



Reimbursement & Oversight of Community Centered Boards

April 2016

Background

Community Centered Boards (CCBs) are designated according to the provisions of 25.5-10-209, C.R.S. as the agencies responsible to determine eligibility and to coordinate and provide services and supports for Coloradans with Intellectual and Developmental Disabilities (I/DD). CCBs may provide these services and supports directly and may purchase them from other qualified agencies.

Medicaid Administration

The Department of Health Care Policy and Financing (the Department) contracts with the CCBs for administrative activities related to the Medicaid Home and Community-Based Services (HCBS) waivers and other Medicaid programs supporting Coloradans with I/DD. Medicaid administrative functions conducted by the CCBs include, but are not limited to:

- Waiver participant assessment and enrollment
- Service utilization review and management
- Quality assurance and improvement activities
- Preadmission Screening and Resident Reviews (PASRR)
- I/DD Determination

Reimbursement

The Department reimburses CCBs for these administrative functions using a combination of fee-for-service, administrative, and capitated payments as detailed in the CCB contracts.

Required Deliverables and Department Oversight

Some CCBs may be subject to the independent audit requirements established by the Single Audit Act of 1984. To ensure compliance with components detailed in the Office of Management and Budget (OMB) Circular A-133 and Compliance Supplement, those CCBs contract with external Certified Public Accountant (CPA) firms to conduct financial

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and compliance audits. The Department does not impose any other independent audit requirements or require CCBs to provide results of any audit required by OMB.

The Department has developed a comprehensive quality and performance review tool for on-site monitoring of CCB functions. On-site monitoring visits are used to conduct a thorough review of CCB policies, procedures, and agency-wide practices to ensure compliance with all waiver, regulatory, and contractual obligations. The Department ensures remediation of any and all areas of deficiency.

The Department's contracts with CCBs contain a list of deliverables including, but not limited to:

- Communication plan
- Business continuity plan
- Listing of case management staff
- Complaint trend analysis
- Critical incident trend analysis

Medicaid Services Provider

Once determined to have met all applicable provider qualifications, CCBs enter into a Provider Agreement with the Department in order to deliver and be reimbursed for Medicaid services. This Provider Agreement is the same for all Medicaid providers. CCBs may deliver services through their own employees or by subcontracting with independent, qualified providers. CCBs are also enrolled as Targeted Case Management (TCM) providers in order to conduct service planning and coordination activities for Medicaid HCBS waiver participants.

Reimbursement

Medicaid HCBS waiver and TCM services are reimbursed according to the Department's standard fee schedule on a fee-for-service basis.

Required Deliverables and Department Oversight

Per Section 205(i) of OMB Circular A-133, Medicaid payments to a sub-recipient for providing patient care services to Medicaid eligible individuals are not considered federal awards. Therefore, the Department does not require an independent audit of service providers.

The Department maintains documentation of provider qualifications to furnish specific waiver services. This documentation includes copies of the Medicaid Provider Agreement, copies of the Medicaid certification, verification of applicable State licenses, and any other documentation necessary to demonstrate compliance with the established provider qualification standards. Claims are submitted to the Department's fiscal agent for reimbursement through the Medicaid Management Information System (MMIS).

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Claims submitted by the CCBs for Medicaid services are subject to the same scrutiny as any other provider. Providers are required to retain records that verify claims and substantiate payment for a period of six years.

The Department engages in a post-payment review of claims in order to ensure that provider documentation and timekeeping records substantiate claims for reimbursement. A random sample of claims is identified for an audit conducted by Department staff. These audits involve a review of prior authorizations, service plans, provider documentation for each service billed. Any overpayments identified are recovered. The Department initiates the suspension of Medicaid payments to any agency for which there is determined to be a credible allegation of fraud. Any indication of fraud is referred to the Colorado Office of the Attorney General: Medicaid Fraud Control Unit (MFCU). The MFCU has authority to hold individuals or entities accountable through criminal prosecution and/or civil litigation.

State General Fund Programs

The Department contracts with CCBs for the administrative activities related to and the provision of non-Medicaid services and supports for Coloradans with I/DD. These services are available subject to appropriations from the Colorado General Assembly and include the Family Support Services Program (FSSP), State Supported Living Services (State SLS), and Omnibus Budget Reconciliation Act of 1987 Specialized Services (OBRA-SS).

Reimbursement

The Department determines an annual allocation of the State General Fund Program appropriations for each CCB. Each month, the Department disburses a payment equal to 1/12th of the CCB's annual appropriation. The CCBs are required to enter expenditures into the Department's information system. Any funds unexpended by the close of the state fiscal year must be returned to the Department.

The Department also reimburses the CCBs for case management and general administrative services related to the State General Fund Programs. Case management services are reimbursed using a standard per member, per year fee. Management and general administration payments are disbursed monthly and are capped at 15% of the direct service and case management expenditures.

Required Deliverables and Department Oversight

The Department monitors the expenditure data entered by the CCBs into its information systems to ensure those costs are allowable and appropriate. The Department also conducts periodic audits of these programs to ensure compliance with program requirements and to ensure adequate documentation of services rendered. There are no independent financial audit requirements for the State General Fund Programs.

