



**COLORADO**

**Department of Health Care  
Policy & Financing**

## **Community Centered Board Data Entry and Rates Technical Guide**

Effective July 1, 2020, the Department of Health Care Policy and Financing (Department) is implementing a revised payment methodology based on Fee For Service (FFS) and Per Member Per Month (PMPM) rates for deliverable, administrative case management, and Targeted Case Management (TCM) activities. For administrative case management activities, the revised methodology requires Community Centered Board (CCB) agencies to enter information in the [Benefits Utilization System \(BUS\)](#) and the [DDD Web Application Portal \(DDDWeb\)](#) to initiate payment. To ensure case management activities are paid accurately, the Department developed the following technical guide to provide specified instructions for data entry into the BUS and DDDWeb for new rates. Please note, deliverables and assessments submitted from the CCB by invoice to the Department are not reviewed in this manual.

Rates associated with each task outlined in this technical guide are listed in the CCB contract and/or the Department [Provider Rates & Fee Schedule](#).

**Update Published: June 2020**

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## Appeals

CCBs 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 CCB contract.

Each CCB will be required to create their own appeal tracker document for use by their agency. The CCB 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 data entry 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 as outlined in contract and regulation. 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. Go to the "LTC 803" screen for the member in BUS

Main Menu	<a href="#">[Add 803]</a> <a href="#">[View 803]</a> <a href="#">[Print 803]</a> <a href="#">[Print 803 PDF]</a> <a href="#">[Print Spanish 803]</a> <a href="#">[Delete 803]</a> <a href="#">[Remove Final]</a> <a href="#">[Appeals]</a>				
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
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					

	Entered	Effective	Final	Case Manager
<a href="#">View</a>	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
<a href="#">View</a>	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire

2. Click on "Appeals" tab at top of the page

<b>Main Menu</b>	<a href="#">[Add 803]</a> <a href="#">[View 803]</a> <a href="#">[Print 803]</a> <a href="#">[Print 803 PDF]</a> <a href="#">[Print Spanish 803]</a> <a href="#">[Delete 803]</a> <a href="#">[Remove Final]</a> <a href="#">[Appeals]</a>				
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					
Assessment - HCA					

	Entered	Effective	Final	Case Manager
<a href="#">View</a>	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
<a href="#">View</a>	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McG

3. Click on "Add Appeal" tab

<b>Main Menu</b>	
Advisement Letter	
Assessment - 100.2	<a href="#">[Add Appeal]</a>
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	
Assessment - HCA	
Case Management	

Appeal Records	
No	al records have been entered for the client

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

<b>Main Menu</b>					
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					
Assessment - HCA					
Case Management					
Case Status					

<a href="#">[Back]</a>					
Select an 803 below to add an appeal record.					
	Entered	Effective	Final	Case Manager	Notification Type
<a href="#">Add</a>	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
<a href="#">Add</a>	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** [\[Back\]](#) [\[Finalize\]](#)

**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

**Risk Mitigation Plan** Hearing Date

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

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

**Case Status** Date of Decision from Division of Administrative Hearing

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

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

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

**LTC 803** Date Final Decision Received from Health Care Policy and Financing

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

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

**Service Plan** Date of Decision from District Court

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

**Administration** Cancel Reason

**Logout** 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 CCB 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** [\[Add Appeal\]](#) [\[View Appeal\]](#) [\[Delete Appeal\]](#) [\[Remove Final\]](#)

**Assessment - 100.2** **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				

**Transition Assessment & Planning**



**Risk Mitigation Plan**

**Assessment - HCA**

**Case Management**

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

- After the appeal packet is completed and officially sent to the Division of Appeals Court, the Case Manager will go back in 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 fill in any other fields until after an Initial Decision is received. The CCB 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 appeal packet was sent to Administrative Courts.

