

Care and Case Management Report Crosswalk: Case Management Agency Billing Reports

January 29, 2024



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Agency 05 Report – Critical Incident Report

Report Name: Agency Report 05 - Critical Incidents Report (CIR)

Purpose: Used to process monthly State Supported Living Services Program (State SLS), Omnibus Reconciliation Act of 1987 Specialized Services Program (OBRA-SS), and Family Support Services Program (FSSP) Critical Incident payments.

Criteria for Inclusion on the Report: Report includes all State General Fund (SGF) critical incidents entered within the Incident Management section.

Primary Source for Member Inclusion on Report: Critical Incident Reports (CIRs) entered within the Incident Management Section within the specified time frame.

How to Run the Report: Enter a start and end date for when the CIR was entered into the Care and Case Management (CCM) system **and** a start and end date for when the incident occurred. You may choose to make these dates the same or expand the dates on either range. Both dates must be entered in order to run the report.

Filters for Running the Report:

- Entry Start Date (Date CIR entered into CCM)
- Entry End Date (Date CIR entered into CCM)
- Incident Start Date (Date incident occurred)
- Incident End Date (Date incident occurred)
- Agency
- Program Waiver
- Incident Type
- Incident Status
- Incident Location
- Provider Involved
- Preventable
- Disposition
- Restrictive Information

Data Shown on Report:

- CCM Member ID
- Medicaid ID
- Member Name
- Incident Date
- CM Notification Date
- Incident ID
- Entry Date
- Incident Type
- Abuse Type
- Case Manager
- Agency Name
- Reporting Agency / PASA
- Provider Involved
- Program Type
- Incident Loc Desc
- ER
- Hospitalization
- Hospitalization Type
- M-1 Hold
- Restrictive Intervention

- RI Appropriate?
- HRC
- RDI
- SNF-Rehab
- NF
- Substantiated
- Other Person Involved?
- APS / CPS
- Law Enforcement
- CDPHE Occurrence
- Add / Change Services
- Preventable
- Client's Health Prior
- Root Cause
- CCB Investigation? (Incident Type Death)
- CCB Investigation? (Complete Incident Type Death)
- CCB Substantiated? (Incident Type Death)
- CCB Investigation? (Incident Type MANE)
- CCB Investigation? (Complete Incident Type MANE)
- CCB Substantiated? (Incident Type MANE)
- HCPF Review Disposition

Report Logic: All Critical Incident Reports created by a case manager associated with their agency.

Determining which Case Management Agency: Case Management Agency (CMA) assigned is based on:

1. The CMA associated with the case manager who created the incident record.

Page Resources

Documents (0)

No Records found

Activity Log (0)

No Records found

Detail History

Created By: Holly Warner

Created On: Dec 22, 2023 at 9:06:42 AM

Updated By: InRule System

Updated On: Dec 22, 2023 at 2:42:11 PM

All History

- If the case manager is not tied to a CMA, then it looks for the CMA on the member's program card.

Program Information

Program Name Children's Extensive Support Wait	Program Status Open	Program Number N/A	Program Open Date 08 / 01 / 2023	Enrollment Counted N/A
CM Assigned Yes	Program Closure Date mm / dd / yyyy	Reason for Program Closure - Select -	Other Closure Reason	Declined Reason - Select -
Reopen Date mm / dd / yyyy	Reopen Reason - Select -	Other Reopen Reason		

Not Applicable

Level of Care Certification Information

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision

WAIVER ELIGIBILITY

Providers (1)

Provider	Effective Date	Expiration Date	Primary Provider
The Resource Exchange	12/22/23		No

- If there is not a CMA listed on the program card, the primary CMA is pulled from the Care Team.

Care Provider

All Open 3 Closed 0

Provider	Primary Specialty	Phone	Fax	PCR?	Provider Type	Start/Admit Date
CCHA LLC RAE 7	Regional Accountable Entity	(855) 627-4685		No	Regional Accountable Entity	Jan 1, 2023
Rocky Mountain Human Services				No	MedCompass CMA	Jun 28, 2023
The Resource Exchange				Yes	MedCompass CMA	Jun 28, 2023

- If no primary CMA on the Care Team, it pulls the CMA with the most recent start/admit date.

