

WAIVER ASSIGNMENT FOR TRAILS CASES IN THE BRIDGE

For HCBS Case Managers

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

WHAT IS CBMS?

- Colorado Benefits Management System
- Statewide database system
- Processes applications / eligibility determinations for:
 - Food
 - Cash
 - Medical assistance
- One system from which interChange/Bridge receives HCBS eligibility

WHAT IS TRAILS?

- Colorado's certified state-county child welfare system
- One system from which interChange/Bridge receives Medicaid eligibility for children / adults whose eligibility is through the child welfare system, such as:
 - Currently receiving foster care
 - Adopted while receiving foster care

WHO IS IN TRAILS?

Some examples of the types of cases that might be in Trails include:

- Subsidized Adoptions
- Not Subsidized Adoptions
- Supplemental Security Income Foster Care
- Child Welfare-Foster Care
- Emancipated Foster Care
- and others...

CBMS AND TRAILS CONFLICT

- Both Trails and CBMS data feeds into the Bridge/iC
- Trails data does not have HCBS eligibility
- Trails data overwriting CBMS data in Bridge/iC
- Data overwrite occurred monthly
- Impacted PPA creation by case managers and provider reimbursement
- Required support of CBMS Mismatch Team
- Impacts Claims Payments

Bridge / interChange

Steps to complete a
Pre-Prior Authorization
(PPA) in the Bridge for
Trails cases

Waiver assignment entered in Bridge with PPA creation

Applicable for all waivers:

- Brain Injury (BI)
- Children's Extensive Support (CES)
- Children's Home and Community-Based Services (CHCBS)
- Children's Habilitation Residential Program (CHRP)
- Spinal Cord Injury (SCI)
- Developmental Disabilities (DD)
- Elderly, Blind, & Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Supported Living Services (SLS)
- Children With Life-Limiting Illness (CLLI)

Members whose waiver enrollment is through CBMS will not have a new process

Case managers will continue to see waiver eligibility in the Bridge as documented below:

Benefit Plan	DD 12/01/2016-12/31/2299
	BHO+B 06/02/2016-12/31/2299
	TXIX 06/02/2016-12/31/2299
Home Lvg Score	BHO+B 01/24/2016-06/01/2016
Comm Lvg Score	TXIX 01/24/2016-06/01/2016
Hlth & Safety Score	TXIX 01/21/2006-01/23/2016
	BHO+B 01/21/2006-01/23/2016

Members with open cases in Trails will not display their waiver enrollment in the Bridge

Case managers will see the following in the Client Information page in those cases:

Benefit Plan	BHO+B 02/01/2020-12/31/2299
	TXIX 02/01/2020-12/31/2299

PLEASE NOTE:

Case managers must verify waiver eligibility before selecting the waiver when creating the PPA

Benefit Plan	BHO+B 02/01/2020-12/31/2299
	TXIX 02/01/2020-12/31/2299

1. After identifying the member using the Client ID, the “Choose Benefit Plan” is enabled in the Base Information of the PPA

The screenshot shows a web form titled "Client ID". It contains several input fields and a table. The "Client ID" field is filled with "Z960001". The "First Name" field is empty. The "Last Name" and "SSN" fields are partially visible. Below the form is a table with the following data:

Client ID	First Name	Last Name	DOB	SSN
Z960001	ALEXANDER	DXC PPA TEST	20110101	650960001

2. Select the member's waiver in the “Choose Benefit Plan” drop-down menu

Base Information x Internal Text x Attachments x Messages x Claim List x External Text x CDASS Allocation x

MMIS PA Number
Bridge PPA Number
PA Status
Process Status
Amendment Status
Process Status Date
Choose Benefit Plan
Provider ID

Client ID* Search
Client Last Name
Client First Name
DOB
Support Level
Receive Alert
Cert Start Date
Cert End Date
Authorized SPAL/CES Limit
Total SPAL/CES Spend
HCBS AVG Daily Cost
LTHH AVG Daily Cost*
Total AVG Daily Cost

