



COLORADO
Department of Health Care
Policy & Financing

BUS Update Memorandum

TO: All BUS Users
FROM: Rhonda Johnson - BUS Business Analyst
DATE: June 17, 2019
RE: Supported Employment Updates in the BUS

What is changing?

On June 17, 2019, the Financial section of the Client record will be updated in the Benefits Utilization System (BUS). This update will consist of dividing the existing Financial page into two sections and adding two new pages to capture Supported Employment data. The Client Income totals will also be updated to meet legislatively mandated reporting requirements.

Why is this change being made?

Supported Employment data is needed to meet legislatively mandated reporting requirements. The addition of the new Supported Employment pages and updates to the Client Income Totals will satisfy these requirements.

Change #1
 Update to Financial Information Page
 Current View:

Client - Financial - Baklava D pudding - ****-**-6666

- Main Menu
- Advisement Letter
- Assessment - 100.2
- Client Information
- Financial**
- Spousal Financial
- Insurance
- Legal
- Transition Assessment & Planning
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- Logout

Financial Information

[Print Financial](#)
[PDF Version - Print Financial](#)

Date Entered: (mm/dd/yyyy)

Representative Payee:

Does a PETI-Assessment Apply (300% eligible): Yes No

If no, please check reason:
 SSI 1634C 1619B Pickle Amendment Unknown

Person Responsible for Assisting:

Person Responsible for Keeping Records of the Account:

Comments:

Please do not enter a \$ or , character in the amount field.

Income Source	Amount
<input type="checkbox"/> SSA/SSDI	\$ <input type="text"/>
<input type="checkbox"/> SSI	\$ <input type="text"/>
<input type="checkbox"/> Pension	\$ <input type="text"/>
<input type="checkbox"/> Employment	\$ 0.00
<input type="checkbox"/> OAP	\$ <input type="text"/>
<input type="checkbox"/> AND/AB	\$ <input type="text"/>
<input type="checkbox"/> SSA	\$ <input type="text"/>
<input type="checkbox"/> SSDI	\$ <input type="text"/>
<input type="checkbox"/> Personal Needs Allowance	\$ <input type="text"/>
<input type="checkbox"/> Checking Account	\$ <input type="text"/>
<input type="checkbox"/> Savings Account	\$ <input type="text"/>
<input type="checkbox"/> Trust Fund	\$ <input type="text"/>
<input type="checkbox"/> Burial Plan	\$ <input type="text"/>
<input type="checkbox"/> Other	\$ <input type="text"/>

Other Financial Resources

Income Total: \$0.00

New View -

The page has been shortened by removing the Income Totals, and two new mandatory questions are visible:

Test - Client - Financial - Baklava D pudding - ****-**-6666

Main Menu	Financial Information	
Advisement Letter		
Assessment - 100.2		
Client Information	Print Financial PDF Version - Print Financial	
- Financial	Date Entered: <input type="text" value="07/26/2018"/> (mm/dd/yyyy)	
- Employment	Representative Payee: <input type="text"/>	
- Client Income Totals	Does a PETI-Assessment Apply (300% eligible): <input type="radio"/> Yes <input checked="" type="radio"/> No	
- Client Financial Verify	If no, please check reason: <input type="checkbox"/> SSI <input type="checkbox"/> 1634C <input type="checkbox"/> 1619B <input type="checkbox"/> Pickle Amendment <input type="checkbox"/> Unknown	
- Spousal Financial	Person Responsible for Assisting: <input type="text"/>	
- Insurance	Person Responsible for Keeping Records of the Account: <input type="text"/>	
- Legal		
Transition Assessment & Planning	Is the client employed? <input type="radio"/> Yes <input type="radio"/> No	←
Risk Mitigation Plan	Is the client pursuing employment? <input type="radio"/> Yes <input type="radio"/> No	←
Assessment - HCA	Comments: <input type="text"/>	
Case Management		
Case Status		
Critical Incident Reports	<input type="button" value="Save"/> <input type="button" value="Clear"/>	
IADL		
Log Notes		
LTC 803		
Program Area		
Referral		
Service Plan		
Service Plan DD Section		
Administration		
Logout		

Change #2 Addition of Employment Page

Test - Client - Financial - Baklava D pudding - ****-**-6666

Main Menu	Employment
Advisement Letter	
Assessment - 100.2	
Client Information	
- Financial	
- Employment	
- Client Income Totals	
- Client Financial Worthy	
- Spousal Financial	
- Insurance	
- Legal	
Transition Assessment & Planning	
Risk Mitigation Plan	
Assessment - HCA	
Case Management	
Case Status	
Critical Incident Reports	
IADL	
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	
Logout	

Employer Name: Client Refused to Answer

Start Date **End Date (if still currently employed, leave blank)**

Client is employed: Full-time Part-time Seasonal

Competitive Integrated Employment Work Crew/Enclave Pre Vocational [Examples](#)

Employment Category: Assembly, Manufacturing, or Packaging [Examples](#)
 Building/Grounds Cleaning or Maintenance [Examples](#)
 Food Prep/Food Service [Examples](#)
 Office Work, Communications, Administrative [Examples](#)
 Retail [Examples](#)
 Self-Employed [Examples](#)
 Technology, Social Media, or Development [Examples](#)
 Other [Examples](#)

Other

Client Wage per Hour: \$ For Example: 9.45 or 10.34 Client Refused to Answer

Total Hours worked per week: Client Refused to Answer

Type of Employment Support:
 Receiving Supported Employment Services through:
 Division of Vocational Rehabilitation in the past year
 HCBS Waiver
Supported Employment Services has been approved effective

Independently Employed (natural supports)

Hovering over [Examples](#) will provide pop-up list of examples of that type of employment

The Employment page is designed to capture the legislatively mandated reporting requirements. Each question on the page is required and the option exists to indicate if the client refuses to answer that question. Upon Submit, another blank Employment section will appear, allowing the documentation of a second job if necessary.