Care Provider

All Open 4 Closed 0

Provider	Primary Specialty	Phone	Fax	PCR?	Provider Type	Start/Admit Date
Envision				No	MedCompass CMA	Jun 28, 2023
NORTHEAST HEALTH PARTNERS, LLC RAE 2	Regional Accountable Entity	(888) 502-4189		No	Regional Accountable Entity	Jul 1, 2022
The Resource Exchange				No	MedCompass CMA	Oct 19, 2023
The Resource Exchange				No	MedCompass CMA	Oct 18, 2023

Further Restrictions Applied to the Report for Processing Payments:

1. The programs are restricted to:
 - a. FSSP
 - b. NF - OBRA-SS
 - c. State SLS
2. The Date of Incident must fall within the month of payment.
3. Critical Incidents are categorized as Mistreatment Abuse Neglect Exploitation (MANE) or NON-MANE based on the Incident Type Selected.

Incident Info

Incident Number
ab89baba

* Choose Incident Type
Mistreatment/ Abuse/ Neglect/ E

* Date of Incident
08 / 18 / 2023

* Time of Incident
12 : 00 AM

* Status
Closed
This value has expired.

Status Date
08 / 21 / 2023

Location of Incident
- Select -

Facility Name

Security Restrict Access
No ☐ Yes ☒

Billing 01 Reports – Appeals Court Decision

Report Name: Billing Report 01 - Appeals Payment Report - Court Decision Dates

Purpose: Used to process monthly CMA Appeal Court Decision Hearing payments.

Criteria for Inclusion on the Report: Appeal Records entered in the Appeals Section with a date entered in the Court Decision Date field within the Office of Administrative Court Hearing Details screen.

Primary Source for Member Inclusion on Report: Appeals Section

Filters for Running the Report:

- Start Date (Based on Court Decision Dates)
- End Date (Based on Court Decision Dates)
- Program

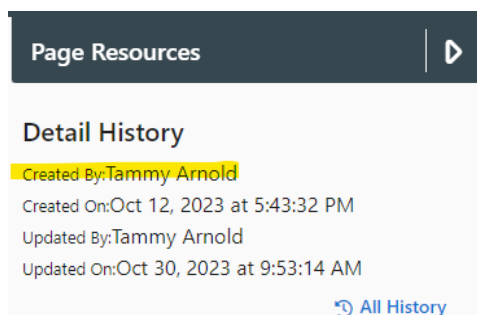
Data Shown on Report:

- Agency
- Medicaid ID
- Member First Name
- Member Last Name
- Member SSN
- Member DOB
- Court Decision Date
- Program
- Appeal Program
- County
- County Designation

Report Logic: All appeals created by a case manager associated with their agency.

Determining which Case Management Agency: Case Management Agency assigned is based on:

1. The CMA associated with the case manager who created the appeal record.



- If the case manager is not tied to a CMA, then it looks for the CMA on the member's program card.

Program Information

Program Name Elderly, Blind & Disabled Waiver (+)	Program Status Open (+)	Program Number N/A	Program Open Date 08 / 01 / 2023 (+)	Program Closure Date mm / dd / yyyy (+)
Reason for Program Closure - Select - (+)	Other Closure Reason	Declined Reason - Select - (+)	Reopen Date mm / dd / yyyy (+)	Reopen Reason - Select - (+)
Other Reopen Reason				

Not Applicable

Level of Care Certification Information (+)

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision (+)

WAIVER ELIGIBILITY (+)

Providers (1) (+)

Provider	Effective Date	Expiration Date	Primary Provider
Rocky Mountain Human Services	12/22/23		No

- If there is not a CMA listed on the program card, the primary CMA is pulled from the Care Team.

Care Provider

All (3) Open (0) Closed (0)

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Colorado Access RAE 5	Regional Accountable Entity	(855) 469-7226	No	No	Regional Accountable Entity	Oct 1, 2019
Rocky Mountain Human Services			No	No	MedCompass CMA	Jun 28, 2023
Rocky Mountain Human Services			Yes	Yes	MedCompass CMA	Jun 28, 2023

- If no primary CMA on the Care Team, it pulls the CMA with the most recent start/admit date.

