



The Department of Health Care Policy and Financing (the Department) has identified Home and Community Based Service performance measures that are requiring improvement in case management performance. To enhance case management quality performance, the Department has developed the following guide for case management agencies to review the specific Quality Improvement Strategy (QIS) program performance measures requiring improvement. This guide will provide guidance to case management agencies on how to achieve compliance for these performance measures.

| Data Collection Methods | |
|-------------------------|--|
| Manual Review: | Refers to when the data is manually reviewed by a person in the BUS or Bridge. |
| Data Pull: | A collection of data pulled from the BUS or Bridge. |

Performance Measures

Appendix B Level of Care (LOC)

[B.c.3: Professional Medical Information Page \(PMIP\)](#)

Appendix D Service Plan

[D.a.1: Service Planning and LOC](#)

[D.a.2: Personal Goals](#)

[D.a.4: Mental Health Provider Contacts](#)

[D.c.1: Revising Service Plan](#)

[D.d.4: Service Amount Utilization](#)

[D.d.6: Service Frequency Utilization](#)

Appendix G Health and Welfare

[G.a.3: Critical Incident Reporting \(CIRs\) Follow up Timeline](#)



Performance Measure B.c.3

| Description | |
|---|---|
| Number and percent of new waiver participants for whom a PMIP was completed according to Department Regulations. | |
| Numerator | Denominator |
| Number of new waiver participants for whom a PMIP was completed as required. | Total number of new waiver participants reviewed. |
| Data Source | |
| Manual BUS review | |
| Methodology | |
| <ol style="list-style-type: none"> 1. Medical Providers section of the ULTC 100.2 assessment must be completed and signed by a licensed medical professional. 2. PMIP signature date must be prior to and no earlier than 6 months from the certification start date and no later than 90 days from the ULTC 100.2 assessment date. | |



Helpful Tip:

- Medical Professional name and title reflecting who signed the form must be clearly entered along with the professional's title and date the information was completed.

The screenshot shows a form titled "Medical - Healthcare Providers" with fields for provider information and a table of "Medical Providers".

| Provider Type, Name & Title: | Contact Information: | Person Completing Form Name & Title: | Medical Professional Who Signed the Form: | Date Information Completed PMIP Date: | Comments |
|--------------------------------------|--|--------------------------------------|---|---------------------------------------|----------|
| Physician Dr. Ima Doctor MD | 123 Medical Drive Golden, CO, 80000 303-555-3030 | Ima Nurse N.P. | Dr. Ima Doctor MD | 01/22/2016 | |

Performance Measure D.a.1

| Description | |
|---|--|
| Number and percentage of waiver participants in a representative sample whose Service Plan address the needs identified in the LOC evaluation and determination through waiver and other non-waiver services. | |
| Numerator | Denominator |
| Number of participants in the sample whose Service Plan addresses the needs identified in the LOC evaluation and determination through waiver and non-waiver services. | Total number of waiver participants in the sample. |
| Data Source | |
| Manual BUS and Bridge review. | |
| Methodology | |
| <ol style="list-style-type: none"> 1. For the reviewed LOC ULTC 100.2 assessment certification period, any Activities of Daily Living (ADL) that is scored a 1 or higher must also be checked and addressed in the corresponding Inventory of Needs in the Bridge. | |



Helpful Tips:

- Ensure that when completing the ULTC 100.2 any ADL scored a 1 or higher must align with inventory of needs.
- Reminder that ADLs with a score a 0 **should not** be checked in the inventory of needs in the Bridge.

Performance Measure D.a.2

| Description | |
|---|--|
| Number and percentage of waiver participants in a representative sample whose Service Plan addresses the waiver personal participants goal/s. | |
| Numerator | Denominator |
| Number of waiver participants in the sample whose Service Plan addresses the waiver participants personal goal/s. | Total number of waiver participants in the sample. |
| Data Source | |
| Manual Bridge Review. | |
| Methodology | |
| 1. The “Personal Goal” section is required to be completed in the Bridge for the reviewed certification span. | |



Helpful Tips:

- All goals must be personal goals of the person enrolled in services (not service goals).
- If the member is unable to articulate a personal goal, the case manager shall strive to obtain personal goals of the member from people who know him/her well.



