14.99	Added Case Management Director and Chief Financial Officer to the rate model
Outreach Plan- Small (1-700 Members)	Per Annual Report	\$1,225.49	New Rate	Added Based of RFI feedback
Outreach Plan-Medium (701-1500 Members)	Per Annual Report	\$2,256.18	New Rate	Added Based on RFI feedback

Outreach Plan- Large (1501+ Members)	Per Annual Report	\$3,286.86	New Rate	Added Based on RFI feedback
Complaint Trend Analysis- Small (1-700 Members)	Per Quarterly Deliverable	\$1,474.83	\$(2,036.66)	Broken into agency case load based deliverable and completion time lowered based on RFI feedback
Complaint Trend Analysis- Medium (701-1500 Members)	Per Quarterly Deliverable	\$1,986.95	\$(1,524.54)	Broken into agency case load based deliverable and completion time lowered based on RFI feedback
Complaint Trend Analysis- Large (1501+)	Per Quarterly Deliverable	\$2,498.18	\$(1,013.31)	Broken into agency case load based deliverable and completion time lowered based on RFI feedback
Critical Incident- PMPM	Per Member Per Month	\$5.81	Modified Rate	Changed from a per Incident rate to a PMPM

Critical Incident Trend Analysis- Small (1-700 Members)	Per Quarterly Deliverable	\$2,424.78	\$1,132.07	Broken into agency case load based deliverable and completion time increased based on RFI feedback
Critical Incident Trend Analysis- Medium (701-1500 Members)	Per Quarterly Deliverable	\$3,916.18	\$2,623.47	Broken into agency case load based deliverable and completion time increased based on RFI feedback
Critical Incident Trend Analysis- Large (1501+ Members)	Per Quarterly Deliverable	\$5,675.06	\$4,382.35	Broken into agency case load based deliverable and completion time increased based on RFI feedback
Training Deliverable	Per Bi-Annual Deliverable	\$594.03	\$3.41	Added Case Management Director and Chief Financial Officer to the rate model

Appeals- Creation of Packet	Per Packet Created	\$338.03	(\$100.84)	Based on RFI feedback time was moved to the Attendance at Hearing deliverable from the Creation of Packet.
Appeals – Attendance at Hearing	Per Hearing Attended	\$451.51	\$173.95	Increased based on RFI feedback
Human Rights Committee	Per Packet Reviewed	\$114.46	Modified Rate	Changed to a Per Packet Reviewed Rate
Waiting List Management – State Programs	1x ASAA Contact Per Year	\$89.61	\$13.31	Added Case Management Director and Chief Financial Officer to the rate model
Waiting List Management – DD Waiver	1x ASAA and SN Contact Per Year	\$89.61	\$13.31	Added Case Management Director and Chief Financial Officer to the rate model

HCBS-CES Application – Initial	Per Application	\$174.00	New Rate	New rate created based on RFI feedback
HCBS – CES Application – CSR	Per Application	\$131.28	\$10.27	Added Case Management Director and Chief Financial Officer to the rate model
SIS-A Assessment	Per Assessment	\$328.37	\$154.95	Increased based on RFI feedback
Support Need Level Assessment (ICAP Assessment)	Per Assessment	\$151.98	No change	No change
Delay Determination	Per Determination	\$251.02	\$100.34	Intake portion added from Initial Functional Eligibility
DD Determination	Per Determination	\$421.92	\$61.83	Intake portion added from Initial Functional Eligibility
Initial Functional Eligibility	Per Review	\$217.51	\$(43.31)	Removed Intake and

				added to Delay and DD Determination deliverables
Continued Stay Review – Functional Eligibility	Per Review	\$196.83	\$15.54	Added Case Management Director and Chief Financial Officer to the rate model
Rural Travel Add – On (Initial, CSR and Monitoring) for Rural and Frontier Counties	Payment Per In-Person Visit- Applied Counties designated as Rural or Frontier on the Colorado Rural Health Center Map attached	\$34.45	No change	No change
TCM – PMPM	Per Member Per Month	\$139.69	\$0.25	Added Case Management Director and Chief Financial Officer to the rate model
Monitoring	Per In-Person Monitoring Visit	\$96.32	(\$18.39)	Aligned time and requirements between Single