Care Provider

All (4) Open (0) Closed (0)


Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Envision				No	MedCompass CMA	Jun 28, 2023
NORTHEAST HEALTH PARTNERS, LLC RAE 2	Regional Accountable Entity	(888) 502-4189	No	No	Regional Accountable Entity	Jul 1, 2022
The Resource Exchange			No	No	MedCompass CMA	Oct 19, 2023
The Resource Exchange			No	No	MedCompass CMA	Oct 18, 2023

Further Restrictions Applied to the Report for Processing Payments:

1. The Court Decision Date field must be filled out.

Office of Administrative Court Hearings Details

Office of Administrative Court Hearings Details

* Court Decision Date: 12 / 12 / 2023  Court Decision Time: 12 : 00 : 00 AM Assigned Reviewer: Initial Court Decision: - Select -



* Internal Reviewer Notes:
Dismissed prior to hearing

Exception Filed by Case Management Agency/HCPF:
☐ Yes ☒ No

Office of Administrative Court Hearing Decision Details

Exceptions filed by Other Parties: ☐ Yes ☒ No Decided by Name: Final Court Decision: - Select - Due Date Met: ☐ Yes ☒ No

2. The Appeals are restricted to these programs for payment:
 - a. CHCBS - Effective July 1, 2024
 - b. HCBS-BI
 - c. HCBS-CES
 - d. HCBS-CHRP
 - e. HCBS-CIH
 - f. HCBS-CLLI
 - g. HCBS-CMHS
 - h. HCBS-DD
 - i. HCBS-EBD
 - j. HCBS-SLS
 - k. HCBS-SLS Buy-In
 - l. HBU
 - m. LTHH
 - n. NF
 - o. PACE
3. The payment is based on the program in the "Appeal Program" field. If the case manager does not complete this field, the "Program Name (Required)" field is used for payment. If both are blank, the appeal will not be included in the payment.

Program Name (Required): Long Term Home Health (LTHH) -  **Appeal Program:** Long Term Home Health (LTHH) -  **Service Auth #**: N/A

Billing 01 Reports – Appeals Packets

Report Name: Billing Report 01 - Appeals Payment Report - Packet Dates

Purpose: Used to process monthly CMA Appeal Packet payments.

Criteria for Inclusion on the Report: Appeal records entered into the Appeals screen with a date entered in the Date Appeal Packet Sent to the Office of Administrative Courts field under the Claims section.

Primary Source for Member Inclusion on Report: Appeals Section

Filters for Running the Report:

- Start Date (Based on Appeal Packet Sent Dates)
- End Date (Based on Appeal Packet Sent Dates)
- Program

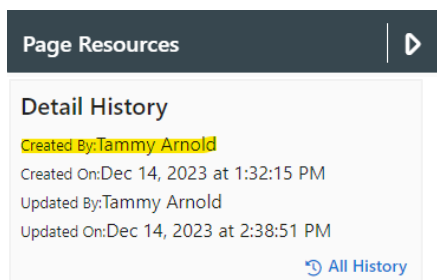
Data Shown on Report:

- Agency
- Medicaid ID
- Member First Name
- Member Last Name
- Member SSN
- Member DOB
- Date Packet Sent
- Program
- Appeal Program
- County
- County Designation

Report Logic: All appeals created by a case manager associated with their agency.

Determining which Case Management Agency: Case Management Agency assign is based on:

1. The CMA associated with the case manager who created the appeal record.



- If the case manager is not tied to a CMA, then it looks for the CMA on the member's program card.

Program Information

Program Name Elderly, Blind & Disabled Waiver	Program Status Open	Program Number N/A	Program Open Date 07 / 01 / 2023	Program Closure Date mm / dd / yyyy
Reason for Program Closure - Select -	Other Closure Reason	Dedined Reason - Select -	Reopen Date mm / dd / yyyy	Reopen Reason - Select -
Other Reopen Reason				

Not Applicable

Level of Care Certification Information

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision

WAIVER ELIGIBILITY

Providers (1)

Provider	Effective Date	Expiration Date	Primary Provider
Developmental Pathways	12/22/23		No

- If there is not a CMA listed on the program card, the primary CMA is pulled from the Care Team.