<b>Main Menu</b>	[Back] [Finalize]
Advisement Letter	
Assessment - 100.2	
<b>Client Information</b>	<b>Appeal Information</b>
Transition Assessment & Planning	Date received notification of hearing from Division of Administrative Hearing 03/12/2020 
Risk Mitigation Plan	Date Appeal packet sent to Division of Administrative Hearing 04/10/2020
Assessment - HCA	Hearing Date <input type="text"/>
Case Management	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> <b>Clear Answer</b>
Case Status	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Critical Incident Reports	Date of Decision from Division of Administrative Hearing <input type="text"/>
IADL	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
Log Notes	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
LTC 803	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Program Area	Date Final Decision Received from Health Care Policy and Financing <input type="text"/>
Referral	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
Service Plan	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Service Plan DD Section	Date of Decision from District Court <input type="text"/>
<b>Administration</b>	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
<b>Logout</b>	Cancel Reason <input type="text"/>
	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 <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
	 <input type="button" value="Save"/> <input type="button" value="Clear"/>

If an appeal packet is completed within the timeframes described in the CCB contract and the Member withdraws the appeal after that timeframe or the Administrative Law Judge reverses the decision to have the appeal heard, the CCB will still be reimbursed for 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:

- Updating 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**

**Advise ment Letter**

**Assessment - 100.2**

**Client Information**

**Transition Assessment & Planning**

**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**

**Appeal Information**

Date received notification of hearing from Division of Administrative Hearing 03/12/2020

Date Appeal packet sent to Division of Administrative Hearing 04/10/2020

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**

The CCB shall ensure that all Appeals – Creation of Packet are input in the BUS and adhere to all requirements listed in the CCB Contract. The Department will pull BUS data on the eighteenth (18<sup>th</sup>) day of the month for the development of appeals packets from the previous month.


## Appeals - Attendance of Hearing

The CCB 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 CCB. Appeals -Attendance at Hearing payment will include all hearings that must be attended by the CCB in order for a final decision to be made. The CCB 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]
Advisement Letter		
Assessment - 100.2	Appeal Information	
Client Information	Date received notification of hearing from Division of Administrative Hearing	03/18/2020
Transition Assessment & Planning	Date Appeal packet sent to Division of Administrative Hearing	04/14/2020
Risk Mitigation Plan	Hearing Date	04/20/2020
Assessment - HCA	Hearing Type	<input type="radio"/> Telephone <input checked="" 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



3. When the Final Decision is received, the Case Manager will go back 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

**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 finalized at that time as pictured below. The Department is aware of the issue and is working to resolve it. Reimbursement for an appeal will be based on the number of Member records and not the duplicate copies currently replicating per Member.

<b>Main Menu</b>						
Advisement Letter						
Assessment - 100.2	<a href="#">[Add Appeal]</a> <a href="#">[View Appeal]</a> <a href="#">[Delete Appeal]</a> <a href="#">[Remove Final]</a>					
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
<input type="button" value="View"/>	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
<input type="button" value="View"/>	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
<input type="button" value="View"/>	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
<input type="button" value="View"/>	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020

If an appeal hearing is attended by the Case Manager and the Member does not attend, the CCB 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 appeal is finalized.

The CCB shall ensure all areas of the "Appeals - Attendance at Hearing" information are entered in the BUS and adhere to all requirements listed in the CCB contract. The Department will pull BUS data on the eighteenth (18<sup>th</sup>) day of the month for attendance of hearing from the previous month.

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 CCB, the CCB 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 the CCB's internal appeals tracker and the work completed will be submitted through the Payment Correction process outlined in the CCB contract in 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 CCB shall perform all Initial and Continued Stay Review Functional Eligibility Assessments for the operation of a CCB agency in accordance with §25.5-6-104, C.R.S., 10 CCR 2505-10, Section 8.401, and 10 CCR 2505-10, Sections 8.500 *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 in the BUS.

Description of Assessment Types:

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


<b>Main Menu</b>	 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		
- ADL		
- 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 type="radio"/> Continued Stay Review <input type="radio"/> DI <input checked="" type="radio"/> Initial Review <input type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input type="radio"/> Unscheduled Review <input type="radio"/> Waitlist
	Assessing Agency	Health Care Policy and Financing
	Case Manager	<input type="text"/>

2. **Continued Stay Review - Functional Eligibility** - Continued Stay Review and Unscheduled Review assessments are reimbursed per assessment.

