



COLORADO

**Department of Health Care
Policy & Financing**

Single Entry Point Rates Technical Guide

Effective July 1, 2020, the Department of Health Care Policy and Financing (Department) is implementing a new payment methodology based on Administrative Contractual Fee For Service (FFS) and Per Member Per Month (PMPM) rates for deliverable and case management activities. For case management activities, this new methodology requires Single Entry Point (SEP) agencies to enter information in the [Benefits Utilization System \(BUS\)](#) to initiate payment. To ensure all case management activities are documented and billed accurately, the Department developed the following technical guide to provide specified instructions for data entry into the BUS.

Rates associated with each task outlined in this technical guide are listed in the SEP contract.

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Section I.

Critical Incident Reports (CIRS)

The Case Manager is responsible for entering Critical Incident Reports (CIR) in the Department prescribed system as soon as possible, but no later than 24 hours (one business day) following notification. There are no changes to this process as a result of the new rates and payment methodology.

1. Click "Critical Incident Reports" tab for the member

Main Menu										
Advisement Letter	[Add New CIRS] [Print CIRS] [View Completed CIRS] [HCPF Review] [Follow-Up]									
Assessment - 100.2										
Client Information										
Transition Assessment & Planning	To complete a CIRS Follow Up report, please include: 1) All Contacts made, 2) Answers to all questions, and 3) A complete Description of all Follow Up actions taken.									
Risk Mitigation Plan	[Military Time]									
Assessment - HCA										
Case Management										
Case Status										
Critical Incident Reports										
Persons Involved										
Follow-Up										
HCPF Review										
IADL										
Log Notes										
LTC 803										
Program Area										
Referral										
Service Plan										

Critical Incident										
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review	
View	98798		03/06/2020	03/04/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Injury/Illness to Client	1 HCPF Review	
View	97293		02/04/2020	02/03/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Death	1 HCPF Review	
View	97291		02/04/2020	02/02/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Damage to Consumer's Property/Theft	2 HCPF Review	
View	63817		03/08/2018	03/01/2018	Health Care Policy and Financing	Timmy Tester	HCBS-Supported Living Services	Missing Person	None	

2. Click "Add New CIRS" tab

Main Menu										
Advisement Letter	Add New CIRS Print CIRS View Completed CIRS HCPF Review Follow-Up									
Assessment - 100.2										
Client Information										
Transition Assessment & Planning	To complete a CIRS Follow Up report, please include: 1) All Contacts made, 2) Answers to all questions, and 3) A complete Description of all Follow Up actions taken. Military Time									
Risk Mitigation Plan										
Assessment - HCA										
Case Management	Critical Incident									
Case Status		CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Revi
Critical Incident Reports	View	98798		03/06/2020	03/04/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Injury/Illness to Client	1 HCPF Review
- Persons Involved										
- Follow-Up										
- HCPF Review	View	97293		02/04/2020	02/03/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Death	1 HCPF Review
IADL										
Log Notes	View	97291		02/04/2020	02/02/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Damage to Consumer's Property/Theft	2 HCPF Review
LTC 803										
Program Area										
Referral										
Service Plan	View	63817		03/08/2018	03/01/2018	Health Care Policy and Financing	Timmy Tester	HCBS-Supported Living Services	Missing Person	None
Service Plan DD										

3. **All questions are mandatory** and must be answered


Planning	CIRS ID:	Allocated after Save
Risk Mitigation Plan	Date of Incident:	<input type="text"/> (mm/dd/yyyy)
Assessment - HCA	Time of Incident:	<input type="text"/> (HH:MM) Military time.
Case Management	Case Manager Incident Notification Date:	<input type="text"/> (mm/dd/yyyy)
Case Status	Case Manager Incident Notification Time:	<input type="text"/> (HH:MM) Military time.
Critical Incident Reports	Entry Date:	03/11/2020
Persons Involved	Entry Time:	5:15
Follow Up	Client Name:	Hasty G Pudding
HCPC Review	Client Medicaid ID:	A222222
IADL	Client Medicaid DOB:	01/01/1954
Log Notes	HCBS Waiver Program:	HCBS-Childrens Extensive Support
LTC 803	Case Manager Name:	Rhonda Johnson
Program Area	Case Manager Agency Name:	Health Care Policy and Financing
Referral	Entered By:	Brent Salner
Service Plan	Name of Person Reporting Incident to CMA:	<input type="text"/>
Service Plan DD Section	Did the Client Report this Incident?	<input type="radio"/> Yes <input type="radio"/> No
Administration	Name of Provider Agency or PASA who Reported incident to Case Manager:	<input type="text"/>
Logout	Is the Provider Agency reporting the incident an Alternative Care Facility (ACF)?	<input type="radio"/> Yes <input type="radio"/> No
	Was Anyone other than the client involved in the incident?	<input type="radio"/> Yes <input type="radio"/> No
	Has this critical incident been substantiated?	<input type="radio"/> Yes <input type="radio"/> No
	Was a Referral Made to APS/CPS?	<input type="radio"/> Yes <input type="radio"/> No
	Was Law Enforcement involved in this CIR?	<input type="radio"/> Yes <input type="radio"/> No
	Location of Incident:	<input type="text"/> **Expect refresh
	Did this incident involve Restrictive Interventions?	<input type="radio"/> Yes <input type="radio"/> No **Expect refresh
	Did the incident result in an admission and/or treatment in the Emergency Room?	<input type="radio"/> Yes <input type="radio"/> No
	Did the Incident Result in Hospitalization?	<input type="radio"/> Yes <input type="radio"/> No **Expect refresh
	Did this incident result in a Skilled Nursing Facility Rehab Stay?	<input type="radio"/> Yes <input type="radio"/> No
	Did this incident result in Nursing Facility placement?	<input type="radio"/> Yes <input type="radio"/> No
	Did this incident result in a change and/or additional waiver services?	<input type="radio"/> Yes <input type="radio"/> No **Expect refresh
	Did this incident result in Reverse Deinstitutionalization (RDI)?	<input type="radio"/> Yes <input type="radio"/> No
	Did the incident require an occurrence report to CDPHE?	<input type="radio"/> Yes <input type="radio"/> No
	Could this critical incident have been prevented?	<input type="radio"/> Yes <input type="radio"/> No **Expect refresh
	Incident Type:	<input type="text"/> **Expect refresh

4. Once all information is entered, Save CIR and a CIRs ID will be generated.

[illegible]

5. Log note CIR was completed. Note should have:

- Person Contacted listed – None
- Type of Contact – Case Documentation
- For a new CIR – Yes radio button should be selected (If follow up on existing CIR then radio button should be selected for that criteria)
- Enter CIRs number in field
- Save log note

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	03/11/2020
Assessment - 100.2	Time of Contact	10:16:20 AM
Client Information	Person Contacted	None
Transition Assessment & Planning	Billable Log Note Units	0 Units
Risk Mitigation Plan	Non-Billable Log Note Units	0 Units
Assessment - HCA	Type of Contact	Case Documentation
Case Management	Current Program	Children's Extensive Supports (CES)
Case Status	Is this log note a Targeted Case Management Note?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Critical Incident Reports	Did this contact take place Face to Face?	<input type="radio"/> Yes <input checked="" type="radio"/> No
IADL	Confidential?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Log Notes	Does this log note refer to a New Critical Incident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
- Add	Does this log note refer to an Existing Critical Incident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
- Edit	If New/Existing Critical Incident is YES, Enter CIRS Number:	98789
- Delete	 A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.	
- Print One	Narrative:	
- View/Print Range	Critical incident report completed for fall.	
- Log Note Search		
LTC 803		
Program Area		
Referral		
Service Plan		
Service Plan DD Section		
Administration		
Logout		

Creating CIRS Reports in BUS

SEP agencies may view all CIRs entered into the BUS by accessing reports in the BUS. The Department will pull all CIRs from the BUS to initiate payment for each month. Only Agency Administrators delegated in the BUS at each SEP will have the ability to run CIRs report data.

1. Click "Administration" tab

Main Menu						
Advisement Letter	[Add New CIRS] [Print CIRS] [View Completed CIRS]					
Assessment - 100.2						
Client Information						
Transition Assessment & Planning	To complete a CIRS Follow Up report, please include: 1) All Contacts made, 2) Answers to all questions, and [Military Time]					
Risk Mitigation Plan						
Assessment - HCA						
Case Management						
Case Status						
Critical Incident Reports						
- Persons Involved						
- Follow-Up						
- HCPF Review						
IADL						
Log Notes						
LTC 803						
Program Area						
Referral						
Service Plan						
Service Plan DD Section						
Administration						
Logout						

	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency
View	98798		03/06/2020	03/04/2020	Health Care Policy Finan
View	97293		02/04/2020	02/03/2020	Health Care Policy Finan
View	97291		02/04/2020	02/02/2020	Health Care Policy Finan
View	63817		03/08/2018	03/01/2018	Health Care Policy Finan
View	59018		11/25/2017	11/10/2017	Health Care Policy Finan
					Health Care

2. Click "Critical Incident Reports Search"

Main Menu	Administration Menu Please use a link in the menu to the left.
Administration	
BUS Reports	
BUS Tracker	
CIRS Administration	
Critical Incident Reports Search	
Database Tables	
Agency Administration	
CIRS-CCT Monthly/Yearly Report	
Client Update Report	
BUS Forms	
User Accounts	
Logout	

3. Complete date ranges for the specified timespan of the CIRs report

Main Menu	CIRS Administrator Reports				
Administration					
BUS Reports	1 Month Report	3 Months Report	6 Months Report	9 Months Report	12 Months Report
- Case Manager (Only) Report	Search - Items				
- Case Manager (Only) Log Notes Report	Weekly Report of Priority Cases Weekly Report				
- Log Notes Detailed Report	CIRS ID : IS <input type="text"/>				
- Case Manager Face to Face Log Notes Report	State ID : <input type="text"/>				
- Face to Face Log Notes Monthly Summary	Keyword Search : <input type="text"/>				
- Case Manager Assessment Report	Entry Date Range : FROM <input type="text"/> TO <input type="text"/>				
- Case Manager Service Plan Report	Program Area - LTSS : <input type="text"/>				
BUS Tracker	Program Area - DIID : <input type="text"/>				

4. Program Area **LTSS** - select All

Main Menu	CIRS Administrator Reports				
Administration					
BUS Reports	1 Month Report	3 Months Report	6 Months Report	9 Months Report	12 Months Report
- Case Manager (Only) Report	Search - Items				
- Case Manager (Only) Log Notes Report	Weekly Report of Priority Cases	Weekly Report			
- Log Notes Detailed Report	CIRS ID : <input type="text" value="IS"/> <input type="text"/>				
- Case Manager Face to Face Log Notes Report	State ID : <input type="text"/>				
- Face to Face Log Notes Monthly Summary	Keyword Search : <input type="text"/>				
- Case Manager Assessment Report	Entry Date Range : FROM <input type="text"/> TO <input type="text"/>				
- Case Manager Service Plan Report	Program Area - LTSS : <input type="text" value="All"/>				
BUS Tracker	Program Area - DIDD : <input type="text" value="All"/>				

5. Program Area **HCBS** – select All

Main Menu		CIRS Administrator Reports	
Administration	<div>1 Month Report</div> <div>3 Months Report</div> <div>6 Months Report</div> <div>9 Months Report</div> <div>12 Months Report</div>		
BUS Reports	Search - Items		
- Case Manager (Only) Report	Weekly Report of Priority Cases		
- Case Manager (Only) Log Notes Report	Weekly Report		
- Log Notes Detailed Report	CIRS ID : <input type="text"/>		
- Case Manager Face to Face Log Notes Report	State ID : <input type="text"/>		
- Face to Face Log Notes Monthly Summary	Keyword Search : <input type="text"/>		
- Case Manager Assessment Report	Entry Date Range : <input type="text"/> FROM <input type="text"/> TO <input type="text"/>		
- Case Manager Service Plan Report	Program Area - LTSS : <input type="text"/>		
BUS Tracker	Program Area - DIDD : <input type="text"/>		
CIRS Administration	Program Area - HCBS : <input type="text"/>		
Critical Incident Reports Search	<input type="text"/> <input type="text"/> <input type="text"/>		
Database Tables	<input type="text"/> <input type="text"/> <input type="text"/>		
Agency Administration	<input type="text"/> <input type="text"/> <input type="text"/>		
CIRS-CCT Monthly/Yearly Report	<input type="text"/> <input type="text"/> <input type="text"/>		