Care Provider

All Open Closed

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Colorado Access RAE 5	Regional Accountable Entity	(855) 469-7226		No	Regional Accountable Entity	Jan 1, 2024
Colorado Access RAE 5	Regional Accountable Entity	(855) 469-7226		No	Regional Accountable Entity	Oct 1, 2023
Developmental Pathways				Yes	MedCompass CMA	Nov 1, 2023
Rocky Mountain Human Services				No	MedCompass CMA	Dec 6, 2023

- If no primary CMA on the Care Team, it pulls the CMA with the most recent start/admit date.

Care Provider

All Open Closed

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Envision				No	MedCompass CMA	Jun 28, 2023
NORTHEAST HEALTH PARTNERS, LLC RAE 2	Regional Accountable Entity	(888) 502-4189		No	Regional Accountable Entity	Jul 1, 2022
The Resource Exchange				No	MedCompass CMA	Oct 19, 2023
The Resource Exchange				No	MedCompass CMA	Oct 18, 2023

Further Restrictions Applied to the Report for Processing Payments:

1. The Date Appeal packet sent to the Office of Administrative Courts field must be filled out.

Claims			
Corrected Claim <input type="radio"/> Yes <input type="radio"/> No	Claim Attached <input type="radio"/> Yes <input type="radio"/> No	Date received notification of hearing from the Office of Administrative Courts 11 / 27 / 2023	Date Appeal packet sent to the Office of Administrative Courts 12 / 07 / 2023
Extension End Date mm / dd / yyyy	Extension End Time hh : mm --	Client Appealed to District Court? No <input type="radio"/> Yes <input type="radio"/>	Time Forwarded to IRE? hh : mm --

2. The Appeals are restricted to these programs for payment:

- a. CHCBS – Effective July 1, 2024
 - b. HCBS-BI
 - c. HCBS-CES
 - d. HCBS-CHRP
 - e. HCBS-CIH
 - f. HCBS-CLLI
 - g. HCBS-CMHS
 - h. HCBS-DD
 - i. HCBS-EBD
 - j. HCBS-SLS
 - k. HCBS-SLS Buy-In
 - l. HBU
 - m. LTHH
 - n. NF
 - o. PACE
3. The payment is based on the program in the "Appeal Program" field. If the case manager does not complete this field, the "Program Name (Required)" field is used for payment. If both are blank, the appeal will not be included in the payment.

Program Name (Required) Long Term Home Health (LTHH) - ▾	Appeal Program Long Term Home Health (LTHH) ▾	Service Auth # N/A
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Billing Report 06 – LOC Assessments Payment

Report Name: Billing Report 06 – LOC Assessments Payment – OAD Edits – Legacy 100.2 Assessment

Purpose: Used to process monthly CMA 100.2 assessment payments.

Criteria for Inclusion on the Report: The report includes all ULTC 100.2 assessments entered in the LTC Level of Care Eligibility Assessment (Legacy ULTC 100.2) that have an assessment date within the specified search criteria.

Report is cached each night at 1:00 AM MT for the previous three months and all days of the current month.

Primary Source for Member Inclusion on Report: LTC Level of Care Eligibility Assessment (Legacy ULTC 100.2) card.

Filters for Running the Report:

- Assessment Start Date
- Assessment End Date
- Program
- HCBS
- Case Management Agency

Data Shown on Report:

- Agency
- Medicaid ID
- CCM Member ID (GUID)
- Member First Name
- Member Last Name
- Member SSN
- Member DOB
- Assessment ID
- Assessment Date
- Assessment Case Manager
- Assessment Status
- Date Verified
- Completed/Verified Date
- LOC Certification Span End Date
- Event Type
- Event Group Type
- Assessment Outcome
- County
- County Designation
- Program
- HCBS
- Potential Program
- Buy-In
- Primary Case Manager

Report Logic: If an assessment is entered into the Assessment/Support Plan section with an assessment date within the specified date range. Includes completed and in progress assessments. All assessments created by a case manager associated with their agency.

Determining which Case Management Agency: Case Management Agency assigned is based on:

1. The Primary Case Manager or Case Manager Supervisor from the member's Care Team.

Active

Case Manager

Sienna Poague, Primary

Primary

Yes

Start Date:

6/28/23

Copy

2. If the case manager is not tied to a CMA, then it is pulling the CMA from the program card that matches with the program on the 100.2.