Process Status Date
Choose Benefit Plan
Provider ID

3. Complete the PPA

The screenshot shows a web application interface for completing a PPA. It includes a menu bar with options like 'Open Tab', 'save', 'cancel', 'new', 'help', 'Audit', and 'Show All'. The main form is divided into two columns. The left column contains fields for MMIS PA Number, Bridge PPA Number (154199), PA Status (APPROVED), Process Status (WORK IN PROGRESS), Amendment Status, Process Status Date (02/21/2020), Selected Benefit Plan (HCBS-Elderly, Blind and Disabled (EBD)), Provider ID (76221075), Current Benefit Plan (BHO+B 02/01/2020-12/31/2299), and Claims Activity. The right column contains fields for Client ID (Z960001), Client Last Name (DXC PPA TEST), Client First Name (ALEXANDER), Client Birth Date (01/01/2011), Support Level, Receive Alert (NO), Cert Start Date (02/01/2020), Cert End Date (01/31/2021), and a table of costs: Authorized SPAL/CES Limit (\$0.00), Total SPAL/CES Spend (\$0.00), HCBS AVG Daily Cost (\$3.29), LTHH AVG Daily Cost (\$0.00), and Total AVG Daily Cost (\$3.29). At the bottom, there are buttons for 'Sync', 'Check Limits', 'Submit PPA', 'Delete', and 'Print'.

4. Upon selecting Check Limits button, if no errors are found, the PPA can be submitted to the interChange

The screenshot shows the 'Messages' tab in the application. The top of the tab displays the text '*** No rows found ***'. Below this, there is a table with columns for 'Error Code', 'Message', and 'Resolution'. The table is currently empty.

No eligibility errors found

5. Once submitted, the PPA will reflect the waiver date span in the “Current Benefit Plan” drop-down

PLEASE NOTE: Date span of the waiver must match the certification date span from the ULTC 100.2

The image displays two screenshots from a software application. The top screenshot shows a detailed view of a PPA record with various fields and a dropdown menu for 'Current Benefit Plan'. The bottom screenshot shows a 'Base Information' tab with a similar view, highlighting the 'Choose Benefit Plan' dropdown.

Top Screenshot Data:

MMIS PA Number	6200520001	Client ID	Z960001
Bridge PPA Number	154199	Client Last Name	DXC PPA TEST
PA Status	APPROVED	Client First Name	ALEXANDER
Process Status	ACCEPTED BY IC	Client Birth Date	01/01/2011
Amendment Status		Support Level	
Process Status Date	02/21/2020	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	02/01/2020
Provider ID	76221075	Cert End Date	01/31/2021
Current Benefit Plan	BHO+B 02/01/2020-12/31/2299	Authorized SPAL/CES Limit	\$0.00
Claims Activity	TXIX 02/01/2020-12/31/2299 EBD 02/01/2020-01/31/2021	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$3.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$3.29

Bottom Screenshot Data:

MMIS PA Number	6200520001	Client ID*	Z960001
Bridge PPA Number	154199	Client Last Name	DXC PPA TEST
PA Status	APPROVED	Client First Name	ALEXANDER
Process Status	Accepted by IC	DOB	01/01/2011
Amendment Status		Support Level	
Process Status Date	02/21/2020	Receive Alert	NO
Choose Benefit Plan	254 - HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	2/1/2020
Provider ID	76221075	Cert End Date	1/31/2021

In addition to being found in the drop-down Current Benefit Plan, waiver enrollment is in the Base Information tab of the PPA

MMIS PA Number: 6200520001
Bridge PPA Number: 154199
PA Status: APPROVED
Process Status: WORK IN PROGRESS
Amendment Status: SUSPENDED
Process Status Date: 02/21/2020
Selected Benefit Plan: HCBS-Elderly, Blind and Disabled (EBD)
Provider ID: 76221075
Current Benefit Plan: BHO+B 02/01/2020-12/31/2299
Claims Activity: TXXX 02/01/2020-12/31/2299, EBD 02/01/2020-01/31/2021

Client ID: Z960001
Client Last Name: DXC PPA TEST
Client First Name: ALEXANDER
Client Birth Date: 01/01/2011
Support Level: []
Receive Alert: NO
Cert Start Date: 02/01/2020
Cert End Date: 07/31/2020