6. Program Area CCT – select All

Main Menu		CIRS Administrator Reports	
Administration			
BUS Reports		<input type="button" value="1 Month Report"/> <input type="button" value="3 Months Report"/> <input type="button" value="6 Months Report"/> <input type="button" value="9 Months Report"/> <input type="button" value="12 Months Report"/>	
- Case Manager (Only) Report		Search - Items	
- Case Manager (Only) Log Notes Report		<input type="button" value="Weekly Report of Priority Cases"/> <input type="button" value="Weekly Report"/>	
- Log Notes Detailed Report		CIRS ID : <input type="text" value="is"/> <input type="button" value="v"/>	
- Case Manager Face to Face Log Notes Report		State ID : <input type="text"/>	
- Face to Face Log Notes Monthly Summary		Keyword Search : <input type="text"/>	
- Case Manager Assessment Report		Entry Date Range : <input type="text"/> FROM <input type="text"/> TO <input type="text"/>	
- Case Manager Service Plan Report		Program Area - LTSS : <input type="text" value="[All]"/>	
BUS Tracker		Program Area - DIDD : <input type="text" value="[All]"/>	
CIRS Administration		Program Area - HCBS : <input type="text" value="[All]"/>	
Critical Incident Reports Search		<input type="text" value="HCBS-Brain Injury"/> <input type="text" value="HCBS-Community Mental Health Supports"/>	
Database Tables		<input type="text" value="[All]"/> <input type="text" value="Colorado Choice Transitions - HCBS-BI"/> <input type="text" value="Colorado Choice Transitions - HCBS-CMHS"/>	
Agency Administration		Program Area - CCT : <input type="text" value="[All]"/>	
CIRS-CCT Monthly/Yearly Report		Incident Type : <input type="text" value="[All]"/>	
Client Update Report		Location : <input type="text" value="[All]"/>	
BUS Forms		Agency Name : <input type="text" value="[All]"/>	
User Accounts		Date of Incident Range : FROM <input type="text"/> TO <input type="text"/>	
Logout		<div> <div> <input type="radio"/> Follow Up <input type="radio"/> Report Completed <input type="radio"/> Report Unnecessary <input type="radio"/> Over Due <input type="radio"/> Not Completed </div> <div> <input type="radio"/> Incident Description <input type="radio"/> Multiple CIRS <input type="radio"/> Delete CIRS <input type="radio"/> Timely Reporting <input type="radio"/> Preventable </div> </div>	
		<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

7. **Incident type.** This section allows reports to be created for specified incident types.
- To create a report for a specified Incident Type, highlight the chosen Incident Type
 - To search for all Incident Types, select [All]

Main Menu Administration BUS Reports - Case Manager (Only) Report - Case Manager (Only) Log Notes Report - Log Notes Detailed Report - Case Manager Face to Face Log Notes Report - Face to Face Log Notes Monthly Summary - Case Manager Assessment Report - Case Manager Service Plan Report BUS Tracker CIRS Administration Critical Incident Reports Search Database Tables Agency Administration CIRS-CCT Monthly/Yearly Report Client Update Report BUS Forms User Accounts Logout	CIRS Administrator Reports				
	<div>1 Month Report 3 Months Report 6 Months Report 9 Months Report 12 Months Report</div>				
	Search - Items				
	<div>Weekly Report of Priority Cases Weekly Report</div>				
	CIRS ID : <input type="text"/>				
	State ID : <input type="text"/>				
	Keyword Search : <input type="text"/>				
	Entry Date Range : <input type="text"/> FROM <input type="text"/> TO <input type="text"/>				
	Program Area - LTSS : <input type="text"/>				
	Program Area - DIDD : <input type="text"/>				
Program Area - HCBS : <input type="text"/>					
Program Area - CCT : <input type="text"/>					
<div>Incident Type : <input type="text"/></div>					
Location : <input type="text"/>					
Agency Name : <input type="text"/>					
Date of Incident Range : <input type="text"/>					
<div>Follow Up</div> <div>Report Completed <input type="radio"/></div> <div>Report Unnecessary <input type="radio"/></div> <div>Over Due <input type="radio"/></div> <div>Not Completed <input type="radio"/></div>					
<div>Incident Description <input type="radio"/></div> <div>Multiple CIRS <input type="radio"/></div> <div>Delete CIRS <input type="radio"/></div> <div>Timely Reporting <input type="radio"/></div> <div>Preventable <input type="radio"/></div>					
<div>Submit Clear</div>					

8. Agency Name - select your agency

Main Menu

- Administration
 - BUS Reports
 - Case Manager (Only) Report
 - Case Manager (Only) Log Notes Report
 - Log Notes Detailed Report
 - Case Manager Face to Face Log Notes Report
 - Face to Face Log Notes Monthly Summary
 - Case Manager Assessment Report
 - Case Manager Service Plan Report
- BUS Tracker
- CIRS Administration
 - Critical Incident Reports Search
- Database Tables
- Agency Administration
 - CIRS-CCT Monthly/Yearly Report
 - Client Update Report
- BUS Forms
- User Accounts
- Logout

CIRS Administrator Reports

1 Month Report 3 Months Report 6 Months Report 9 Months Report 12 Months Report

Search - Items

Weekly Report of Priority Cases Weekly Report

CIRS ID : is

State ID :

Keyword Search :

Entry Date Range : FROM TO

Program Area - LTSS :

Program Area - DIDD :

Program Area - HCBS :
HCBS-Brain Injury
HCBS-Community Mental Health Supports

Program Area - CCT :
Colorado Choice Transitions - HCBS-BI
Colorado Choice Transitions - HCBS-CMHS

Incident Type :

Location :

Agency Name :

Date of Incident Range : FROM TO

Follow Up ☐
Report Completed ☐
Report Unnecessary ☐
Over Due ☐
Not Completed ☐

Incident Description ☐
Multiple CIRS ☐
Delete CIRS ☐
Timely Reporting ☐
Preventable ☐

Submit Clear

9. Once all information is entered, click "Submit" at the bottom of the screen.

- This will create a report of the CIRs for the timeframe stipulated in the date ranges for your agency to verify the total number of CIRs and number of each incident type of CIRs that your agency can be reimbursed for each month.

CIRS Payment

The reimbursement for CIRs is provided at two different rates based on the CIRs type: MANE or OTHER. The CIRs type is determined by the Incident Type selected by the user during entry into the BUS.

Description of CIRS type:

1. **Critical Incident – MANE** – Mistreatment, Abuse, Neglect, Exploitation.

The screenshot shows a web form for reporting a Critical Incident. On the left is a blue vertical bar. The main form area contains three questions: "Did this incident result in Reverse Deinstitutionalization (RDI)?", "Did the incident require an occurrence report to CDPHE?", and "Could this critical incident have been prevented?". Each question has radio buttons for "Yes" and "No". Below these questions is a yellow box labeled "Incident Type:". To the right of this box is a list of incident types: Criminal Activity, Damage to Consumer's Property/Theft, Death, Injury/Illness to Client, Medication Management Issues, Missing Person, Mistreatment/ Abuse/ Neglect/ Exploitation (highlighted in yellow), Unsafe Housing/Displacement, and Other High Risk Issues. A red label "**Expect" is to the right of the list. At the bottom left of the form is a red note: "** IF NO REFRESH - Enable Javascript in browser.". At the bottom right is a "Save" button.

2. **Critical Incident – Other** – Criminal Activity, Damage to Consumer's Property/Theft, Death, Injury/Illness, Medication Management Issues, Missing Person, Unsafe Housing/Displacement, Other High Risk Issues.

This screenshot is identical to the one above, but with green arrows pointing to the "Incident Type:" label and the list of incident types. The list includes: Criminal Activity, Damage to Consumer's Property/Theft, Death, Injury/Illness to Client, Medication Management Issues, Missing Person, Mistreatment/ Abuse/ Neglect/ Exploitation, Unsafe Housing/Displacement, and Other High Risk Issues. The "Mistreatment/ Abuse/ Neglect/ Exploitation" option is highlighted in yellow. A red label "**Expect" is to the right of the list. A red note at the bottom left says: "** IF NO REFRESH - Enable Javascript in browser.". A "Save" button is at the bottom right.

Please note: Reimbursement for CIRs is based on the initial entry of the CIR in the BUS and all follow-up entries are included in the initial payment.

Each Critical Incident entered into the BUS is reviewed by the Department to ensure that all mandatory reporting requirements are completed as well as accurate data entry of each CIR. Once reviewed, a follow up request will be completed by the Department to request an edit if any information is entered incorrectly or if the type of CIR is not identified correctly. Any CIR submitted in the BUS which do not meet the criteria of a Critical Incident will have a CIR disposition of "Not a Critical Incident Report" and will not be included in the reimbursement.

All Critical Incidents-MANE and Critical Incidents-Other must be input into the Department prescribed system and adhere to all requirements listed in the SEP Contract. The Department will pull BUS data on the eleventh (11th) day of the month, by close of business for Critical Incidents-MANE and Critical Incidents-Other from the previous month. Payment will be issued after internal review is completed.

Please refer to the Department training site on Critical Incident Reporting for any further clarification:

www.colorado.gov/hcpf/hcbs-waiver-critical-incident-reporting

Appeals

SEPs are required to represent the Department through the appeal process in accordance with 10 CCR 2505-10, Sections 8.057 et. seq. This includes representation of its actions and defense of any adverse action at Administrative Law Judge Hearings, timely creation and distribution of appeal packets, detailed documentation throughout the appeals process, and cooperation with the Office of the State Attorney General. Full requirements of Long Term Care Appeals are outlined in the SEP contract.

Each SEP will be required to create their own appeal tracker document for use by their agency. The SEP will use their internal agency appeal tracker to verify that the report received from the Department for reimbursement each month matches their records. The steps below outline the procedure for payment for Appeals-Creation of Packet and Appeals-Attendance of hearing.

Appeals – Creation of Packet

All appeals documented in the BUS will be aligned with a Long-Term Care Notice of Action which will have been completed and entered in the BUS by the Case Manager. Case Managers will follow normal required Long-Term Care Notice of Action procedures. The following steps will need to be followed for reimbursement purposes regarding the appeals process. Steps for reimbursement Appeals - Creation of Packet are as follows:

1. Click "LTC 803" from the member's record in BUS

Main Menu	[Add 803] [View 803] [Print 803] [Print 803 PDF] [Print Spanish 803] [Delete 803] [Remove Final] [Appeals]				
Advisement Letter					
Assessment - 100.2					
Client Information	View	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
Transition Assessment & Planning	View	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire
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					

- Click "Appeals" tab at top of the page

Main Menu	[Add 803] [View 803] [Print 803] [Print 803 PDF] [Print Spanish 803] [Delete 803] [Remove Final] [Appeals]				
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					

	Entered	Effective	Final	Case Manager
View	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
View	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire

- Click on "Add Appeal" tab

Main Menu	
Advisement Letter	
Assessment - 100.2	[Add Appeal]
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	
Assessment - HCA	

Appeal Records	
No	records have been entered for the client

- Click "Add" on row that corresponds to the 803 Long-Term Care Notice of Action the appeal is based on

Main Menu					
Advisement Letter					
Assessment - 100.2	[Back]				
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					
Assessment - HCA					
Case Management					
Case Status					

Select an 803 below to add an appeal record.					
	Entered	Effective	Final	Case Manager	Notification Type
Add	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney	Not eligible for waitlist or not eligible or no longer eligible to receive services
Add	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire	Services are being decreased or changed

5. Enter the date the notification was received in the corresponding field and click "Save"

Main Menu [\[Back\]](#) [\[Finalize\]](#)

Appeal Information

Date received notification of hearing from Division of Administrative Hearing

Date Appeal packet sent to Division of Administrative Hearing

Hearing Date

Hearing Type ☐ Telephone ☐ Face-To-Face ☐ **Clear Answer**

Initial Decision Received from Division of Administrative Hearing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date of Decision from Division of Administrative Hearing

Exception filed by Case Management Agency ☐ Yes ☐ No ☐ **Clear Answer**

Exceptions filed by Other Parties ☐ Yes ☐ No ☐ **Clear Answer**

Final Decision from Health Care Policy and Financing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date Final Decision Received from Health Care Policy and Financing

Client Appealed to District Court? ☐ Yes ☐ No ☐ **Clear Answer**

District Court Decision ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date of Decision from District Court

Appeal Canceled ☐ Yes ☐ No ☐ **Clear Answer**

Cancel Reason

Cancel Reason "Other" Description

☐ If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.