Program Information

Program Name

Elderly, Blind & Disabled Waiver

Program Status

Open

Program Number

N/A

Program Open Date

02 / 01 / 2023

Program Closure Date

mm / dd / yyyy

Reason for Program Closure

- Select -

Other Closure Reason

Declined Reason

- Select -

Reopen Date

mm / dd / yyyy

Reopen Reason

- Select -

Other Reopen Reason

Not Applicable

Level of Care Certification Information

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision

WAIVER ELIGIBILITY

Providers (1)

Provider	Effective Date	Expiration Date	Primary Provider
Adult Care Management, Inc.	12/22/23		No

3. If no CMA is assigned to the program card, then the primary CMA on the Care Team.

Care Provider

All Open Closed

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Adult Care Management, Inc.			No		MedCompass CMA	Jun 28, 2023
Adult Care Management, Inc.			Yes		MedCompass CMA	Jun 28, 2023
CCHA, LLC RAE 6	Regional Accountable Entity	(855) 627-4685	No		Regional Accountable Entity	Jul 1, 2018

Determining whether the member is categorized as Buy-In or Non-Buy-In:

1. The Buy-in column in the report should be determined as follows:
 - a. If the member has active health coverage with *Buy-in WAWD* Plan (aid code = AIDB3), then set the value as Buy-In.
 - b. Any other active health coverage, set the value as Non-Buy-In.
 - c. Used to differentiate HCBS-SLS and HCBS-SLS Buy-In members.

Further Restrictions Applied to the Report for Processing Payments:

1. The assessment must have a Verified Date.
 - a. Any assessment without a Verified Date will not be included in the payments.

Assessment/Support Plans: LTC Level of Care Eligibility Assessment (Legacy ULTC 100.2) Version 2.3						
Progress	Version	Level of Care Type	Created	Held Date	Verified Date	Date Completed/Verified
86/86	2.3	Reassessment	Aug 24, 2023	Jul 25, 2023	Jul 25, 2023	Aug 24, 2023

2. HCPF removes duplicate assessments as appropriate for processing payments:
 - a. Any duplicate initial assessments for the member that are for the same program and same month are removed from the report for payment.
 - b. If there are duplicate CSR assessments, depending on the data available they may be removed from the payment report (full duplication of all dates, assessment type, etc.).
 - c. If the member has a duplicate assessment for an initial/CSR and also a waiting list assessment within the same month for the same member it will be removed from the payment report.
3. Assessments are restricted to these programs for payment:
 - a. CHCBS - Effective July 1, 2024
 - b. HCBS-BI
 - c. HCBS-CES
 - d. HCBS-CHRP
 - e. HCBS-CIH
 - f. HCBS-CLLI
 - g. HCBS-CMHS
 - h. HCBS-DD
 - i. HCBS-EBD
 - j. HCBS-SLS
 - k. HCBS-SLS Buy-In
 - l. HBU
 - m. LTHH
 - n. NF
 - o. PACE

Billing 07 – DD and Delay Determinations

Report Name: Billing Report 07 - DD and Delay Determinations

Purpose: Used to process monthly DD and Delay Determination payments.

Criteria for Inclusion on the Report: Report includes all DD Delay and DD Determinations with a Determination Date entered in the DD Delay or DD Determination Screen within the specified timeframe.

Primary Source for Member Inclusion on Report: Determination Date and Determination Type on the Developmental Delay or Developmental Disability Determination screen.

Filters for Running the Report:



- Start Date (Based on Determination Dates)
- End Date (Based on Determination Dates)
- Agency

Data Shown on Report:

- Agency Name
- Request Date
- Decision Date
- Medicaid ID
- CCM Member ID
- First Name
- Last Name
- DOB
- Min Age on Determination
- Determination Type
- Determination Decision

Report Logic: All DD Delay and DD Determinations created by a case manager associated with their agency.

Determining which Case Management Agency: CMA listed as the “Determining Agency” on the Developmental Delay or Developmental Disability Determination screen.

* Determination Type	* Request Date	* Determining Agency
Intellectual/Developmental Disab ▾	12 / 12 / 2023 	Developmental Disabilities Resou ▾
Professional Completing Developmental Delay or Developmental Disability Determination		
+ Add Another Professional		
Determination Decision	Determination Date	
Yes ▾	12 / 14 / 2023 	
Prior Determination	Determination completed for PASRR	Extension Needed (Provide Reason in Comments field)
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disability/Neurological Condition		
Autism Spectrum Disorder ▾		

If “Other” is selected for the Determining Agency, the CMA name is pulled from the “Other Determining Agency” field.

