

Care and Case Management (CCM) System Assessment & Support Plan

Case Management Agency UPDATE

March 8, 2022

Agenda

ARPA Health Record Question

Demonstration of CCM System

Updates & Review

- Participation Update
- Proposed Components Review
- Participant Types Review
- Functionality Review

Discuss Proposal

Q&A

ARPA

Electronic Health Record (EHR)

An EHR should:

- Make information available instantly and securely to authorized users.
- Be interoperable and share information with other providers, such as laboratories, specialists, medical imaging facilities, pharmacies, emergency facilities, and clinics.
- Automate and streamline workflows.
- Support care-related activities (evidence-based decision support, quality management, and outcomes reporting) directly, or indirectly, through various interfaces.

An EHR should include key administrative and clinical data relevant to that person's care, such as:

- Demographics
- Progress notes
- Medications
- Vital signs
- Medical history
- Immunizations
- Laboratory and test reports
- Radiology reports
- Diagnoses
- Treatment plans
- Allergies

ARPA

Electronic Health Record

- Does your agency use EHR?
- What types of systems do you use?

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Demonstration

- Search and Add Members
- Health 360 View
- Activities
 - Alerts
 - Tasks/Appointments
 - Activity Log
- Case Management
 - Programs
 - Assessment/Support Plans

Review & Update

Participation Update

- Change Management Leaders- 64
- Superusers- 128

DD	SLS	CHCBS	SCI	BI	CES	EBD	CHRP	CMHS	CLLI
31	34	14	4	14	25	38	16	36	7

Intake	30
Ongoing	49

CCB	SEP	Private
16/20	21/24	3/5



DD	SLS	EBD	CMHS	BI	CIH (SCI)	CES	CHRP	CHCBS	CLLI
253	193	390	55	8	4	382	6	347	14

Proposed Components

Task	Environment	Role	#
End to End UAT Testing	UAT (Testing)	Department Staff Case Management Representatives	5-6
Mock Assessments	Sandbox (Training)	Superusers Change Management Leaders (optional)	128 52
Orientation Activities	Sandbox (Training)	Superusers Change Management Leaders	128 52
LMS A/SP Training	VILT/WBT	Department Staff Superusers Change Management Leaders	? 128 52
CCM System Training	?	Department Staff Superusers Change Management Leaders	? 128 52
1700 Member Assessments	CCM Live (Production)	Superusers	128

Participant Types

- **Primary Contacts** will be the department's primary point of contact for the communication regarding soft launch activities to the agency. This can be a case management director, supervisor, etc. They will not necessarily receive the training or participate in soft launch, but receive and disseminate information to their organization about the soft launch and CCM system Go Live.
- **Superusers** will be anyone qualified as a case manager who is going to complete member assessments and support plans once we begin that phase of the process. This could include leads, supervisors, training coordinators, as long as they intend to complete member assessments using the new system and instruments.
- **Change Leaders** will participate in training and have access to the training environment prior to using the assessment with members, but will not actually complete member assessments & support plans. This can include administrative staff, training coordinators, supervisors, etc. who would benefit from exposure to the system and instruments in order to inform operational readiness activities.

CCM System Functionality at Soft Launch

For Members Participating in Soft Launch

Existing BUS Functionality in CCM

- Member Demographics
- Intake & Referrals
- LOC Screen (Formally 100.2)
- Person-Centered Support Plan (Formerly Service Plan in BUS)
- ~~Notice of Action/Appeals (Formally LTC 803 Notice of Action)~~
- ~~Critical Incident Reports (CIRs)~~
- Log Notes
- Case Status
- Program Area

Existing DDDWeb Functionality in CCM

- Member Demographics
- ~~State General Fund Programs~~
- ~~Waitlist Management~~
- ~~Billing for State Fund Programs~~
- ~~Critical Incident Reports (CIRs)~~
- Case Status
- Program Area

Discussion

Activities Checklist

- Sign in
- Dashboard
- Search for a member
- Add a member
- Health 360
- Add Dx, Allergies
- Upload a document
- Add Activity Log
- Time Tracking

Mock Assessments

- Intake
- LOC
- Personal Story
- Introduction to Needs Assessment
- Needs Assessment
- Support Plan



Questions?



Contact Info

Send Questions to: hcpf_ccm_stakeholder@state.co.us

Find Info at:

hcpf.colorado.gov/care-case-management-system

hcpf.colorado.gov/new-assessment-and-person-centered-support-plan



COLORADO

Department of Health Care
Policy & Financing

Q & A

Q Do you have a more concrete idea on the amount of super users DP can expect, including change management leader(s)? We could also use more clarification on the intended role of the change management leaders vs. super users

A We hope to have this in the next two weeks. You should have received an email today asking you to submit who you would like to have participate in each roll by March 3rd. We will take that to our vendors and identify if we have the licenses needed.

Q When will super users get access to the training & CCM system?

A Access will be given when we have functions available in the training environment to utilize. We expect this to be late April to early May. The department and the vendor are finalizing the new schedule now and we will be able to identify this date more exactly when that is completed.

Q How much training can super users expect, both in terms of time commitment and the content? Will the super users have additional training to complete prior to go-live as all other users complete training?

A At this time, Superusers are expected to receive the same policy and system training as all other users when it comes to the WBT/VILT training. This has been estimated to be approximately 45 hours. We are currently working on an additional contract to develop additional activities in the learning environment as well as reviews of their initial LOC Screens prior to performing assessments on members. We do not have an estimate for this time yet. The other part of training they would receive is the practical, hands-on experience of doing assessments for about three months prior to other case managers.