Date of Appeal Cancel

Comments

6. Add appeal record to SEP internal tracking. The appeal will then stay saved and in edit mode in the BUS when the Case Manager returns to the appeal tab

Main Menu [\[Add Appeal\]](#) [\[View Appeal\]](#) [\[Delete Appeal\]](#) [\[Remove Final\]](#)

Appeal Records

	803 Date	Final Initial Decision	Initial Decision Date	HCPF Final Decision	HCPF Final Decision Date
<input type="button" value="Edit"/>	02/12/2020 01:29:46 PM				

If no resolution with the member is determined prior to the scheduled appeal hearing, the Case Manager shall develop an appeals packet which contains all relevant documentation to support the denial or adverse action. The SEP shall develop an appeal's packet no earlier than twenty (20) business days prior to the date of a scheduled hearing. In the event an appeal is not entered into the BUS by the required timeframes for the previous month, it will need to be submitted through the Payment Correction process outlined in the SEP contract.

- After the appeals packet is completed and officially sent to the Division of Appeals Court, the Case Manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action in the BUS and complete the field for "Date Appeal packet sent to Division of Administrative Hearing" and click "Save". Do not complete any other fields until after the Initial Decision is received. The SEP will update their internal appeals tracker with this information. The Department will use this field to generate the monthly report for reimbursement of the Appeals-Creation of Packet. Case Managers must create a log note stating the appeals packet was sent to Administrative Courts.

Main Menu	Appeal Information
Advisement Letter	[Back] [Finalize]
Assessment - 100.2	
Client Information	Date received notification of hearing from Division of Administrative Hearing 03/12/2020
Transition Assessment & Planning	Date Appeal packet sent to Division of Administrative Hearing 04/10/2020
Risk Mitigation Plan	Hearing Date
Assessment - HCA	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> Clear Answer
Case Management	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Case Status	Date of Decision from Division of Administrative Hearing
Critical Incident Reports	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
IADL	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Log Notes	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
LTC 803	Date Final Decision Received from Health Care Policy and Financing
Program Area	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Referral	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Service Plan	Date of Decision from District Court
Service Plan DD Section	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Administration	Cancel Reason
Logout	Cancel Reason "Other" Description
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.
	Date of Appeal Cancel
	Comments
	[Save] [Clear]

If an appeal packet is completed within the timeframes described in the SEP contract and the Member withdraws the appeal after that timeframe or the Administrative Law Judge reverses the decision to have the appeal heard, the SEP will still receive payment for the creation of the appeal packet. In order to receive reimbursement, the Case Manager must complete required documentation in the BUS.

Required documentation in the BUS includes:

- Update the appeals tab with the date the appeal packet was sent to the Division of Administrative Hearing
- Add a log note and update the section in the appeal tab
- Select Appeal Canceled or dispute resolved with a reason for cancellation or resolution
- Once this tab is completed, the Case Manager must save and finalize the appeal information

Main Menu	[Back] [Finalize]
Advisement Letter	
Assessment - 100.2	Appeal Information
Client Information	Date received notification of hearing from Division of Administrative Hearing <input type="text" value="03/12/2020"/>
Transition Assessment & Planning	Date Appeal packet sent to Division of Administrative Hearing <input type="text" value="04/10/2020"/>
Risk Mitigation Plan	Hearing Date <input type="text"/>
Assessment - HCA	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> Clear Answer
Case Management	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Case Status	Date of Decision from Division of Administrative Hearing <input type="text"/>
Critical Incident Reports	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
IADL	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Log Notes	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
LTC 803	Date Final Decision Received from Health Care Policy and Financing <input type="text"/>
Program Area	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Referral	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Service Plan	Date of Decision from District Court <input type="text"/>
Service Plan DD Section	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Administration	Cancel Reason <input type="text"/>
Logout	Cancel Reason "Other" Description <input type="text"/>
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.
	Date of Appeal Cancel <input type="text"/>
	Comments <input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Clear"/>

The SEP shall ensure that all Appeals - Creation of Packet are input in the BUS and adhere to all requirements listed in the SEP Contract. The Department will review BUS data on the eleventh (11th) day of the month, by close of business for the development of appeals packets from the previous month. This payment for Appeals - Creation of Packet will be made once the deliverable is reviewed and accepted by the Department.

Appeals – Attendance of Hearing

The SEP shall represent its actions at Administrative Law Judge Hearings when the Member appeals a denial or adverse action affecting a Member's program eligibility or receipt of services.

Payment for Attendance of Hearing will not be issued until there has been an initial decision received in writing by the SEP. Appeals-Attendance at Hearing payment will include all hearings that must be attended by the SEP in order for a final decision to be made. The SEP will not be reimbursed more than once for multiple hearings attended regarding the same Member's appeal. Steps for reimbursement for attendance of an appeal are as follows:

1. The case manager shall attend all hearings associated with an appeal by the Member and create a log note of all actions taken associated with the appeal including: Attending the Hearing, initial decision, any exceptions filed and the receipt of the Final Decision.
2. When the Initial Decision is received, the case manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action and complete the following fields:
 - Initial Decision Received from Division of Administrative Hearing
 - Date of Decision from Division of Administrative Hearing, and
 - Click "Save"

The Department will use these fields to generate the report for monthly reimbursement of Appeals-Attendance of Hearing.

Main Menu [\[Back\]](#) [\[Finalize\]](#)

Assessment - 100.2 **Appeal Information**

Client Information Date received notification of hearing from Division of Administrative Hearing

Transition Assessment & Planning Date Appeal packet sent to Division of Administrative Hearing
Hearing Date

Risk Mitigation Plan Hearing Type ☐ Telephone ☒ Face-To-Face ☐ **Clear Answer**

Assessment - HCA Initial Decision Received from Division of Administrative Hearing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Case Management Date of Decision from Division of Administrative Hearing

Case Status Exception filed by Case Management Agency ☐ Yes ☐ No ☐ **Clear Answer**

Critical Incident Reports Exceptions filed by Other Parties ☐ Yes ☐ No ☐ **Clear Answer**

IADL Final Decision from Health Care Policy and Financing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Log Notes Date Final Decision Received from Health Care Policy and Financing

LTC 803 Client Appealed to District Court? ☐ Yes ☐ No ☐ **Clear Answer**

Program Area District Court Decision ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Referral Date of Decision from District Court

Service Plan Appeal Canceled ☐ Yes ☐ No ☐ **Clear Answer**

Service Plan DD Section Cancel Reason

Administration Cancel Reason "Other" Description

Logout ☐ If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.

Date of Appeal Cancel

Comments

Save **Clear**

3. When the Final Decision is received, the case manager will go back in to the appeal tab for the corresponding 803 Long-Term Care Notice of Action and must complete all remaining fields starting with Exception filed by Case Management Agency, click "Save" and then "Finalize".

[\[Back\]](#) [\[Finalize\]](#)

Appeal Information

Date received notification of hearing from Division of Administrative Hearing

Date Appeal packet sent to Division of Administrative Hearing

Hearing Date

Hearing Type ☐ Telephone ☐ Face-To-Face ☐ **Clear Answer**

Initial Decision Received from Division of Administrative Hearing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date of Decision from Division of Administrative Hearing

Exception filed by Case Management Agency ☐ Yes ☐ No ☐ **Clear Answer**

Exceptions filed by Other Parties ☐ Yes ☐ No ☐ **Clear Answer**

Final Decision from Health Care Policy and Financing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date Final Decision Received from Health Care Policy and Financing

Client Appealed to District Court? ☐ Yes ☐ No ☐ **Clear Answer**

District Court Decision ☐ Overturned ☐ Upheld ☐ **Clear Answer**

Date of Decision from District Court

Appeal Canceled ☐ Yes ☐ No ☐ **Clear Answer**

Cancel Reason

Cancel Reason "Other" Description

☐ If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.

Date of Appeal Cancel

Comments

[Save](#) [Clear](#)

Note: the BUS is currently adding a duplicate record each time the appeal tab is updated and saved. Each record is updated with the new information each time the case manager updates the record and saves. When one record is finalized, all records finalize at that time as pictured below. The Department is aware of the issue and is working to resolve it. Reimbursement for the appeals will be based on the number of Member records and not the duplicate copies currently replicating per Member.

Main Menu						
Advisement Letter						
Assessment - 100.2	[Add Appeal] [View Appeal] [Delete Appeal] [Remove Final]					
Client Information						
Transition Assessment & Planning						
Risk Mitigation Plan						
Assessment - HCA						
Case Management						
Case Status						
Critical Incident Reports						
IADL						
Log Notes						
LTC 803						

Appeal Records						
	803 Date	Final	Initial Decision	Initial Decision Date	HCPF Final Decision	HCPF Final Decision Date
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020

If an appeal is attended by the case manager and the Member does not attend, the SEP will still be reimbursed for attending the appeal hearing after the initial decision is received and the steps listed above are accurately documented in the BUS and the appeal is finalized.

The SEP shall ensure all areas of the “Appeals - Attendance at Hearing” information are entered in the BUS and adhere to all requirements listed in the SEP Contract. The Department will review BUS data on the eleventh (11th) day of the month by close of business, for attendance of hearing from the previous month. Payment for attending appeal hearings will be made once the deliverable is reviewed and accepted by the Department.

In the event that an appeal notification is received from a Member and no 803 Long-Term Care Notice of Action was issued by the SEP, the SEP will still be reimbursed for all appeal activities. The case manager will document all appeal activities through log notes in the BUS. The Member’s case will be added to SEP’s internal appeals tracker and the work completed will be submitted through the Payment Correction process the month after each activity is completed. Do not add an appeal in the BUS through the LTC 803 tab if there is no corresponding 803 Long-Term Care Notice of Action.

Payment per Assessment

The SEP shall perform all Initial and Continued Stay Review Functional Eligibility Assessments for the operation of a SEP agency in accordance with §25.5-6-104, C.R.S., 10 CCR 2505-10, Section 8.401, and 10 CCR 2505-10, Sections 8.393.2 *et seq.*

The reimbursement for assessments is provided at two different rates based on the assessment type: Initial Functional Eligibility and Continued Stay Review- Functional Eligibility (CSR). The assessment type is determined by the Event Type selected by the Case Manager during entry into the BUS.

Description of Assessment Types:

1. **Initial Functional Eligibility** - Initial Review, Deinstitutionalization (DI), Reverse DI. Initial Functional Eligibility assessments are reimbursed per assessment.

Main Menu

- Advisement Letter
- Assessment - 100.2
 - Info
 - ADL
 - Medical
 - Assess Demographic
 - LOC Certification
 - Verify
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan

Assessment - 100.2


Event Number 3

Assessment Date (mm/dd/yyyy)

Event Type

- ☐ 6 Month Review
- ☐ Appeal - Decision Overturned
- ☐ CCT Certification Extension
- ☐ Continued Stay Review
- ☒ DI
- ☐ Initial Review
- ☐ Nursing Facility Transfer
- ☒ Reverse DI
- ☐ Unscheduled Review
- ☐ Waitlist


2. **Continued Stay Review- Functional Eligibility** - Continued Stay Review, Nursing Facility Transfer, Unscheduled Review. Continued Stay Review assessments are reimbursed per assessment.