<b>Main Menu</b>	 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		
- ADL		
- 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 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	<input type="text"/>

The CCB shall receive payment for conducting all Initial Functional Eligibility Assessments and Continued Stay Review - Functional Eligibility Assessments as identified in the CCB 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

<b>Main Menu</b>	 <b>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.</b>	
Advisement Letter		
Assessment - 100.2		
- Info		
- ADL		
- Medical		
- Assessment Demographic		
- LOC Certification		
- Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		

<b>Event Number</b>	3
<b>Assessment Date</b>	<input type="text"/> (mm/dd/yyyy)
<b>Event Type</b>	<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

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


<b>Main Menu</b>	<b>Long Term Care Certification Information</b>	
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 <input type="text"/> End Date <input type="text"/>	
- Assessment Demographic		
- LOC Certification		
- Level Of Care		
- LOC Certification (Info)		
- Verify		
Client Inform		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		

<b>Programs Information</b>	
<b>Target Group</b>	<b>Wait Lists</b>
<input type="text"/>	Is client on a waitlist? * <input type="radio"/> Yes <input type="radio"/> No
<b>Program Approval</b>	
HCBS <input type="text"/>	<input type="checkbox"/> BI
HCBS-BI <input type="text"/>	<input type="checkbox"/> CHCBS
LTHH: <input type="checkbox"/>	<input type="checkbox"/> DD
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.

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

<b>Main Menu</b>	 <b>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.</b>	
Advisement Letter		
Assessment - 100.2		
- Info		
- ADL		
- Medical		
- Assessment Demographic		
- LOC Certification		
<b>- Verify</b>		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		

<b>Event Number</b>	3
<b>Assessment Date</b>	<input type="text"/> (mm/dd/yyyy)
<b>Event Type</b>	<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 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 eighteenth (18<sup>th</sup>) 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, CCBs 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 within the required timelines for the previous month it will need to be submitted through the Payment Correction process outlined in the CCB contract and this manual.

## Creating Assessment Report in BUS

CCB agencies may view all assessments entered in the BUS by accessing reports in the BUS. Only agency administrators delegated in the BUS by the CCB will be able to pull Assessment 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)

**Section 3**  
Limit To Agency ☒

Search Reset

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 "Assessment" tab

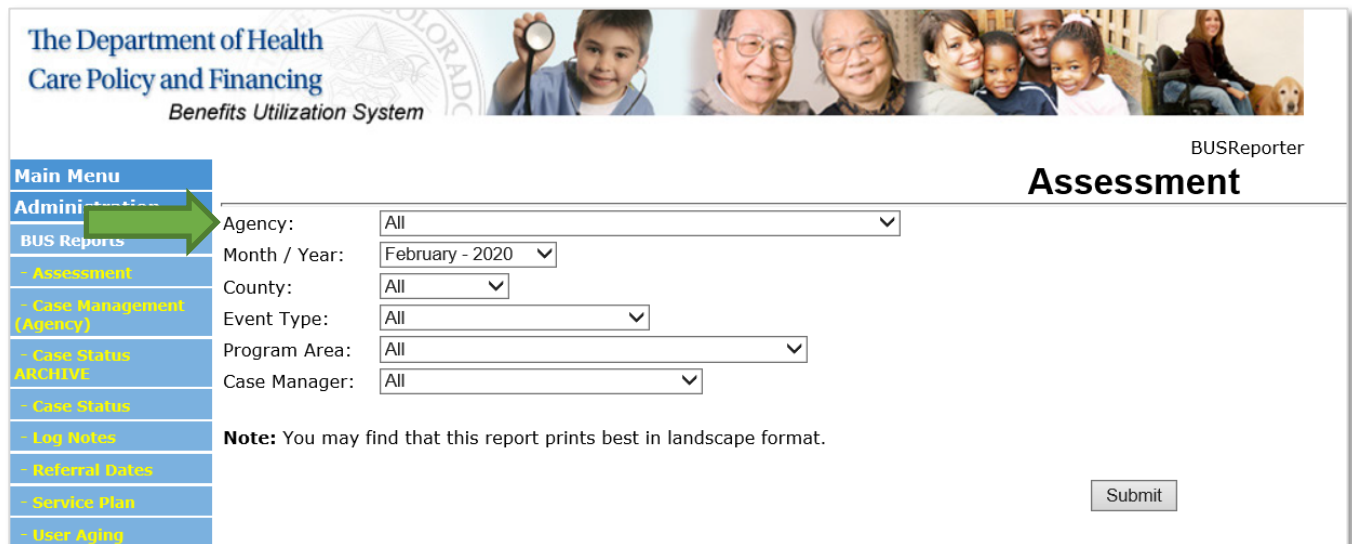
The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