* Determination Type: Intellectual/Developmental Disab

* Request Date: 09 / 12 / 2023

* Determining Agency: Other

* Other Determining Agency: RMHP

Professional Completing Developmental Delay or Developmental Disability Determination

+ Add Another Professional

Determination Decision: Yes

Determination Date: 12 / 18 / 2023

Prior Determination: ☐ Yes ☐ No

Determination completed for PASRR: ☐ Yes ☐ No

Extension Needed (Provide Reason in Comments field): ☐ Yes ☐ No

Disability/Neurological Condition: Autism Spectrum Disorder

Further Restrictions Applied to the Report for Processing Payments:

1. The Determination Date field must be filled out.

Developmental Delay or Developmental Disability Determination

* Determination Type: Developmental Delay

* Request Date: 09 / 28 / 2023

* Determining Agency:

Professional Completing Developmental Delay or Developmental Disability Determination

First Name: Last Name: Remove

+ Add Another Professional

Determination Decision: Yes

Determination Date: 12 / 11 / 2023

Prior Determination: ☐ Yes ☐ No

Determination completed for PASRR: ☐ Yes ☐ No

2. The Determination Type must be:
 - a. Developmental Delay
 - b. Intellectual/Developmental Disability
3. The Determinations are restricted to these programs for payment:
 - a. HCBS-CES
 - b. HCBS-CHRP
 - c. HCBS-DD
 - d. FSSP
 - e. State SLS
 - f. NF OBRA – SS
 - g. HCBS-SLS

Billing 12 – Case Management Activities

Report Name: Billing Report 12 - Case Management Activities

Purpose: Used to process monthly State General Fund program case management and monitoring payments.

Criteria for Inclusion in the Report: Report includes all activity logs entered within the specified timeframe.

Report is cached each night at 1:00 a.m. MT for the previous three months and all days of the current month.

Primary Source for Member Inclusion on Report: Activity log screen

Filters for Running the Report:

- Call Log Contact Date Begin (Activity Log)
- Call Log Contact Date End (Activity Log)
- Case Management Agency
- Program

Data Shown on Report:

- Case Management Agency
- Program
- Member First Name
- Member Last Name
- Medicaid ID
- CCM Member ID (GUID)
- County
- County Designation
- Contact Date
- Event Date
- Method of Contact
- Type of Contact

Report Logic: All activity logs created by a case manager associated with their agency.

Determining which Case Management Agency: Case Management Agency assigned is based on:

1. The case manager who entered the activity log

Page Resources | ▶

Documents (0) +
No Records found

Case Notes (0)
No Records found

Detail History
Created By: Diana Trusova
Created On: Dec 14, 2023 at 9:37:32 AM
Updated By: Diana Trusova
Updated On: Dec 14, 2023 at 9:42:58 AM
[All History](#)

2. If the case manager is not tied to a CMA then it pulls in the CMA from the program card.

Program Information

Program Name
Supported Living Services Waiver

Reason for Program Closure
- Select -

Other Reopen Reason

Program Status
Open

Other Closure Reason

Program Number
N/A

Declined Reason
- Select -

Program Open Date
01 / 01 / 2024

Reopen Date
mm / dd / yyyy

Program Closure Date
mm / dd / yyyy

Reopen Reason
- Select -

Not Applicable

Level of Care Certification Information ▼

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision ▼

WAIVER ELIGIBILITY ▼

Providers (1) ^ +

Provider	Effective Date	Expiration Date	Primary Provider
Developmental Disabilities Res.Ctr.	12/22/23		No

3. If no CMA on the program card, it pulls in the primary CMA from the Care Team.

Care Provider						
<div> <div>All</div> <div>Open</div> <div>Closed</div> </div>						
Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
CCHA, LLC RAE 6	Regional Accountable Entity	(855) 627-4685	No	No	Regional Accountable Entity	Nov 1, 2022
Dvlpmntl Disabilities Res.Ctr.				Yes	MedCompass CMA	Jun 28, 2023
Dvlpmntl Disabilities Res.Ctr.				No	MedCompass CMA	Jun 28, 2023
Jefferson County Social Services				No	MedCompass CMA	Jun 28, 2023