Main Menu	 This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter		
Assessment - 100.2		
Info		
ADI		
Medical		
Assessment Demographic		
LOC Certification		
Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		
Case Management		
Case Status		

Event Number	3
Assessment Date	<input type="text"/> (mm/dd/yyyy)
Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input checked="" type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input checked="" type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input checked="" type="radio"/> Unscheduled Review <input type="radio"/> Waitlist
Assessing Agency	Health Care Policy and Financing ▼
Case Manager	▼

The SEP shall receive payment for conducting all Initial Functional Eligibility Assessments and Continued Stay Review - Functional Eligibility Assessments as identified in the SEP contract. To be eligible for reimbursement each assessment must have one of the previous pictured Event Types and all of the information outlined in the next three steps entered in the BUS by the case manager or it will not populate on the report the Department pulls for reimbursement.

1. The assessment must have an Assessment Date

Main Menu	 This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter		
Assessment - 100.2		
Info		
ADI		
Medical		
Assessment Demographic		
LOC Certification		
Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		

Event Number	3
Assessment Date	<input type="text"/> (mm/dd/yyyy)
Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input type="radio"/> Unscheduled Review <input type="radio"/> Waitlist

- The Program Approval must have a selection from both drop down options in the "LOC Certification (Info)" tab.

Main Menu	Long Term Care Certification Information	
Advisement Letter	Program Eligibility Decision* <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Withdrawn <input type="radio"/> Waitlist Only <input type="radio"/> Closed	
Assessment - 100.2	Agency*	<input type="text"/>
- Info	Authorizing Decision*	<input type="text"/>
- ADL	County*	<input type="text"/>
- Medical	Start Date	End Date <input type="text"/>
- Assessment Demographic		
- LOC Certification		
~ Level Of Care	Programs Information	
~ LOC Certification (Info)	Target Group <input type="text"/>	Wait Lists
- Verify	Program Approval <input type="text"/>	Is client on a waitlist? * <input type="radio"/> Yes <input type="radio"/> No
Client Information	HCBS <input type="text"/>	<input type="checkbox"/> BI
Transition Assessment & Planning	HCBS-BI <input type="text"/>	<input type="checkbox"/> HCBS
Risk Mitigation Plan	LTHH: <input type="checkbox"/>	<input type="checkbox"/> DD
Assessment - HCA	AFC: <input type="checkbox"/>	<input type="checkbox"/> CES
	HCA: <input type="checkbox"/>	<input type="checkbox"/> SLS
		<input type="checkbox"/> CLLI

*Members who are functionally denied or have withdrawn their assessment request after the home visit is completed will not have a program approval area. The case manager will select Denied or Withdrawn from the program eligibility decision options and verify the assessment to receive payment.

For members who only receive Long Term Home Health (LTHH), it is required to select Target Group and the LTHH box must be selected.

- The assessment must be verified in the BUS by the timelines specified in the contract.

Main Menu	This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter	Event Number	3
Assessment - 100.2	Assessment Date	<input type="text"/> (mm/dd/yyyy)
- Info	Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input type="radio"/> Unscheduled Review <input type="radio"/> Waitlist
- ADL	Assessing Agency	Health Care Policy and Financing <input type="text"/>
- Medical	Case Manager	<input type="text"/>
- Assessment Demographic	Potential Programs	<input type="checkbox"/> HCBS-Brain Injury <input type="checkbox"/> HCBS-Community Mental Health Supports
- LOC Certification		
- Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		
Case Management		
Case Status		
Critical Incident Reports		

The Department will pay for Initial Functional Eligibility Assessments and Continued Stay Review – Functional Eligibility Assessments completed for the month with a verify date based on data reports pulled from the BUS on the eleventh (11th) day of the month for assessments from the previous month. In addition to the reimbursement rate for Initial and Continued Stay Review Functional Eligibility Assessments, SEPs designated as rural/frontier, as determined by the Colorado Rural Health Center ([Click Here for Map](#)), will automatically receive payment for Rural

Travel Add-On based on the member's location in the BUS. In the event that an assessment is not entered in the BUS by the tenth (10th) day of the month, by close of business, for the previous month it will need to be submitted through the Payment Correction process.

Creating Assessment Report in BUS

SEP agencies may view all assessments entered into the BUS by accessing reports in the BUS. Only Agency Administrators delegated in the BUS by the SEP will have the ability to run Assessment report data.

1. Click "Administration" tab

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu
Search
BUS Forms
Administration
Logout

Search criteria: Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

Section 1
State ID
Last Name

Section 2
SSN (xxx-xx-xxxx)
Date of Birth (MM/DD/YYYY)

Section 3
Limit To Agency ☒

Search Reset

2. Click "BUS Reports" tab

The Department of Health
Care Policy and Financing
Benefits Utilization System

Administration Menu

Main Menu
Administration
BUS Reports
BUS Tracker
CIRS Administration
Critical Incident Reports Search
Database Tables
Agency Administration
CIRS-CCT Monthly/Yearly Report
Client Update Report
BUS Forms
User Accounts
Logout

Administration Menu
Please use a link in the menu to the left.

3. Click "Assessment" tab

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Main Menu

- Administration
- BUS Reports
 - Assessment**
 - Case Management (Agency)
 - Case Status ARCHIVE
 - Case Status
 - Log Notes

BUSReporter Menu

The data in these reports are updated on a daily basis.

4. Agency - Select your agency

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Assessment

Agency: All
Month / Year: February - 2020
County: All
Event Type: All
Program Area: All
Case Manager: All

Note: You may find that this report prints best in landscape format.

Submit

5. Select the Month/Year for the desired report

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Assessment

Agency: All
Month / Year: February - 2020
County: All
Event Type: All
Program Area: All
Case Manager: All

Note: You may find that this report prints best in landscape format.

Submit

6. Event type. This section allows reports to be created for specified event types. To create a report for a specified Event Type(s), highlight the chosen Event Type, for a search for all Event Types, select All

7. Once all information is entered, click the "Submit" button.

This will create a report of the assessments for the timeframe stipulated for your agency to verify the total number of assessments and number of each assessment type that your agency may be reimbursed for each month. If no assessment date or program approval (Program Cert on the BUS report) is input in the BUS by the case manager, the assessment will not populate on the Department's report. To be eligible for reimbursement the assessment must have a verify date that follows SEP contract guidelines.

Type	Event	Assessment Location	Copied	Assessment Date	Final date	Verify date	Cert Start Date	Cert End Date	Authorize Date	Medical Sign Date	Outcome	Program Cert
Continued Stay Review	14	Applicant/Client Private Residence/Home	YES	02/01/2020	Incomplete/NA	11/29/2018	02/01/2020	05/27/2020	02/01/2020	11/06/2018	Approved	HCBS-Childrens Waiver
Continued Stay Review	6	Applicant/Client Private Residence/Home	YES	02/01/2020	02/11/2020	02/11/2020	03/01/2020	02/28/2021	03/01/2020	02/03/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	11	Applicant/Client Private Residence/Home	YES	02/03/2020	02/11/2020	02/11/2020	04/01/2020	03/31/2021	04/01/2020	01/29/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	8	Applicant/Client Private Residence/Home	YES	02/03/2020	02/11/2020	02/11/2020	03/01/2020	02/28/2021	03/01/2020	02/05/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	5	Applicant/Client Private Residence/Home		02/03/2020	02/19/2020	02/19/2020	05/01/2020	04/30/2021	05/01/2020	02/06/2020	Approved	HCBS-Childrens Waiver
Continued Stay Review	4	Applicant/Client Private Residence/Home	YES	02/03/2020	02/05/2020	02/05/2020	04/01/2020	03/31/2021	04/01/2020	01/09/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	3	Applicant/Client Private Residence/Home	YES	02/03/2020	Incomplete/NA	02/19/2020	09/01/2019	08/31/2020	09/01/2019	02/01/2020	Approved	HCBS-Childrens Waiver
Continued Stay Review	3	Applicant/Client Private Residence/Home	YES	02/03/2020	03/23/2020	02/14/2020	05/01/2020	04/30/2021	05/01/2020	02/03/2020	Approved	HCBS-Supported Living Services

Members who are functionally denied or have withdrawn their assessment request after the home visit is completed will be present on the report and eligible for reimbursement provided the assessment has been verified.

In-Person Monitoring

The SEP shall receive payment for conducting Case Management Monitoring in person, at least one (1) time and no more than two (2) times during the Support Plan year and must adhere to all requirements indicated in the SEP contract. A monitoring visit is not eligible for reimbursement if completed in conjunction with a reimbursable assessment activity.

The SEP shall document all In-Person Monitoring activities in the BUS and maintain detailed documentation with the following steps to be eligible for reimbursement.

1. "Did this contact take place Face to Face?" must be checked "yes"

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020
Assessment - 100.2	Time of Contact	11:03:03 AM
Client Information	Person Contacted	<input type="text"/>
Transition Assessment & Planning	Billable Log Note Units	0 Units
Risk Mitigation Plan	Non-Billable Log Note Units	0 Units
Assessment - HCA	Type of Contact	<input type="text"/>
Case Management	Current Program	<input type="text"/>
Case Status	Is this log note a Targeted Case Management Note?	<input type="radio"/> Yes <input type="radio"/> No
Critical Incident Reports	Did this contact take place Face to Face?	<input checked="" type="radio"/> Yes <input type="radio"/> No
IADL	Confidential?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Log Notes	Does this log note refer to a New Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
	Does this log note refer to an Existing Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
	If New/Existing Critical Incident is YES, Enter CIRS Number:	<input type="text"/>
	A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.	

2. "Type of Contact" must be labeled as one of the following contact types

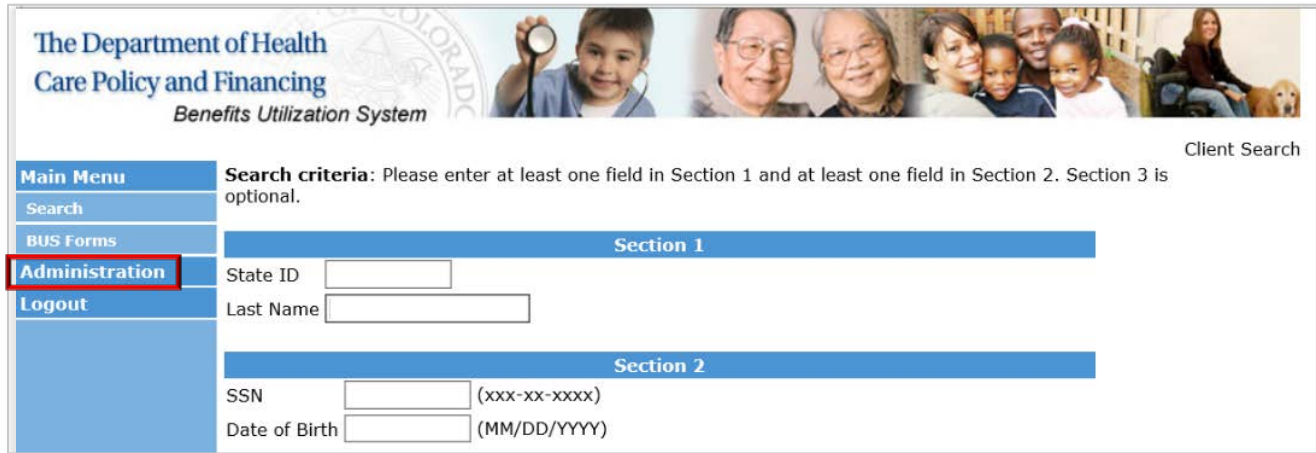
Main Menu		Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020	
Assessment - 100.2	Time of Contact	11:16:30 AM	
Client Information	Person Contacted	<input type="text"/>	
Transition Assessment & Planning	Billable Log Note Units	0 Units	<input type="text"/>
	Non-Billable Log Note Units	0 Units	<input type="text"/>
	Type of Contact	<div> <div>FAX</div> <div>Financial Eligibility</div> <div>Home Visit</div> <div>Hospitalization</div> <div>ICM</div> <div>IMT Communication</div> <div>Intra-Office Communication</div> <div>Monitoring Contact-Scheduled</div> <div>Monitoring Contact-Unscheduled</div> <div>Nursing Facility Placement</div> <div>PAR Denial</div> <div>Program notes</div> <div>Psychiatric Review</div> <div>Quarterly</div> <div>Referral - Worker Assigned</div> <div>Rights Modification</div> <div>Service Plan Development</div> <div>Summary Report - 6 Month Review</div> <div>Summary Report - CDAS Reassessment</div> <div>Summary Report - Closure</div> <div>Summary Report - CSR</div> <div>Summary Report - Initial</div> <div>Summary Report - Monthly Contact</div> <div>Summary Report - Quarterly Contact</div> <div>Summary Report - Transfer</div> <div>Supervisory PAR Review</div> <div>Telephone</div> <div>Transition Coordination</div> <div>Travel</div> <div>Veterans Representative</div> </div>	
Risk Mitigation Plan	Current Program		
Assessment - HCA	Is this log note a Targeted Case Management Note?		
Case Management	Did this contact take place Face to Face?		
Case Status	Confidential?		
Critical Incident Reports	Does this log note refer to a New Critical Incident?		
IADL	Does this log note refer to an Existing Critical Incident?		
Log Notes	If New/Existing Critical Incident is YES, Enter CIRS Number:		
Add	A log note should only be marked confidential if it could not be viewed by any other agency.		
Edit	Narrative:	<div></div>	
Delete			
Print One			
View/Print Range			
Log Note Search			
LTC 803			
Program Area			
Referral			
Service Plan			
Service Plan DD Section			
Administration			
Logout			
		<div>Save</div> <div>Clear</div>	

In-Person Monitoring visits will be reimbursed per In-Person Monitoring visit. If the In-Person Monitoring activity is not documented as noted in the above steps it will not be recognized in the Department data pull to be eligible for reimbursement. The Department will review BUS data reports to verify the number of In-Person Monitoring activities for payment purposes. The Department will pay for Case Management Monitoring based on data pulled from the BUS on the eleventh (11th) day of the month, by close of business, for Case Management Monitoring from the previous month.