Authorized SPAL/CES Limit: \$0.00
Total SPAL/CES Spend: \$0.00
HCBS AVG Daily Cost: \$10.71
LTHH AVG Daily Cost: \$0.00
Total AVG Daily Cost: \$10.71

Buttons: Sync, Check Limits, Submit PPA, Delete, Print

Base Information | Line Item | Internal Text | Messages | CDASS Allocation | External Text | Attachments | Claim List

MMIS PA Number: 6200520001
Bridge PPA Number: 154199
PA Status: APPROVED
Process Status: Work In Progress
Amendment Status: SUSPENDED
Process Status Date: 02/21/2020
Choose Benefit Plan: 254 - HCBS-Elderly, Blind and Disabled (EBD)
Provider ID: 76221075

Client ID*: Z960001
Client Last Name: DXC PPA TEST
Client First Name: ALEXANDER
DOB: 01/01/2011
Support Level: []
Receive Alert: NO
Cert Start Date: 2/1/2020
Cert End Date: 7/31/2020

Authorized SPAL/CES Limit: \$0.00
Total SPAL/CES Spend: \$0.00
HCBS AVG Daily Cost: \$10.71
LTHH AVG Daily Cost*: []
Total AVG Daily Cost: \$10.71

Please note the waiver benefit plan assigned by the case manager

The waiver enrollment can also be seen in the Client Information Benefit Plan drop down

Client ID	Z960001	Name	DXC PPA TEST, ALEXANDER	Active	Active
SSN	650-96-0001	Address	1560 BROADWAY	Benefit Plan	BHO+B 02/01/2020-12/31/2299 TXIX 02/01/2020-12/31/2299 EBD 02/01/2020-01/31/2021
Gender	M	Address 2		Home Lvg Score	0
Birth Date	01/01/2011	Address 3		Comm Lvg Score	0
Death Date		City	DENVER	Hlth & Safety Score	0
Age	9	State	CO	Med Needs Score	0
Race	6 - Other/Unknown	ZIP	80202	Behavioral Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	0001	SIS Survey Date	1/1/0001 12:00:00 AM
Language	ENG - English	Phone	(281)826-8787	Calc DD Level	
County	Denver	Phone Type	Work	Calc SLS Level	
		Add Phone	(000)000-0000		
		Add Type			

Please note the waiver benefit plan assigned by the case manager

Members whose case in Trails does not allow enrollment into a particular waiver will not be validated when that waiver is selected

After selecting Check Limits, if there are validation errors, the following two error messages can occur:

Error Code	B005		
Message	SELECTED BENEFIT PLAN-INVALID	Resolution	THE SELECTED BENEFIT PLAN DOES NOT MATCH CLIENT CURRENT ELIGIBILITY. ELIGIBILITY MUST BE UPDATED IN CBMS.

Error Code B005 posts to the PPA when the PPA's benefit plan is not compatible with the member's status in Trails

Error Code	B074		
Message	BENEFIT PLAN ELIGIBILITY BREAK	Resolution	THE ELIGIBILITY OF THE CLIENT HAS A SERVICE BREAK. PLEASE CORRECT THE CERT START DATE.

Error Code B074 posts to the PPA when the PPA's certification period is not compatible with the member's Trails eligibility date range

CHANGING WAIVERS

To end one PPA/Waiver Benefit Plan and create another:

1. End date Base Information and line items of current PPA
2. Submit the PPA
3. Next day, confirm changes are “Accepted by IC”
4. Create new PPA including new Waiver Benefit Plan
5. Submit the PPA
6. Next day, confirm changes are “Accepted by IC”

BRIDGE DEMONSTRATION

KEY POINTS

- Follow process for members with cases in Trails
- Ensure enrollment into waivers is appropriate
- Check and correct errors, as necessary

PLEASE NOTE:

CBMS Mismatch team is available to help during transition to this process

DEPARTMENT / DXC CONTACTS

CBMS Mismatch Team

HCPF_BPA-CBMS-Mismatch@state.co.us

CCM Help Desk

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Thank You!