				Entry Point and CCB Monitoring
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As illustrated in the table below, the Department made the following substantive changes to the draft rates illustrated in the November 2019 IRFI, based on CCB feedback:

Reimbursement Activity	Change from IRFI
Outreach Plan	Creation of a tiered outreach plan rate by agency size.
Critical Incident Trend Analysis Report	Creation of a tiered Critical Incident Trend Analysis Report by small, medium and large agencies.
Waiting List Management	Change in frequency for contacting individuals to one contact per year for As Soon As Available (ASAA) and Safety Net (SN).
CES Application	Creation of two separate rates for CES Application to include the Initial CES Application and the Continued Stay Review CES Application.
Rural Travel Add-On for Rural and Frontier Counties	Modification to Rural Travel Add-On for Rural and Frontier Counties to include Initial Functional Eligibility, Continued Stay Review, and Monitoring.

Important Payment Methodology Change Information:

Effective July 1, 2020, the Department will not be utilizing 15-minute units for TCM billing. The Department will instead be utilizing the Per Member Per Month (PMPM) rate. The PMPM rate is inclusive of all salary and operating expenses necessary to complete the contract required deliverables for on-going case management. The salary, facility operating, administrative and capital expenses were utilized to determine the final

amount payable for each member each month. To develop the PMPM the Department tiered clients based on the estimated case management intensity of the IDD waiver population. Members within higher tiers were estimated to have higher case management needs. The Department then used a weighted average to develop a single PMPM payment rate.

Each CCB’s contract will reflect the maximum amount payable for Medicaid administrative activities by the Department statewide for all CCBs and will be inclusive of the total amount of funding appropriated by the General Assembly for Fiscal Year 2020-21. Each CCB will bill the interChange for ongoing case management activities.

The Department will issue a monthly payment to each CCB for Medicaid administrative activities based on the number of submitted and approved activities from the previous month. The Department will use data from the Business Utilization System (BUS), DDD Web Application Portal (DDDWeb), and contract deliverables to generate payment. The Department will provide each CCB with individual monthly Payment Summary Reports, to include raw client level data, to inform CCBs of their monthly reimbursement, by activity, for the following activities conducted for the previous month:

Reimbursement Activity	Reimbursement Activity	Department Data Source Details
Critical Incident	Per Member Per Month	interChange - Members with an Active PAR
Appeals - Creation of Packet	Per Packet Created	BUS
Appeals - Attendance at Hearing	Per Hearing Attended	BUS

Human Rights Committee	Per Packet Reviewed	Contract Deliverable
Initial Functional Eligibility Assessment	Per Assessment Completed	BUS
Continued Stay Review - Functional Eligibility Assessment	Per Assessment Completed	BUS
Waiting List Management- State Programs	1 ASAA Contact Per Year	DDDWeb
Waiting List Management- DD Waiver	1 ASAA and SN Contact Per Year	DDDWeb
CES Application - Initial	Per Application	Department Vendor Deliverable
CES Application - CSR	Per Application	Department Vendor Deliverable
SIS Assessment	Per Assessment	Contract Deliverable
Support Need Level Assessment (ICAP Assessment)	Per Assessment	Contract Deliverable
Delay Determination	Per Determination	DDDWeb

DD Determination	Per Determination	DDDWeb
Rural Travel Add-On for Rural and Frontier Counties	Reimbursement Per In-Person Visit	BUS - paid in addition to the reimbursement rate for Initial and Continued Stay Review Functional Eligibility Assessments conducted by CCB designated as Rural/Frontier.

The CCBs will bill and be reimbursed for the following ongoing case management through the interChange:

Reimbursement Activity	Frequency of Payment	Department Data Source Details
Monitoring	Reimbursed Per In-Person Monitoring Visit	interChange - billed by CCB for members with Active PAR and documented monitoring contact in BUS
On-going Case Management PMPM	Reimbursed Per Member Per Month	interChange - billed by CCB for members with Active PAR and documented case management activity in BUS
Rural Travel Add-On for Rural and Frontier Counties	Reimbursement Per In-Person Visit	interChange - billed by CCB in addition to the reimbursement rate for Monitoring visits conducted

		by CCBs designated as Rural/Frontier.
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Attachment(s):

Colorado County Designations, 2018 - Colorado Rural Health Center

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