Creating In-Person Monitoring Report in BUS

SEP agencies may view all In-Person Monitoring activities entered into the BUS for monthly invoicing by accessing reports in the BUS. Only Agency Administrators delegated in the BUS at each SEP will have the ability to run In-Person Monitoring report data.

1. Click on "Administration" tab



The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu
Search
BUS Forms
Administration
Logout

Search criteria: Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

Section 1

State ID

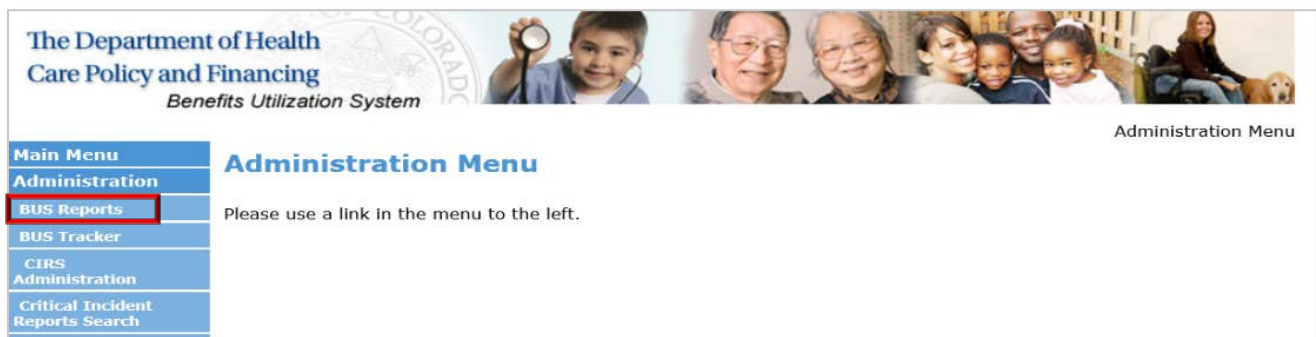
Last Name

Section 2

SSN (xxx-xx-xxxx)

Date of Birth (MM/DD/YYYY)

2. Click on "Bus Reports" tab



The Department of Health
Care Policy and Financing
Benefits Utilization System

Administration Menu

Main Menu
Administration
BUS Reports
BUS Tracker
CIRS Administration
Critical Incident Reports Search

Administration Menu


Please use a link in the menu to the left.

3. Click on "Log Notes Detailed Report" tab

Main Menu	BUSReporter Menu
Administration	The data in these reports are updated on a daily basis.
BUS Reports	
- Assessment	
- Case Management (Agency)	
- Case Status ARCHIVE	
- Case Status	
- Log Notes	
- Referral Dates	
- Service Plan	
- User Aging	
- User List	
- Case Manager (Only) Report	
- Case Manager (Only) Log Notes Report	
- Log Notes Detailed Report	
- Case Manager Face to Face Log Notes Report	

4. Agency - Select your agency

The Department of Health
Care Policy and Financing
Benefits Utilization System



BUSReporter

Log Notes Detailed Report

Agency:	Health Care Policy and Financing
Type of Contact	All
Program Waiver	All
Case Manager:	[All]
Start Date:	04/03/2020 (mm/dd/yyyy)
End Date:	04/17/2020 (mm/dd/yyyy)
Date Search Type:	<input type="radio"/> Date Entered <input checked="" type="radio"/> Date of Contact
System Generated	<input type="radio"/> All Lognotes <input checked="" type="radio"/> Non System Generated Lognotes
Show Narrative:	<input type="checkbox"/>

Submit

5. Type of Contact - Select desired monitoring contact

Main Menu

Administration

BUS Reports

Assessment

Case Management (Agency)

Case Status ARCHIVE

Case Status

Log Notes

Referral Dates

Service Plan

User Aging

User List

- Case Manager (Only) Report

- Case Manager (Only) Log Notes Report

- Log Notes Detailed Report

- Case Manager Face to Face Log Notes Report

- Face to Face Log Notes Monthly Summary

Log Notes Detailed Report

Agency: Health Care Policy and Financing

Type of Contact

Program Waiver

Case Manager:

Start Date:

End Date:

Date Search Type:

System Generated

Show Narrative:

Legal Documents - Add
Legal Documents - Delete
LTC 803 - Add
LTC 803 - Delete
LTC 803 - Final
LTC 803 - Mailed
LTC 803 - Removed Final
Monitoring Contact-Scheduled
Monitoring Contact-Unscheduled
Nursing Facility Placement
PAR Denial
Professional Medical Page mailed
Program Area - Add
Program Area - Delete
Program Area - Edit
Program notes
Psychiatric Review
Quarterly
Referral - Worker Assigned
Rights Modification
Service Plan Delete Service
Service Plan 6 Month Copy
Service Plan Created
Service Plan CSR Copy
Service Plan DD Section Continued Stay Review Copy
Service Plan DD Section Revision Copy
Service Plan Delete Home Health Revision Service
Service Plan Development
Service Plan Error Check
Service Plan Revision Copy

Submit

A separate report will need to be pulled for each of the seven (7) monitoring contacts eligible for reimbursement: Monitoring Contact-Scheduled, Monitoring Contact- Unscheduled, Summary Report- 6 Month Review, Summary Report- CDAS Reassessment, Summary Report- Monthly Contact, Summary Report- Quarterly Contact, Summary Report- Transfer.

6. Program Waiver - Select All

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Agency: Health Care Policy and Financing

Type of Contact

Program Waiver

Case Manager:

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐


Submit

7. Case Manager - Select [All]

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu
Administration
BUS Reports
- Assessment
- Case Management (Agency) 
- Case Status ARCHIVE
- Case Status
- Log Notes
- Referral Dates
- Service Plan
- User Aging
- User List

Agency: Health Care Policy and Financing
Type of Contact: All
Program Waiver: All
Case Manager: [All]
Start Date: 04/03/2020 (mm/dd/yyyy)
End Date: 04/17/2020 (mm/dd/yyyy)
Date Search Type: ☐ Date Entered ☒ Date of Contact
System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes
Show Narrative: ☐

Submit

8. Enter date range for desired month

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu
Administration
BUS Reports
- Assessment
- Case Management (Agency)
- Case Status ARCHIVE
- Case Status
- Log Notes
- Referral Dates
- Service Plan
- User Aging
- User List

Agency: Health Care Policy and Financing
Type of Contact: All
Program Waiver: All
Case Manager: [All]
Start Date: 3/01/2020 (mm/dd/yyyy)
End Date: 3/31/2020 (mm/dd/yyyy)
Date Search Type: ☐ Date Entered ☒ Date of Contact
System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes
Show Narrative: ☐

Submit

9. Date Search Type - Select "Date of Contact"

The screenshot shows the 'Log Notes Detailed Report' form. The header includes 'The Department of Health Care Policy and Financing' and 'Benefits Utilization System'. A banner image shows a group of diverse people. The left sidebar has a 'Main Menu' with options: Administration, BUS Reports, Assessment, Case Management (Agency), Case Status ARCHIVE, Case Status, Log Notes (highlighted with a green arrow), Referral Dates, Service Plan, User Aging, and User List. The form fields are: Agency (Health Care Policy and Financing), Type of Contact (All), Program Waiver (All), Case Manager ([All]), Start Date (3/01/2020), End Date (3/31/2020), Date Search Type (radio buttons for Date Entered and Date of Contact, with Date of Contact selected), System Generated (radio buttons for All Lognotes and Non System Generated Lognotes, with Non System Generated Lognotes selected), and Show Narrative (checkbox). A 'Submit' button is at the bottom right.

10. System Generated - Select "Non System Generated Lognotes"


This screenshot is identical to the previous one, but the 'System Generated' section now shows 'Non System Generated Lognotes' selected with a radio button. The 'Log Notes' option in the sidebar is still highlighted with a green arrow.

11. Once all information is entered, click the "Submit" button.

This will create a report for each specified monitoring contact for the timeframe stipulated for your agency to verify the total number of contacts and number of each contact type that your agency may be reimbursed for In-Person Monitoring. Due to the large volume of data that will be pulled monthly, each SEP has the ability to select the option at the bottom of the report to "Export to Excel".

Units entered prior to the log note report update on 08/31/2018, are under non-billable units.

Case Manager	Client Name	Client State ID	Client Program (current)	Client Program (at time of log note)	Contact Date	Contact Time	Entered Date	Person Contacted	Contact Type	Billable Units	Non-Billable Units	TCM	TCM Units	Non-TCM Units
Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	04/16/2020	13:00	04/16/2020	Case Manager	Case Documentation	0	0	N	0	0
Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/13/2020	16:10	04/17/2020	Client	Summary Report - 6 Month Review	0	0	N	0	0
Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/05/2020	16:11	04/17/2020	Client	Monitoring Contact- Unscheduled	0	0	N	0	0
Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	03/13/2020	00:00	04/16/2020	Alternative Care Facility	Complaint	0	0	N	0	0
Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020			0	0	N	0	0
Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020	None	Case Documentation	0	0	N	0	0
Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	02/19/2020	14:02	02/19/2020	Attorney	Complaint Follow-up	0	0	N	0	0
Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	02/15/2020	16:11	04/17/2020	Client	Summary Report - Quarterly Contact	0	0	N	0	0

Printable View Export to Excel 

This will allow each agency the ability to filter the "Contact Type" and "Contact Face to Face" columns to ensure accuracy in the number of In-Person Monitoring activities that may be reimbursed for each month.

Log Notes Detailed Report
Agency: Health Care Policy and Financing
Case Manager Name: [All]
 Report Created: 04/17/2020 4:12 PM
 Contact Date: from 02/01/2020 to 04/16/2020
 Units entered prior to the log note report update on 08/31/2018, are under non-billable units.

Log Note ID	Case Manager	Client Name	Client State ID	Client Program (current)	Client Program (at time of log note)	Contact Date	Contact Time	Entered Date	Person Contacted	Contact Type	Billable Units	Non-Billable Units	TCM	TCM Units	Non-TCM Units	Contact Face to Face
View 34707026	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	04/16/2020	13:00	04/16/2020	Case Manager	Case Documentation	0	0	N	0	0	N
View 34725837	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/13/2020	16:10	04/17/2020	Client	Summary Report - 6 Month Review	0	0	N	0	0	Y
View 34725848	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/05/2020	16:11	04/17/2020	Client	Monitoring Contact- Unscheduled	0	0	N	0	0	Y
View 34707037	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	03/13/2020	00:00	04/16/2020	Alternative Care Facility	Complaint	0	0	N	0	0	N
View 34348522	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020			0	0	N	0	0	N
View 34348530	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020	None	Case Documentation	0	0	N	0	0	N
View 34135700	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	02/19/2020	14:02	02/19/2020	Attorney	Complaint Follow-up	0	0	N	0	0	N
View 34725853	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	02/15/2020	16:11	04/17/2020	Client	Summary Report - Quarterly Contact	0	0	N	0	0	N

Printable View Export to Excel

Case Management Per Member Per Month (PMPM)

The SEP shall receive payment for performing On-Going HCBS Case Management activities, on a monthly basis in accordance with the SEP contract.