4. If no primary CMA on the Care Team, it pulls the CMA with the most recent start/admit date.

Care Provider						
<div> <div>All</div> <div>Open</div> <div>Closed</div> </div>						
Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Envision				No	MedCompass CMA	Jun 28, 2023
NORTHEAST HEALTH PARTNERS, LLC RAE 2	Regional Accountable Entity	(888) 502-4189		No	Regional Accountable Entity	Jul 1, 2022
The Resource Exchange				No	MedCompass CMA	Oct 19, 2023
The Resource Exchange				No	MedCompass CMA	Oct 18, 2023

Further Restrictions Applied to the Report for Processing Payments:

1. For Ongoing Case Management Payments:

- a. The activity logs are restricted to these programs for payment:
 - i. FSSP
 - ii. State SLS
 - iii. NF OBRA - SS
- b. The following fields must be completed on the activity log for payment purposes:
 - i. Contact Date
 - ii. Program
 - iii. Method of Contact
 1. Email
 2. Face to Face
 3. Fax
 4. Mail
 5. Telephone
 6. Text
 7. Virtual
 - iv. Type of Contact
 1. Case Assigned
 2. Case Conference
 3. Case Documentation
 4. Complaint
 5. Correspondence

6. Critical Incident
7. Discharge and Termination
8. Enrollment
9. Financial Eligibility
10. Hospitalization
11. Mandatory Report
12. Medical
13. Nursing Facility Placement
14. Referral
15. Rights Modification
16. Risk Mitigation Planning
17. Risk Mitigation Response
18. Summary Report – Closure
19. Summary Report – CSR
20. Summary Report – Initial
21. Summary Report – Monthly Contact
22. Summary Report – 6 Month Review
23. Summary Report – Quarterly Contact
24. Support Plan Development
25. Transition Coordination
26. Waiting List/Enrollment

Activity Log

Targeted Case Management Yes	Confidential Note? - Select -	* Contact Date 12 / 12 / 2023	Contact Time 10 : 38 AM	Event Date mm / dd / yyyy
* First Name [Redacted]	Last Name [Redacted]	* Person Contacted Member / Self		
Cell Phone Number [Redacted]	Home Phone Number [Redacted]	Work Phone Number [Redacted]		
Fax [Redacted]	Email Address [Redacted]	Agency / Organization [Redacted]		

Activity Log Details

Program Family Support Services Program	Program Type Family Support Services Program	
Method of Contact Telephone	Category - Select -	* Type of Contact Correspondence
Narrative [Redacted]		

- c. Only one activity log per member is included on the payment each month. All duplicate activity logs for members are excluded for payment purposes.
- d. If the Program field is left blank, these activity logs are excluded from the payment.

2. For Monitoring Payments:

- a. The activity logs are restricted to these programs for payment:
 - i. State SLS
 - ii. NF OBRA-SS
- b. The following fields must be completed on the activity log for payment purposes:
 - i. Contact Date
 - ii. Program
 - iii. Method of Contact

1. Face to Face
 2. Telephone
 3. Virtual
- iv. Type of Contact
1. Monitoring Contact – Scheduled
 2. Monitoring Contact – Unscheduled

Activity Log

Targeted Case Management Yes	Confidential Note? - Select -	* Contact Date 12 / 12 / 2023	Contact Time 10 : 38 AM	Event Date mm / dd / yyyy
* First Name [Redacted]	Last Name [Redacted]	* Person Contacted Member / Self		
Cell Phone Number [Redacted]	Home Phone Number [Redacted]	Work Phone Number [Redacted]		
Fax [Redacted]	Email Address [Redacted]	Agency / Organization [Redacted]		

Activity Log Details

Program Family Support Services Program	Program Type Family Support Services Program
Method of Contact Telephone	Category - Select -
	* Type of Contact Correspondence
Narrative [Redacted]	

- c. Only one activity log per member is included on the payment each month. All duplicate activity logs for members are excluded for payment purposes.
- d. Payments are restricted to four monitoring contacts per member per year.
- e. If the Program field is left blank, these activity logs are excluded from the payment.

Billing 13 – FSSP Most in Need Assessments

Report Name: Billing Report 13 - FSSP Most in Need

Purpose: Used to process monthly FSSP Most in Need assessments.

