



OPERATIONAL MEMO

TITLE:	HUMAN RIGHTS COMMITTEE REIMBURSEMENT REQUIREMENTS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	OCTOBER 19, 2020
DIVISION AND OFFICE:	CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	COMMUNITY CENTERED BOARDS
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APPROVED BY: COLIN LAUGHLIN	

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Purpose and Audience:

The purpose of this Operational Memo is to inform Community Centered Boards (CCBs) of the requirements for reimbursement of Human Rights Committee (HRC) reviews through the submission of the administrative contract deliverable.

Information:

Effective July 1, 2020, the Department of Health Care Policy & Financing (Department) changed the payment methodology for the HRC to include reimbursement per HRC review completed. CCBs must submit a contract deliverable to the Department with a listing of all HRC reviews completed the previous month. This deliverable must be submitted to the Department by the fifteenth (15th) of every month in order to receive reimbursement.

The Department will reimburse the CCB per review listed on the deliverable; however, the Department is unable to provide reimbursement for duplicate reviews and will only provide reimbursement once a review is complete. The Department will not reimburse

reviews submitted on the contract deliverable with the determination of "Additional Info Needed". To ensure more accurate billing the Department removed the "Additional Info Needed" option available in the "Determination" column on the contract deliverable.

The following HRC review determinations identified on the HRC contract deliverable are eligible for reimbursement:

- Approved – This determination means that an HRC review is completed and the HRC determined that the HRC packet is complete and the subject of the review is appropriate.
- Denied – This determination means that an HRC review has been completed and the HRC determined that after reviewing a completed HRC packet, the subject of the review is not appropriate.
- Rights Restriction Removed – The determination means that the HRC has completed a review of a Rights Restriction and has determined that the Rights Restriction is no longer appropriate or required and has requested that this be removed.
- Other – This determination is used when no other available option is appropriate. If "Other" is selected as the determination, then the "Other Type of Determination" must be completed. The Department will determine the appropriateness of reimbursement based on the information provided.

Additionally, psychotropic medication reviews for multiple medications prescribed at that point in time for the same individual must be included in the same HRC review and may only receive reimbursement for one HRC review. The separate review of each psychotropic medication prescribed for the same individual is considered a duplicate review and will not be reimbursed.

The Department will provide reimbursement for the same review type when separate HRC packets are submitted for review by separate providers providing oversight of the review type. For example, a rights restriction implemented by a Residential provider and a Day Habilitation provider requires each provider to submit an HRC packet for separate reviews of the implementation of the rights restriction in each provider setting. This review requires separate reviews by the HRC and may result in separate determinations of the review. To ensure that each of these reviews is identified and not considered a duplicate, the contract deliverable was modified to add a column titled, "Provider

Setting for Member". Please complete this column with the provider setting type when a review is completed for the same review type at separate provider settings.

Attachment(s):

None

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