To receive payment for PMPM each month the Member must have a Non System Generated log note in the BUS for that month and a Prior Authorization Request (PAR) in Approved status in Interchange (Bridge). The member must also be financially eligible and coded for their waiver program in the Colorado Benefits Management System and Interchange (Bridge).

1. "Date of Contact" must be in the month of payment requested. Log Note can be any "Type of Contact" as long as it is entered by a staff member at the SEP.

2. "PA Status" in InterChange (Bridge) must be Approved

The Department will pay Case Management services PMPM, based on data pulled from BUS and InterChange (Bridge) on the eleventh (11th) day of the month, close of business, for Case Management services from the previous month. Members who lose Medicaid eligibility during the month and are reinstated may have PMPM billed through the Payment Correction process once eligibility is restored.

Creating Per Member Per Month Reports

SEP agencies may view all Per Member Per Month activities entered into the BUS for monthly invoicing by accessing reports in the BUS. Only Agency Administrators delegated in the BUS at each SEP will have the ability to run Per Member Per Month report data.

1. Click "Administration" Tab

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu
Search
BUS Forms
Administration
Logout

Search criteria: Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

Section 1
State ID
Last Name

Section 2
SSN (xxx-xx-xxxx)
Date of Birth (MM/DD/YYYY)

Section 3
Limit To Agency ☒

Search Reset

2. Click "Bus Reports" Tab

The Department of Health
Care Policy and Financing
Benefits Utilization System

Administration Menu

Main Menu
Administration
BUS Reports
BUS Tracker
CIRS Administration
Critical Incident Reports Search
Database Tables


Administration Menu
Please use a link in the menu to the left.

3. Click "Log Notes Detailed Reports" Tab

Main Menu	BUSReporter Menu
Administration	
BUS Reports	The data in these reports are updated on a daily basis.
- Assessment	
- Case Management (Agency)	
- Case Status ARCHIVE	
- Case Status	
- Log Notes	
- Referral Dates	
- Service Plan	
- User Aging	
- User List	
- Case Manager (Only) Report	
- Case Manager (Only) Log Notes Report	
- Log Notes Detailed Report	
- Case Manager Face to Face Log Notes Report	

4. Agency - Select Your Agency

The Department of Health
Care Policy and Financing
Benefits Utilization System



BUSReporter

Log Notes Detailed Report

Main Menu	Agency:	Health Care Policy and Financing
Administration	Type of Contact	All
BUS Reports	Program Waiver	All
- Assessment	Case Manager:	[All]
- Case Management (Agency)	Start Date:	04/03/2020 (mm/dd/yyyy)
- Case Status ARCHIVE	End Date:	04/17/2020 (mm/dd/yyyy)
- Case Status	Date Search Type:	<input type="radio"/> Date Entered <input checked="" type="radio"/> Date of Contact
- Log Notes	System Generated	<input type="radio"/> All Lognotes <input checked="" type="radio"/> Non System Generated Lognotes
- Referral Dates	Show Narrative:	<input type="checkbox"/>
- Service Plan		
- User Aging		
- User List		

Submit

5. Type of Contact - Select All

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu

- Administration
- BUS Reports
 - Assessment
 - Case Management (Agency)
 - Case Status ARCHIVE
 - Case Status
 - Log Notes
 - Referral Dates
 - Service Plan
 - User Aging
 - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

6. Program Waiver - Select All

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu

- Administration
- BUS Reports
 - Assessment
 - Case Management (Agency)
 - Case Status ARCHIVE
 - Case Status
 - Log Notes
 - Referral Dates
 - Service Plan
 - User Aging
 - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

7. Case Manager - Select All

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu

- Administration
- BUS Reports
 - Assessment
 - Case Management (Agency)**
 - Case Status ARCHIVE
 - Case Status
 - Log Notes
 - Referral Dates
 - Service Plan
 - User Aging
 - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

8. Enter Date Range for desired month

The Department of Health
Care Policy and Financing
Benefits Utilization System

BUSReporter

Log Notes Detailed Report

Main Menu

- Administration
- BUS Reports
 - Assessment
 - Case Management (Agency)
 - Case Status ARCHIVE**
 - Case Status
 - Log Notes
 - Referral Dates
 - Service Plan
 - User Aging
 - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 3/01/2020 (mm/dd/yyyy)

End Date: 3/31/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

9. Date Search Type - Select "Date of Contact"

The screenshot shows the 'Log Notes Detailed Report' form. On the left is a 'Main Menu' with options: Administration, BUS Reports, - Assessment, - Case Management (Agency), - Case Status ARCHIVE, - Case Status, - Log Notes (highlighted with a green arrow), - Referral Dates, - Service Plan, - User Aging, and - User List. The form fields include: Agency (Health Care Policy and Financing), Type of Contact (All), Program Waiver (All), Case Manager ([All]), Start Date (3/01/2020), End Date (3/31/2020), Date Search Type (radio buttons for Date Entered and Date of Contact, with Date of Contact selected), System Generated (radio buttons for All Lognotes and Non System Generated Lognotes, with Non System Generated Lognotes selected), and Show Narrative (checkbox). A 'Submit' button is at the bottom right.

10. System Generated - Select "Non System Generated Lognotes"

This screenshot is identical to the previous one, but the 'Non System Generated Lognotes' radio button under 'System Generated' is now selected, as indicated by the green arrow pointing to it.

11. Once all information is entered, click the "Submit" button.

This will create a report for all non-system generated log notes in the BUS for the timeframe stipulated for your agency. Due to the large volume of data that will be pulled monthly each SEP has the ability to select the option at the bottom of the report to “Export to Excel”.

Log Notes Detailed Report Agency: Health Care Policy and Financing Case Manager Name: [All] <small>Report Created: 04/17/2020 4:12 PM</small> <small>Contact Date: from 02/01/2020 to 04/16/2020</small> <small>Units entered prior to the log note report update on 08/31/2018, are under non-billable units.</small>																
Log Note ID	Case Manager	Client Name	Client State ID	Client Program (current)	Client Program (at time of log note)	Contact Date	Contact Time	Entered Date	Person Contacted	Contact Type	Billable Units	Non-Billable Units	ICM	TCM	Non-TCM	Contact Face to Face
View 34707026	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	04/16/2020	13:00	04/16/2020	Case Manager	Case Documentation	0	0	N	0	0	N
View 34725837	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/13/2020	16:10	04/17/2020	Client	Summary Report - 6 Month Review	0	0	N	0	0	Y
View 34725848	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/05/2020	16:11	04/17/2020	Client	Monitoring Contact- Unscheduled	0	0	N	0	0	Y
View 34707037	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	03/13/2020	00:00	04/16/2020	Alternative Care Facility	Complaint	0	0	N	0	0	N
View 34348522	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020			0	0	N	0	0	N
View 34348530	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020	None	Case Documentation	0	0	N	0	0	N
View 34135700	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	02/19/2020	14:02	02/19/2020	Attorney	Complaint Follow-up	0	0	N	0	0	N
View 34725853	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	02/15/2020	16:11	04/17/2020	Client	Summary Report - Quarterly Contact	0	0	N	0	0	N
<div>Printable View Export to Excel</div>																

This will allow each agency the ability to filter the “Client Name”, “Client Program” and “Case Manager” columns to filter out duplicate member data and case managers that do not work with active members or client programs that are not reimbursed by the PMPM methodology.

Log Notes Detailed Report Agency: Health Care Policy and Financing Case Manager Name: [All] <small>Report Created: 04/17/2020 4:12 PM</small> <small>Contact Date: from 02/01/2020 to 04/16/2020</small> <small>Units entered prior to the log note report update on 08/31/2018, are under non-billable units.</small>																
Log Note ID	Case Manager	Client Name	Client State ID	Client Program (current)	Client Program (at time of log note)	Contact Date	Contact Time	Entered Date	Person Contacted	Contact Type	Billable Units	Non-Billable Units	ICM	TCM	Non-TCM	Contact Face to Face
View 34707026	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	04/16/2020	13:00	04/16/2020	Case Manager	Case Documentation	0	0	N	0	0	N
View 34725837	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/13/2020	16:10	04/17/2020	Client	Summary Report - 6 Month Review	0	0	N	0	0	Y
View 34725848	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/05/2020	16:11	04/17/2020	Client	Monitoring Contact- Unscheduled	0	0	N	0	0	Y
View 34707037	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	03/13/2020	00:00	04/16/2020	Alternative Care Facility	Complaint	0	0	N	0	0	N
View 34348522	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020			0	0	N	0	0	N
View 34348530	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020	None	Case Documentation	0	0	N	0	0	N
View 34135700	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	02/19/2020	14:02	02/19/2020	Attorney	Complaint Follow-up	0	0	N	0	0	N
View 34725853	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	02/15/2020	16:11	04/17/2020	Client	Summary Report - Quarterly Contact	0	0	N	0	0	N
<div>Printable View Export to Excel</div>																

Each SEP will be able to use this data pull from the BUS along with the Enrollment report in COGNOS for active PARs to identify members that will qualify for PMPM payment.

Please refer to the COGNOS training provided by the Department for any questions on running the Enrollment report: www.colorado.gov/hcpf/long-term-services-and-supports-training

The Department understands that these systems update daily. For clarification purposes the Department will run all reports for billing on the morning of the eleventh (11th) day of the month, for payment for the previous month. Please be aware if your Agency runs these reports on a different date that data may differ from the Department ran data.

Section II: Single Entry Point Contract Data Reporting and Payment Summary

SEP Contract Payments

The information in this section will provide SEP agencies with Department guidance regarding contract payments for both on-going case management activities and deliverables submitted in alignment with contract.

On-Going Case Management Activity Rates

As discussed previously in this technical guide, SEP agencies currently have access and utilize the BUS to input all on-going case management activity data. Please note that the contract requires SEP agencies to input all data into the BUS by the 10th of every month and requires a review of your agency's Payment Summary within the allotted 10 (ten) Business Days of receipt. Rates for each On-Going Case Management activity can be found in your SEP contract.

Deliverable - Based Rates

Each deliverable required through the SEP contract has a set rate for each submission. The Department provides templates for each deliverable to ensure consistent reporting state-wide. All deliverables shall be reviewed and accepted by Department before payment can be issued. Rates for each Deliverable-based activity can be found in your SEP contract.


Monthly, each agency will receive a Payment Summary which consists of an Excel password-protected spreadsheet.

- The Payment Summary includes the following Sections:
 - Summary Payment by Activities
 - Summary Payment by Waiver/Program
 - Deliverables
 - Appeals
 - Critical Incident Reports
 - Initial Assessments (100.2)
 - Continued Stay Review Assessments (100.2)
 - In-Person Monitoring
 - On-Going Case Management Per Member Per Month (PMPM)

Payment Summary – Overview

Summary Payment by Activities

1. The Summary Payment by Activities section includes the agency name, month and year of payment, and a summary of the deliverables and on-going case management activities being paid.
2. Payments will be made monthly, for the activities completed in the month prior.
 - a. For example, the deliverables and on-going case management activities completed between July 1st and July 31st will be paid the following month in August.


COLORADO
 Department of Health Care
 Policy & Financing

Payment Summary

Single Entry Point: _____ Name of Single Entry Point Agency _____

Payment Month: _____ Month/Year _____

Summary Payment by Activities	Payment
Deliverables	\$0.00
Appeals	\$0.00
CIRs	\$0.00
Initial Assessment (100.2)	\$0.00
CSR Assessment (100.2)	\$0.00
In-Person Monitoring	\$0.00
On-Going Case Management PMPM	\$0.00
Total	\$0.00

Summary Payment by Waiver/Program

1. The Summary Payment by Waiver/Program outlines all activities by Waiver and Program.
2. The total dollar amount of the Summary Payment by Activities section and the total dollar amount Summary Payment by Waiver/Program will equal to the same dollar amount. They are broken down differently, one by activity and the other by Waiver/Program.