Q What will be the preferred avenue for super users to report any functionality and/or technical concerns to HCPF prior to full launch?

A The Help Desk will be available with dedicated staff to support technical/system issues during the soft launch.

Q Will any soft launch work stay in the system when it goes live or be deleted? Essentially, we could use a bit more clarification on what soft launch work will be pure ‘mock’ work versus ‘real’ work. For either ‘real’ or ‘mock’ work, will some of the reporting functionalities be available for us to track what we do in the system and/or start to plan for how our billing/payment processes will change?

A The “mock” work will be done in the training environment, or sandbox. It will use fictitious members/information. It will stay in the sandbox and is not a part of the “production” or live CCM system that is used once the system is fully functional. The actual member assessments and support plans will be done in the live system. The actual member assessments and support plans will stay in the CCM system throughout soft launch and after go live.

Q Will the soft launch be geared toward CSRs, or will it include Initial Assessments as well? An intake module was mentioned - what does that look like?

A The soft launch will mostly include CSRs for the purpose collecting data for the PCBA; however, we will also need to collect some initial assessments to help us to determine rates.

Q Will there be any tracking mechanism for any work super users complete in the system?

A Yes. There will be limited reports available from the system related to the activities being completed in the CCM during soft launch as well as tracking that is being done directly by the department for participants of soft launch.

Q How many total assessments/support plans will need to be completed for the soft launch for each agency, or statewide?

A The table below shows how many Needs Assessments are needed of each waiver in order to begin development on the Person-Centered Budget Algorithm. The goal would be to collect these before Go Live, but it is not necessary for us to do so in order to Go Live with the CCM system.

DD	SLS	EBD	CMHS	BI	CIH (SCI)	CES	CHRP	CHCBS	CLLI
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Q Will HCPF recruit active individuals in service to participate in the soft launch and/or will the CMAs be responsible for recruiting both active and intake individuals?

A At this point in time, we are planning to complete the new assessments on members who are due for their CSR during the soft launch and on the caseload of participating case managers. For initial enrollments, we will work with case management agencies to determine what will work best given their existing processes and participants. The department and CCDC are working together to build member awareness.

Q We would like to have one of our Senior RCs that do caseload coverage and training participate in the soft launch, but don't know if that is feasible. For instance, am I correct in assuming that if an assessment and SP are completed in the new CCM then all work on that case going forward will need to be completed by the same RC (that has access to CCM) until the GoLive?

A So it would not necessarily have to be done by the same RC. But it would have to be RCs who have done the Soft Launch training. So for instance, if your Senior RC is a superuser and is covering for RC 1 and RC 1 is participating as a Superuser in the Soft Launch, then there is no issue with the Senior RC covering and doing Soft Launch activities for RC 1 caseload until they return. But if Senior RC is covering for RC 2, but RC 2 is NOT participating as a Superuser in Soft Launch, then then the Senior RC would not want to start any work in the CCM for members on RC 2's caseload during the Soft Launch.

Q Will Superusers be using the new CCM system for their entire caseload at the Soft Launch or only for the individuals that they've completed the new assessment and SP on?

A They will only be using the CCM system for those on their caseload who complete the new assessment and support plan process. Superusers will use the new LOC Screen (instead of 100.2), new Needs Assessment, and the new Person-Centered Support Plan (instead of the BUS Service Plan) in the CCM for members who are up for their CSR, have a change that would usually require a new 100.2, or initial enrollments during the soft launch period. There will also be other features used to support these activities that they will use in the CCM for those same members, for example time tracking, member record, etc. All other activities for ALL members will be done in the BUS, e.g., log notes for monitoring and TCM, CIRs, etc. will be done in the BUS. If a member is not due for a CSR, but needs an update to the Service Plan, that will be done in the BUS.

Q I am concerned that Streamlined Eligibility between CCM and CBMS may negatively impact SEP payments, specifically the PMPM payment. For example, if a member has a redetermination in May, but the paperwork for Medicaid financial eligibility isn't renewed until August, and the active PAR is not active, then that member would not receive a PMPM for the months of June and July. How can an agency recoup their SEP PMPM reimbursements?

A A member must have the three required components (1) Active PAR, (2) Medicaid Financial Eligibility, and (3) Non system generated log note. If a member does not have all three, then the member is not eligible for PMPM reimbursement. Streamlined Member Determination changes nothing. CBMS will still send financial eligibility spans that will be retroactive to, in this example, May. Your normal processes for identifying the PAR (which would be created retro to May) and log notes entered in the CCM, would all continue to be the foundation of your PM/PM payment.

Q What will change when Streamlined Eligibility implemented?

A Currently, CBMS sends a distinct Program Aid Code for each waiver. For example, A3 for EBD, and A2 for DD. When the interChange gets the A3 from CBMS, it knows to assign that client an EBD benefit plan. If for example, that client gets a spot on the DD waiver, the county technician would need to go in and change that client's Program Aid Code from A3 to A2, while also managing the financial eligibility pieces for the client.

With Streamline Eligibility ALL clients that meet level of care will get ONE Program Aid Code, M3, and waiver assignment will happen in the CCM after the Support Plan is completed. We will no longer have to rely on the counties to manage client movement between waivers, our case managers will be able to do that as long as the client continues to meet financial and Level of Care eligibility. And this will be done automatically between systems and no longer require a DSS1 to be sent manually.

Thank you!