Performance Measure D.a.4

| Description | |
|--|---|
| Number and percentage of waiver participants with a mental health provider in a representative sample whose BUS records indicate coordination between the Case Management Agency and the waiver participants' mental health provider. | |
| Numerator | Denominator |
| Number of participants in the sample for whom the BUS records indicate the waiver participant's mental health provider was contacted every 180 days. | Total number of participants in the sample. |
| Data Source | |
| BUS log note data pull. | |
| Methodology | |
| <ol style="list-style-type: none"> For members on the HCBS Community Mental Health Support waiver, case managers are required to have a BUS lognote indicating that the case manager contacted (or attempted a contact) with the member's mental health provider every 6 months. Contacts must be documented in the BUS with the following drop down options: Person Contacted: Mental Health Agency Contact Type: Summary Report- 6 Month Review or Summary Report- CSR. | |



Helpful Tip:

- Documentation of the mental health provider contact needs to be a separate log note completed at the 6-month review and Continued Stay Review (CSR).

| Type of Contact | Who Contacted | Narrative |
|---------------------------------|----------------------|---|
| Summary Report - 6 Month Review | Mental Health Agency | Contacted Dr. Patch Adams who confirmed that Hasty is attending sessions and is doing well. |



Performance Measure D.c.1

| Description | |
|---|--|
| Number and percentage of waiver participants in a representative sample whose Service Plans were revised, as needed, to address changing needs. | |
| Numerator | Denominator |
| Number of waiver participants in the sample whose Service Plans were revised, as needed, to address changing needs. | Total number reviewed of waiver participants in the sample who needed a revision to their Service Plans to address changing needs. |
| Data Source | |
| Manual BUS review. | |
| Methodology | |
| <ol style="list-style-type: none"> 1. If a Service Plan revision was needed, the reason for the revision needs to be supported by documentation in BUS log notes. 2. Documentation that Service Plan revision was signed and delivered to the participant/representative is required to be documented in BUS log notes. | |



Helpful Tip:

- The log note that the Service Plan revision was signed and delivered to the participant/representative should be documented in a **separate** BUS log note from the log note that justified the need for a revision.



Performance Measure D.d.4

| Description | |
|---|--|
| Number and percentage of waiver participants in a representative sample whose amount of services are delivered as specified in the service plan. | |
| Numerator | Denominator |
| Number of waiver participants in a rep sample whose amount of services are delivered as specified in the service plan. | Total number of waiver participants in the sample. |
| Data Source | |
| Interchange/Bridge data pull. | |
| Methodology | |
| <ol style="list-style-type: none"> 1. Total Prior Authorization Request (PAR) services authorized vs total PAR services utilized for the certification period. 2. Utilization for all services authorized as a whole on the PAR must be 75% or higher. | |



Helpful Tips:

- This performance measure requires a member to utilize 75% of the total amount of **ALL** services authorized by the case manager.
- Case Managers are required to authorize services in the service plan/PAR that align with the members assessed needs. This includes adjusting services on the PAR to reflect the members service needs. Services that are not being utilized as authorized should be reviewed with the member to determine needed changes to the service plan.



Performance Measure D.d.6

| Description | |
|---|--|
| Number and percentage of waiver participants in a representative sample whose frequency of services are delivered as specified in the service plan. | |
| Numerator | Denominator |
| Number of waiver participants in a representative sample whose frequency of services are delivered as specified in the service plan. | Total number of waiver participants in the sample. |
| Data Source | |
| Bridge data pull. | |
| Methodology | |
| 1. Each service authorized on the PAR must be utilized at least one time during the certification period. | |



Helpful Tip:

- Case Managers are required to authorize services in the service plan/PAR that align with the members assessed needs. This includes adjusting services on the PAR to reflect the members service needs. Services that are not being utilized as authorized should be reviewed with the member to determine needed changes to the service plan.



Performance Measure G.a.3

| Description | |
|--|-------------------------------------|
| Number and percentage of all critical incidents (CIRs) requiring follow-up completed within the required timeframe. | |
| Numerator | Denominator |
| Number and percentage of all CIRs requiring follow-up completed within the required timeframe. | Number of CIRs requiring follow-up. |
| Data Source | |
| BUS data pull. | |
| Methodology | |
| <ol style="list-style-type: none"> 1. To meet requirements, the follow-up section must be completed for the CIR by the required timeframe assigned by Telligen. 2. All CIRs must complete the follow up process in the BUS within the timeframe assigned by Telligen. For step by step process, refer to the CIRs technical guide page 22. | |



Helpful Tips:

- Some CIRs *may* require multiple follow-ups.
- For more information regarding Critical Incident Reporting, please see the [CIRS FAQ document](#).