Summary Payment by Waiver/Program	
HCBS-BI	\$ -
Payment Correction	\$ -
HCBS-EBD	\$ -
Payment Correction	\$ -
HCBS-CMHS	\$ -
Payment Correction	\$ -
HCBS-SCI	\$ -
Payment Correction	\$ -
HCBS-CLLI	\$ -
Payment Correction	\$ -
Non-Waiver Programs (PACE, LTHH, CCT, NF, HBU)	\$ -
Payment Correction	\$ -
Total	\$ -

Payment Summary – Deliverable

1. The Deliverables Section of the Payment Summary refers to agency submitted deliverables. Upon the Departments acceptance of each deliverable, the agency will receive payment at the appropriate rate for that deliverable in alignment with the contract.

Deliverables	#	Rate	Total Payment
Operations Guide			\$ -
Complaint Trend Analysis			\$ -
Critical Incident Reporting Trends Analysis			\$ -
Case Management Training			\$ -
Committee Updates			\$ -
Total			\$ -

Payment Summary Breakdown – Appeals

1. The Appeal Section of the payment includes Creation of Packet and Attendance at Hearing Attendance with appropriate rate.
2. The Appeal Section is broken down by Waiver and Program for each of the Creation of Packet and Attendance at Hearing.

Appeals	# of Members	Rate	Total
HCBS-BI Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HCBS-EBD Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HCBS-CMHS Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HCBS-SCI Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HCBS-CLLI Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
PACE Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HBU Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
NF Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
LTHH Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
CCT Appeal - Creation of Packet			\$ -
Payment Correction			\$ -
HCBS-BI Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
HCBS-EBD Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
HCBS-CMHS Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
HCBS-SCI Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
HCBS-CLLI Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
PACE Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
HBU Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
NF Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
LTHH Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
CCT Appeal - Hearing at Attendance			\$ -
Payment Correction			\$ -
Appeals Sub-Total	0		
Appeals Total			\$ -

Payment Summary Breakdown – Critical Incident Reporting

1. The Critical Incident Reporting (CIRs) Section includes the CIRs Mistreatment, Abuse, Neglect, and Exploitation (MANE), and CIRs Other.
2. The CIRs Section is broken down by Waiver and Program, then by CIRs-MANE and CIRs-Other with the appropriate rate.

Critical Incident Reports		# of Members	Rate	Total
HCBS-BI	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-EBD	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CMHS	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-SCI	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CLLI	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
CCT	CIRS-MANE			\$ -
	<i>Payment Correction</i>			\$ -
	CIRS-Other			\$ -
	<i>Payment Correction</i>			\$ -
CIRs Sub- Total		0		
			CIRs Total	\$ -

Payment Summary Breakdown – Initial Functional Eligibility Assessment (100.2)

1. The Initial Assessments (100.2) Section is broken down by Waiver and Program.
2. For agencies identified as a rural or frontier, the Rural Travel Add-On is included for all Initial Assessments (100.2) The Rural Travel Add-On is not added for agencies identified as urban.

Initial Assessments (100.2)		# of Members	Rate	Total
HCBS-BI	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-EBD	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CMHS	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-SCI	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CLLI	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HBU	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
LTHH	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
NF	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
PACE	Initial Assessment (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
Initial Assessment (100.2) Total				
			Initial Assessment (100.2) Total	\$ -

Payment Summary Breakdown – Continued Stay Review Functional Eligibility Assessments (100.2)

1. The Continued Stay Review (CSRs) Assessments (100.2) is broken down by Waiver and Program.
2. For agencies identified as a rural or frontier, the Rural Travel Add-On is included for all CSR Assessments (100.2.) The Rural Travel Add-On is not added for agencies identified as urban.

CSRs Assessments (100.2)		# of Members	Rate	Total
HCBS-BI	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-EBD	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CMHS	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-SCI	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CLLI	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
HBU	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
LTHH	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
NF	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
PACE	CSRs Assessments (100.2)			\$ -
	<i>Payment Correction</i>			\$ -
CSRs Assessments (100.2) Sub-Total		0		
CSRs Assessment (100.2) Total				\$ -

Payment Summary Breakdown – In-Person Monitoring

1. The In-Person Monitoring Section is broken down by Waiver and Program.
2. For agencies identified as a rural or frontier, the Rural Travel Add-On is included for all In-Person Monitoring visits. The Rural Travel Add-On is not added for agencies identified as urban.
 - a. Note: The data report for In-Person Monitoring is called Log Notes Report.

In-Person Monitoring		# of Members	Rate	Total
HCBS-BI	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-EBD	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CMHS	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-SCI	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CLLI	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
CCT	In-Person Monitoring			\$ -
	<i>Payment Correction</i>			\$ -
In-Person Monitoring Sub-Total		0		
In-Person Monitoring Total				\$ -

Payment Summary Breakdown – On-Going Case Management Per Member Per Month (PMPM)

1. The On-Going Case Management PMPM is broken down by Waiver and Program.
 - a. New Members with an Active PAR and Waiver/Program eligibility will receive payment for the month the PAR becomes active, and the previous month.
 - i. For example, if a PAR becomes active for a new Member in August, the agency will receive a PMPM payment for August and July for that new Member.

On-Going Case Management PMPM		# of Members	Tier Rate	Total
HCBS-BI	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-EBD	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CMHS	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-SCI	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
HCBS-CLLI	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
CCT	PMPM			\$ -
	<i>Payment Correction</i>			\$ -
PMPM Sub-Total		0		
On-Going Case Management PMPM Total				\$ -

Payment Summary – Process

How to find your agency's monthly Payment Summary and data reports:

1. The Payment Summary will be uploaded to each agency's SharePoint webpage.
 - a. Located under *Contract Payments*, under *FY2020-21*, and click on the appropriate month.
 - b. Naming convention (files named and organized):
 - i. Payment Summary: Agency_Payment_MonthYear
 - ii. Data Reports: Agency_DataReports_MonthYear

Overview of the New Payment Summary, data reports, and Payment Correction Forms:

1. The Payment Summary will be on its own Excel spreadsheet password protected.
2. The Data Reports will be on its own Excel spreadsheet format, including Appeals, CIRs, Initials, CSRs, Monitoring, and PMPM.
 - a. On your agency's SharePoint webpage, under *Contract Payments*, under *FY20-21*, under the appropriate month there will be two Excel documents: *Payment Summary and Data Reports*.
3. The Payment Correction Form Template will be its own Word document.
 - a. On your agency's SharePoint webpage, under *Contract Payments*, under *FY2021*, under *Payment Correction*.

SEP Payment process:

1. The agency enters all case management activities for the previous month no later than the Close of Business (COB) of the 10th of the following month.
 - a. For example: Case management activities completed July 1st to July 31st, must be entered into the Department's prescribed system, BUS no later than August 10th COB).
 - i. Note: The agency must enter all case management activities into the BUS by COB of the 10th monthly. If the 10th falls on a weekend or holiday, then it shall be entered the next business day.
2. The Department pulls data reports for the previous month no later than the COB of the 11th of the following month.
 - a. For example: Data is being pulled from July 1st to July 31st by COB on August 11th.
 - i. Notes: The Department will pull SEP data reports on the 11th of each month for the previous month. If the 11th falls on a weekend or holiday, then the reports will be pulled the next business day.
3. The SEP Contract Manager will upload each agency's Payment Summary on their SharePoint webpage and email when payment to agency has been confirmed.
 - a. Located under *Contract Payments*, under *FY2020-21*, under appropriate month.
 - b. Email any questions on the *Payment Summary* to Sarah McDonnell at sarah.mcdonnell@state.co.us or call at 303-866-3615.

Data Reports Overview

1. The following case management activities are pulled from the Benefits Utilization System (BUS) and/or interChange (iC):
 - a. Appeals
 - b. CIRs
 - c. Initial Assessment (100.2)
 - d. CSRs (100.2)
 - e. Monitoring
 - f. PMPM
2. The case management activities are in these data reports:
 - a. Appeals-Packet Creation ----- Appeals Report
 - b. Appeals-Hearing Attendance ----- Appeals Report
 - c. CIRs/MANE----- CIRs Report
 - d. CIRs/Other ----- CIRs Report
 - e. Initial Assessments (100.2) ----- Assessment Report
 - f. CSRs Assessments (100.2) ----- Assessment Report
 - g. In-Person Monitoring -----Log Notes Report
 - h. On-Going Case Management PMPM ----- PMPM Report
3. Note: Tabs that include *Details* mean this tab includes the Raw data that Department uses to complete the Payment Summary.
4. Note: The sections below include Data Report Breakdowns. These examples are fictitious for the purpose of illustrating how the data report will look.

Data Report Breakdown – Appeals

1. The Appeals Report includes information on (Tab 1) Packet Summary, (Tab 2) Packet Client Detail, (Tab 3) Hearing Date Summary, and (Tab 4) Hearing Date Detail.

Packet Summary	Packet Client Detail	Hearing Date Summary	Hearing Date Detail
-----------------------	----------------------	----------------------	---------------------

2. Tab 1: Packet Summary – Provides the total number of Appeal Packets created.

Appeals - Packets July 202X	
Based on the number of Members whose Appeals record indicated a packet was sent	
Payment based on the distinct member count	
Members with more then one packet created will only have one payment	
Agency	Total Appeal Packets
Agency A	7

3. Tab 2: Packet Client Detail – This raw data will show agency, Member name, SSN, and DOB member, as well as, date the Packet was created.

Agency	Agency Ty	Medicaid	First Name	Last Name	SSN	DOB	Date Packet Se
Agency A	Other	1234567	Figgy	Pudding	000-00-0000	6/30/1930	2/12/2020
Agency A	Other	1234567	Baklava	pudding	111-33-6666	6/28/2014	5/15/2019
Agency A	Other	1234567	Baklava	pudding	111-33-6666	6/28/2014	2/11/2020
Agency A	Other	1234567	Baklava	pudding	111-33-6666	6/28/2014	2/12/2020
Agency A	Other	1234567	Banana	pudding	222-21-2121	1/2/1900	2/12/2020
Agency A	Other	1234567	vanilla	pudding	290-00-0000	5/6/1965	2/12/2020
Agency A	Other	1234567	Strawberry	Pudding	121-11-1111		2/12/2020

4. Tab 3: Hearing Date Summary – Provides the total number of Hearings attended.

Appeals - Hearing Dates July 202X	
Based on the number of Members with a hearing date	
Payment based on the distinct member count	
Agency	Total Appeal Hearing
Agency A	2

5. Tab 4: Hearing Date Details – This raw data will show agency, Member name, SSN, and DOB, as well as, the date the hearing was attended.