Change #3 Client Income Totals Update

Current View:

Client - Financial - Baklava D pudding - ****-**-6666

Main Menu	Financial Information
Advisement Letter	
Assessment - 100.2	
Client Information	Print Financial PDF Version - Print Financial
- Financial	Date Entered: <input type="text" value="07/26/2018"/> (mm/dd/yyyy)
- Spousal Financial	Representative Payee: <input type="text"/>
- Insurance	Does a PETI-Assessment Apply (300% eligible): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
- Legal	If no, please check reason: <input type="checkbox"/> SSI <input type="checkbox"/> 1634C <input type="checkbox"/> 1619B <input type="checkbox"/> Pickle Amendment <input type="checkbox"/> Unknown
Transition Assessment & Planning	Person Responsible for Assisting: <input type="text"/>
Risk Mitigation Plan	Person Responsible for Keeping Records of the Account: <input type="text"/>
Assessment - HCA	Comments: <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
Case Management	
Case Status	
Critical Incident Reports	
IADL	
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	
Logout	

Please do not enter a \$ or , character in the amount field.

Income Source	Amount
<input type="checkbox"/> SSA/SSDI	\$ <input type="text"/>
<input type="checkbox"/> SSI	\$ <input type="text"/>
<input type="checkbox"/> Pension	\$ <input type="text"/>
<input type="checkbox"/> Employment	\$ 0.00
<input type="checkbox"/> OAP	\$ <input type="text"/>
<input type="checkbox"/> AND/AB	\$ <input type="text"/>
<input type="checkbox"/> SSA	\$ <input type="text"/>
<input type="checkbox"/> SSDI	\$ <input type="text"/>
<input type="checkbox"/> Personal Needs Allowance	\$ <input type="text"/>
<input type="checkbox"/> Checking Account	\$ <input type="text"/>
<input type="checkbox"/> Savings Account	\$ <input type="text"/>
<input type="checkbox"/> Trust Fund	\$ <input type="text"/>
<input type="checkbox"/> Burial Plan	\$ <input type="text"/>
<input type="checkbox"/> Other	\$ <input type="text"/>

Other Financial Resources

Income Total: \$0.00

New View -

The Client Income Totals have been moved from the initial Financial page to their own page:

Test - Client - Financial - Baklava D pudding - ***-**-6666

Main Menu	Client Income Totals	
Advisement Letter		
Assessment - 100.2		
Client Information		
- Financial		
- Employment		
- Client Income Totals		
- Client Financial Verify		
- Spousal Financial		
- Insurance		
- Legal		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		
Case Management		
Case Status		
Critical Incident Reports		
IADL		
Log Notes		
LTC 803		
Program Area		
Referral		
Service Plan		
Service Plan DD Section		
Administration		
Logout		

Please do not enter a \$ or , character in the amount field.

Income Source	Monthly Amount
<input type="checkbox"/> SSA/SSDI	\$
<input type="checkbox"/> SSI	\$
<input type="checkbox"/> Pension	\$
<input type="checkbox"/> Employment	\$ 0.00
<input type="checkbox"/> OAP	\$
<input type="checkbox"/> AND/AB	\$
<input type="checkbox"/> SSA	\$
<input type="checkbox"/> SSDI	\$
<input type="checkbox"/> Personal Needs Allowance	\$
<input type="checkbox"/> Checking Account	\$
<input type="checkbox"/> Savings Account	\$
<input type="checkbox"/> Trust Fund	\$
<input type="checkbox"/> Burial Plan	\$
<input type="checkbox"/> Other	\$

Other Financial Resources

Income Total: \$0.00

To clarify that the amounts entered for the various income sources should be the monthly amount received by the individual, the column heading has been renamed Monthly Amount. Also, as an added verification, if a total is entered in the Monthly Amount column, the corresponding Income Source must be checked.

Change #4 Client Financial Verify

To check for errors, a Client Financial Verify page has also been added.

Test - Client - Service Plan - Baklava D pudding - ****-**-6666

Main Menu	Client Financial Verificaton Report	
Advisement Letter		
Assessment - 100.2		
Client Information		
Financial		
- Employment		
- Client Income Totals		
- Client Financial Verify		
Spousal Financial		
Insurance		
Legal		

Error Number	Program Section	Error Message
Congratulations the Client Financial is complete!		

If you have any questions about these changes to the Financial pages in the BUS, please contact:

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HCBS Benefits Specialist - Katie Taliercio Katie.Taliercio@state.co.us

BUS Administrator - Rhonda Johnson Rhondab.Johnson@state.co.us