Criteria for Inclusion on the Report: Report includes all FSSP MIN assessments entered within the Assessment/Support Plan.

Primary Source for Member Inclusion on Report: FSSP Most in Need Assessment in the Assessment/Support Plans section.

Filters for Running the Report:

- Agency
- Start Date (Based on Most in Need Assessment Dates)
- End Date (Based on Most in Need Assessment Dates)

Data Shown on Report:

- Case Management Agency
- Program
- Member Name
- CCM Member ID (GUID)
- Assessment Date

Report Logic: All Most in Need Assessments created by a case manager associated with their agency. The date filter is based on the Assessment Date for the Most in Need Assessment.

Determining which Case Management Agency: Case Management Agency assigned is based on:

1. The case manager who entered the FSSP Most in Need Assessment.

The screenshot displays a vertical sidebar menu with the following sections:

- Page Resources**: Includes a play button icon.
- Documents (0)**: Includes a document icon and a plus sign. Below the header, it states "No Records found".
- Activity Log (0)**: Includes a checkmark icon. Below the header, it states "No Records found".
- Case Notes (0)**: Includes a notepad icon. Below the header, it states "No Records found".
- Detail History**: A section with a yellow highlight on "Created By: Scott Kuster". It lists:
 - Created On: Jan 7, 2024 at 8:47:57 PM
 - Updated By: Scott Kuster
 - Updated On: Jan 7, 2024 at 8:47:57 PMAt the bottom right of this section is a link that says "All History" with a circular arrow icon.

- If the case manager is not tied to a CMA then it pulls in the CMA from the FSSP program card.

Program Information

* Program Name Family Support Services Program	* Program Status Open	Program Number 230629545986	Program Open Date 12 / 15 / 2020	Program Closure Date mm / dd / yyyy
Reason for Program Closure - Select -	Other Closure Reason 	Declined Reason - Select -	Reopen Date mm / dd / yyyy	Reopen Reason - Select -
Other Reopen Reason 				

Not Applicable

Level of Care Certification Information

LOC Threshold and Support Plan Waiver

Waiver Eligibility Decision

WAIVER ELIGIBILITY

Providers (1)

Provider	Effective Date	Expiration Date	Primary Provider
Community Connections, Inc.	12/15/20		No

- If no CMA on the program card, it pulls in the primary CMA from the Care Team.

Care Provider

All Open 2 Closed 0

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Community Connections, Inc.				No	MedCompass CMA	Jun 28, 2023
Community Connections, Inc.				Yes	MedCompass CMA	Jun 28, 2023

- If no primary CMA on the Care Team, it pulls the CMA with the most recent start/admit date.

Care Provider

All Open 4 Closed 0

Provider	Primary Specialty	Phone	Fax	PCP?	Provider Type	Start/Admit Date
Envision				No	MedCompass CMA	Jun 28, 2023
NORTHEAST HEALTH PARTNERS, LLC RAE 2	Regional Accountable Entity	(888) 502-4189		No	Regional Accountable Entity	Jul 1, 2022
The Resource Exchange				No	MedCompass CMA	Oct 19, 2023
The Resource Exchange				No	MedCompass CMA	Oct 18, 2023

Further Restrictions Applied to the Report for Processing Payments:

1. The Assessment Date field must be filled out.

FSSP Most in Need Assessment	
* Assessment Date	12 / 26 / 2023
* Scored Date	12 / 26 / 2023
* Calculated Score	37
Level of Need	Moderate
Outcome	Waiting List

2. Payments are limited to one Most in Need Assessment per year.

FSSP Most in Need Assessment	
* Assessment Date	12 / 06 / 2023
* Scored Date	12 / 06 / 2023
* Calculated Score	10
Level of Need	Low
Outcome	Enrollment Authorized

Contact Information

For questions regarding the CCM Billing Reports that are used to process Case Management Agency Contract payments, please contact the staff below from the Operations and Administration Division within the Office of Community Living:

- Sarah McDonnell, CMA Contract Manager, Sarah.McDonnell@state.co.us
- Lauren Stanislao, Contract & Compliance Specialist, Lauren.Stanislao@state.co.us
- Amanda Allen, Financial Compliance & Monitoring Section Manager, Amanda.Allen@state.co.us