Agency	Agency Ty	Medicaid	First Name	Last Name	SSN	DOB	Date Packet Se	Hearing Date	Days bt Packet and Hearing
Agency A	Other	A000000	Baklava	pudding	111-33-6666	6/28/2014	5/15/2019	5/15/2019	0
Agency A	Other	G123456	Rice	Pudding	111-11-1111	4/1/1932	1/1/2019	1/1/2019	0

Data Report Breakdown – CIRs

1. The CIRs Report includes information on (Tab 1) CIRs Summary, (Tab 2) CIRs Details.



2. Tab 1: CIRs Summary – Provides the total number of CIRs-MANE, and CIRs-Other.

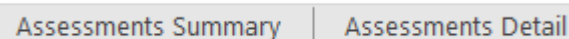
Critical Incidents July 202X		
Entry Date in Month		
CIR not deleted (delete date is blank)		
All Non-MANE CIRs grouped together		
Agency Based on the Agency that entered the incident.		
Agency	Type	Total CIRs
Agency A	other	3
Agency A	mistreatment/ abuse/ neglect/ exploitation	2

3. Tab 2: CIRs Details – This raw data will show agency, Member name, SSN, and DOB, Name of waiver/program, Incident Date and CIR type (MANE or Other)

Agency	Medicaid	SSN	First Name	Last Name	DOB	Program	Entry Date	Incident Date	CIR TYPE	CIR
Agency A	123456	123-45-6789	Strawberry	Pudding	10/8/1900	HCBS-Elderly, Blind, Disabled	3/24/1900	3/24/1900	other	1
Agency A	123456	123-45-6789	Chocolate	Pudding	10/8/1900	HCBS-Supported Living Services	3/24/1900	3/24/1900	other	1
Agency A	123456	123-45-6789	Orange	Pudding	10/8/1900	HCBS-Elderly, Blind, Disabled	3/24/1900	3/24/1900	mistreatment/ abuse/ neglect/ exploitation	1
Agency A	123456	123-45-6789	Lemon	Pudding	10/8/1900	HCBS-Elderly, Blind, Disabled	3/24/1900	3/24/1900	mistreatment/ abuse/ neglect/ exploitation	1
Agency A	123456	123-45-6789	Lime	Pudding	10/8/1900	HCBS-Community Mental Health Supports	3/24/1900	3/24/1900	other	1

Data Report Breakdown – Initial Assessment (100.2) and CSR Assessment (100.2)

1. The Assessment Report for Initial and CSRs data includes information on (Tab 1) Assessment Summary, (Tab 2) Assessment Details.



2. Tab 1 – Assessment Summary – This summary shows agency, county designation, assessment type (Initial or CSR), and the number of assessments

Assessments July 202X			
*Initial Review event types for SEPs: Initial Review, Deinstitutionalization (DI) and Reverse DI			
*Continued Stay Review event types for SEPs: Continued Stay Review, Appeal – Decision Overturned, Nursing Facility Transfer, and Unscheduled Review			
*Initial Review event types for CCBs: Initial Review, Deinstitutionalization (DI) and Waitlist			
*Continued Stay Review event types for CCBs: Continued Stay Review Appeal-Decision Overturned and Unscheduled Review			
Agency	County Designation	Assessment Type	Assessments
Agency A	Rural	Initial Review	2
Agency A	Rural	Continued Stay Review	4

3. Tab 2 – Assessment Details - This raw data will show agency, Medicaid number for Member, name of Member, SSN of Member, DOB of Member, assessment date, date verified, assessment type, assessment group type, assessment outcome, county designation, Name of waiver/program.

Agency	Medicaid	SSN	First Name	Last Name	DOB	Assessment Date	Date Verified	Assessment Type	Assessment Group Type	Assessment Outcome	County Designation	PROGRAM
Agency A	1234567	012-34-5678	Strawberry	Pudding	01/01/1000	01/01/1000	01/01/1000	Initial Review	Initial Review	Closed	Rural	HCBS-Elderly, Blind, Disabled
Agency A	2345678	012-34-5678	Banana	Pudding	01/01/1000	01/01/1000	01/01/1000	Initial Review	Initial Review	Closed	Rural	HCBS-Elderly, Blind, Disabled
Agency A	3456789	012-34-5678	Grape	Pudding	01/01/1000	01/01/1000	01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
Agency A	4567891	012-34-5678	Lemon	Pudding	01/01/1000	01/01/1000	01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
Agency A	5678912	012-34-5678	Lime	Pudding	01/01/1000	01/01/1000	01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
Agency A	67891234	012-34-5678	Orange	Pudding	01/01/1000	01/01/1000	01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility

4. Tab 3 – Assessment Details – A Closer look at the Assessment Details raw data.

Date Verified	Assessment Type	Assessment Group Type	Assessment Outcome	County Designation	PROGRAM
01/01/1000	Initial Review	Initial Review	Closed	Rural	HCBS-Elderly, Blind, Disabled
01/01/1000	Initial Review	Initial Review	Closed	Rural	HCBS-Elderly, Blind, Disabled
01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility
01/01/1000	Continued Stay Review	Continued Stay Review	Closed	Rural	Nursing Facility

Data Report Breakdown – Log Notes

1. The Log Notes Report for In-Person Monitoring includes information on (Tab 1) Log Notes Waiver Summary, and (Tab 2) Log Notes Details.

Log Notes Waiver Summary | Log Notes Detail

2. Tab 1 – Log Notes Waiver Summary – This summary shows agency, county designations, waiver/program and log notes (In-Person Monitoring's).

Log Notes July 202X			
Includes Log Notes where conducted face to face = Yes			
Log Note Types included:			
Summary Report - Quarterly Contact, Summary Report - 6 Month Review, Summary Report - Closure, Summary Report - CSR, Summary Report - Initial, Summary Report - CDAS Reassessment, Summary Report - Monthly Contact, Summary Report - Transfer Report - Monthly Contact			
Agency	County Designation	Program	Log Notes
Agency A	Rural	Elderly, Blind and Disabled	2

3. Tab 2 – Log Notes Details – This raw data shows agency, waiver/program, Member dates, Medicaid numbers, Member names, type of contact, conducted face to face, dates of contacts, county designations, number of log note in support plan year.

Agency	Program	START_COV	END_COV	Medicaid	First Name	Last Name	DOB	Type of Contact	Conducted Face to Face	Date of Contact	Date of Entry	County Designation	Number of Log Notes in SP Year	T	Count
Agency A	Elderly, Blind and Disabled	01/01/1000	01/01/1000	5234567	Strawberry	Pudding	01/01/1000	Summary Report - Quarterly Contact	Y	01/01/1000	3/12/2020	Rural	2	1	
Agency A	Elderly, Blind and Disabled	02/01/1000	01/01/1000	2345678	Orange	Pudding	01/01/1000	Summary Report - 6 Month Review	Y	01/01/1000	3/10/2020	Rural	2	1	

4. Tab 2 – Log Notes Details – Closer look at type of contact, conducted fact to face, date of contact, date of entry, county designation, and number of log notes in support plan year.

Type of Contact	Conducted Face to Face	Date of Contact	Date of Entry	County Designation	Number of Log Notes in SP Year	T	Count
Summary Report - Quarterly Contact	Y	01/01/1000	3/12/2020	Rural	2	1	
Summary Report - 6 Month Review	Y	01/01/1000	3/10/2020	Rural	2	1	

Data Report Breakdown – On-Going Case Management PMPM

1. The On-Going Case Management PMPM Report includes information on (Tab 1) PMPM Waiver Summary, (Tab 2) PMPM Detail.

PMPM Waiver Summary | PMPM Detail

2. Tab 1 - PMPM Waiver Summary – This summary shows agency, county designation, waiver/program, enrollees, new enrollees, total switched enroll, and total PMPM payment.

Enrollments (PMPM) July 202X						
Agency is based on the managing agency in the BUS for each member with active Prior Authorization						
Missing County Designation Indicated a Member does not have a county listed in the BUS						
Case Management Agency	County Designation	Program	Enrollees	New Enrollees	Total Switched Enroll	Total PMPM Payment
Agency A	Rural	EBD	2	1	0.5	3.5

3. Tab 2 – PMPM Details – This raw data provides agency, provider type (SEP), county designations, Member Medicaid number, Member SSN, Member name, Member DOB, Member PAR start date, and Member PAR end date. Also, waiver/program, enrollees, new enrollees, total switched enrollees, and total PMPM payment.

Case Management Agency	Provider Type	County Designation	Medicaid	SSN	First Name	Last Name	DOB	PAR Start Date	PAR End Date	Program	Enrollees	New Enrollees	Total Switched Enroll	Total PMPM Payment
Agency A	SEP	Rural	1234567	000-00-0001	Strawberry	Pudding	01/01/1000	01/01/1000	01/01/1000	EBD	1	1	0	2.0
Agency A	SEP	Rural	2345678	000-00-0001	Vanilla	Pudding	01/01/1000	01/01/1000	01/01/1000	EBD	1	0	0	1.0
Agency A	SEP	Rural	3456789	000-00-0001	Lemon	Pudding	01/01/1000	01/01/1000	01/01/1000	EBD	0	0	0.5	0.5

4. Tab 3 – PMPM Details - A closer look at the raw data report showing waiver/program, enrollees, total switched enrollees, and total PMPM payment.

Program	Enrollees	New Enrollees	Total Switched Enroll	Total PMPM Payment
EBD	1	1	0	2.0
EBD	1	0	0	1.0
EBD	0	0	0.5	0.5

Payment Correction Form – Overview

1. The Payment Correction Form will be used to make corrections to payment made to SEP agencies.
2. The agency must complete the name of agency, SEP Contact Name, and Email & Phone Number information to ensure ongoing communication during these corrections.
3. The columns of the Payment Correction Form include:
 - a. Name of Individual
 - b. Medicaid ID
 - c. Waiver/Program
 - d. Contract Activity
 - e. Billing Month and Year
 - f. Change to Payment
 - g. Comments
 - h. All columns are required to be filled, except for Comments, when submitting to the Department for consideration.

Payment Correction Form Example

[illegible]

Payment Correction Form Breakdown – Waiver & Program

1. The Waiver & Program column is used to identify which waiver or program that is incorrect and requires correction. Providing this information allows the Department to review data and confirm the error.

2. Waiver/Program - options includes:

- a. HCBS-BI (Brain Injury)
- b. HCBS-EBD (Elderly, Blind, and Disabled)
- c. HCBS-SCI (Spinal Cord Injury)
- d. HCBS-CLLI (Children's Life Limiting Illness)
- e. HCBS-CMHS (Community Mental Health Services)
- f. PACE (Program for All-Inclusive Care for the Elderly)
- g. Nursing Facility
- h. CCT

Waiver/Program
HCBS-BI
HCBS-EBD
HCBS-SCI
HCBS-CLLI
HCBS-CMHS
PACE
Nursing Facility
CCT

Payment Correction Form Breakdown – Contract Activity

1. The Contract Activity column is used to identify which activity is incorrect and requires correction. Activities include correcting not just case management activities, but also Rural Add-Ons, and Tier Levels. Providing this information allows the Department to review data and confirm the error.

2. Contract Activity – options include:

- a. Appeal – Creation of Packet
- b. Appeal – Hearing Attendance
- c. CIRs-MANE
- d. CIRs-Other
- e. Initial (100.2)
- f. Initial (100.2) Rural Add-On
- g. CSRs 100.2
- h. CSRs 100.2 Rural Add-On
- i. In- Person Monitoring
- j. In-Person Monitoring Rural Add On
- k. On-Going Case Management PMPM
- l. On-Going Case Management Tier Level

Contract Activity
Appeal-Creation of Packet
Appeal-Hearing Attendance
CIRs-MANE
CIRs-Other
Initials 100.2
Initials 100.2 Rural Add On
CSRs 100.2
CSRs 100.2 Rural Add-On

Payment Correction Form – Change to Payment

1. The Change to Payment column is used to identify if the correction to payment is an increase to the total payment or decrease to the total payment. Providing this information allows the Department to confirm payment correction change.

2. Contract Activity – options include:

- a. Increase
- b. Decrease

Change to Payment
Increase
Decrease

Payment Correction – Process

Payment Correction Form:

1. The agency will have ten (10) Business Days to review their Payment Summary.
2. The *Payment Correction* form will be used to make corrections to any payments within the Fiscal Year.
 - a. Example: Payment corrections for the July 2020 payment, will be corrected and documented on the August 2020 Payment Summary.
3. Fill out the *Payment Correction Form*
 - a. Email any questions on the *Payment Correction Form* to Sarah McDonnell at sarah.mcdonnell@state.co.us or call at 303-866-3615.
4. Upload the Payment Correction Form to the agency's SharePoint webpage.
 - a. Located under Contract Payments, under FY2020-21, under the Payment Correction folder
 - b. Email SEP Contract Manager, Sarah McDonnell at sarah.mcdonnell@state.co.us that a *Payment Correction Form* has been uploaded on agency's SharePoint webpage for specific Payment Summary month/year, so it can be processed.
5. Notes: Dates for June Payment
 - a. The agency must enter all case management activities for June by the fiscal year end date determine by the Department.

Contact Information

If you have questions, please contact the appropriate Department contact outlined below:

- Payment Corrections or Contractual Questions: Sarah.McDonnell@state.co.us
- Programmatic Questions: Victor.Robertson@state.co.us