



OPERATIONAL MEMO

TITLE:	PROFESSIONAL MEDICAL INFORMATION PAGE REQUIREMENTS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 5, 2020
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	CASE MANAGEMENT AGENCIES
KEY WORDS:	PROFESSIONAL MEDICAL INFORMATION PAGE PMIP, ULTC-100.2, FUNCTIONAL NEEDS ASSESSMENT, LICENSED MEDICAL PROFESSIONAL, LEVEL OF CARE, QIS
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APPROVED BY: AMANDA LOFGREN	

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Purpose and Audience:

The purpose of this Operational Memo is to clarify expectations for Case Management Agencies (CMAs) regarding the Professional Medical Information Page (PMIP), medical information entry into the Benefits Utilization System (BUS), and documentation of target population requirements for Home and Community-Based Service (HCBS) waivers.

Information:

The Department of Health care Policy & Financing (Department) has received inquiries regarding PMIP requirements. These inquiries have included requests for clarification on who has the authority to fill out the PMIP, who has the authority to sign the PMIP,

what information must be included on the PMIP, and what information from the PMIP is required to be recorded in the BUS.

- The PMIP must be signed by a licensed medical professional, which may include a physician, physician assistant, a nurse governed by the Colorado Medical License Act and the Colorado Nurse Practice Act, or a licensed medical professional as defined in Colorado Regulation language for the specific waiver for which the individual is being assessed.
- Regulation requires that the PMIP be signed by a licensed medical professional; however, the PMIP may be completed by someone other than the licensed medical professional signing the document.
- Diagnosis and/or target population criteria may not always be listed on the PMIP but may be available through other, supplementary medical records; the information contained in the supplementary records may be included in the Medical Information Section of the BUS.
- When entering information from the PMIP and/or other medical records into the BUS, the Case Manager shall include medical diagnoses relevant to the waiver-specific target population requirements. The case manager shall include all relevant and current information available in the Medical Information Section of the BUS. It may not be necessary to include diagnoses that are no longer relevant.
- All relevant and up-to-date medical information from the PMIP should be entered in the appropriate fields in the Medical Information Section of the BUS. If information is documented in the Medical Information Section that is obtained from a source other than the PMIP, the "other source" box must be checked and the source must be identified.
- The "other source" box should not be utilized to document self-reported medical information. Self-reported information can be recorded in the level of care assessment.
- The "other source" box may be used to document diagnosis obtained through a Developmental Disability or Developmental Delay Determination when appropriate.

Additionally, Case Managers should be aware of the following PMIP Quality Improvement Strategies (QIS) Requirements:

- Medical Providers section of the Assessment-100.2 must be completed and signed by a licensed medical professional.
- For Continued Stay Reviews (CSR), the PMIP signature date must be within 90 days of the Certification Start Date and prior to the Certification End Date.
- For new enrollees, the PMIP signature date must be prior to and no earlier than six months from the Certification Start Date and no later than 90 days from the ULTC 100.2 Assessment date.

- If the PMIP is returned to the Case Manager and both the signature and the qualifications of the Licensed Medical Professional are illegible, the Case Manager must send the PMIP back to the medical office to have the signature and qualifications identified legibly on the PMIP.

Attachment(s):

None

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