**Main Menu**  
**Administration**  
**BUS Reports**  
**Assessment**  
- Case Management (Agency)  
- Case Status ARCHIVE

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

4. Agency - Select your agency



The Department of Health  
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Benefits Utilization System

BUSReporter

## Assessment

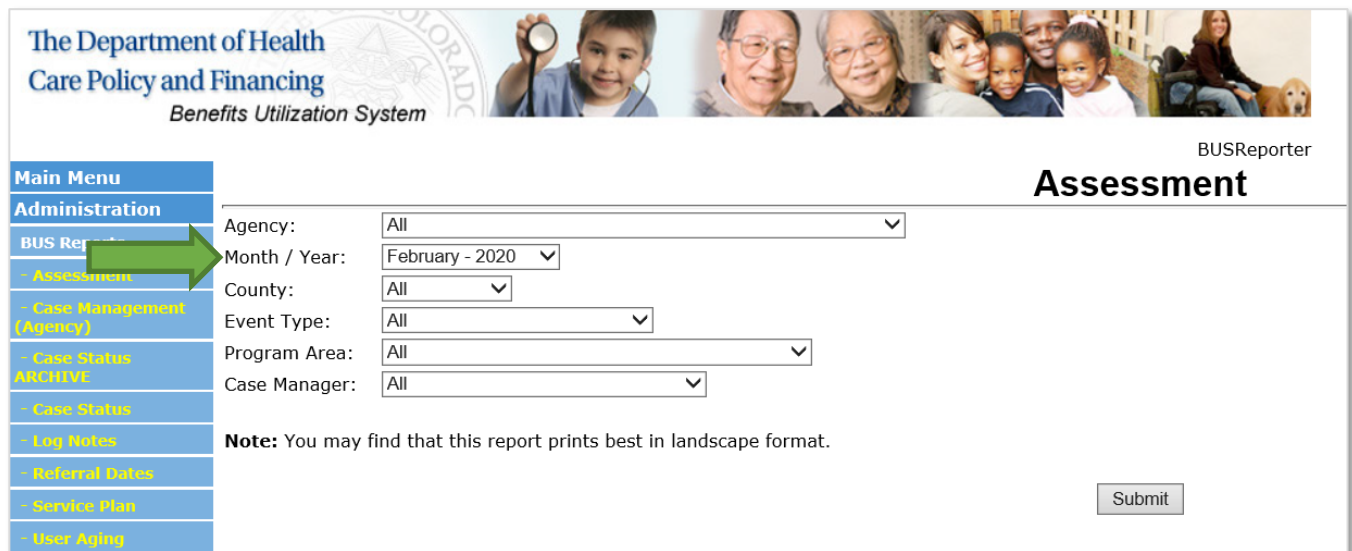
**Main Menu**  
**Administration**  
BUS Reports  
- Assessment  
- Case Management (Agency)  
- Case Status ARCHIVE  
- Case Status  
- Log Notes  
- Referral Dates  
- Service Plan  
- User Aging

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



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BUSReporter

## Assessment

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

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 contract guidelines. The number of assessments each CCB is expected to be reimbursed for each month may be different than actual reimbursement, depending on the date and time the reports are pulled by the Department and CCB.

BUSReporter

**Assessment Report**

**Agency: ALL**

**Report Month: 22020**

Report Created: 03/26/2020 10:35

The data for this report was last processed: 03/26/2020 10:35

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

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.



## Waiting List Management

The CCB shall maintain a program specific waiting list within the Department's prescribed system for all eligible clients for whom funding is not available. Waiting lists may be applicable for State SLS, FSSP, HCBS-DD, HCBS-SLS, HCBS-CHRP, and HCBS-CES dependent on available funding. The Contractor shall not maintain a waiting list for OBRA-SS.

CCBs will be paid for waiting list management based on each individual's annual contact to determine their waiting list need as documented in the DDDWeb. The Department's expectation, per contractual requirements, is for all individuals on waiting lists to be contacted one time each fiscal year.

### Home and Community Based Service (HCBS) Waivers:

The CCB shall conduct and document, in the DDDWeb, an annual follow-up with individuals eighteen (18) and older for all HCBS waivers with a Waiting List timeline of "As Soon As Available" (ASAA), Safety Net (SN), or "see date" to update changes in demographic information and ensure the individual is appropriately identified on waiting lists for the program and services the individual is eligible to receive.

### State General Fund Programs:

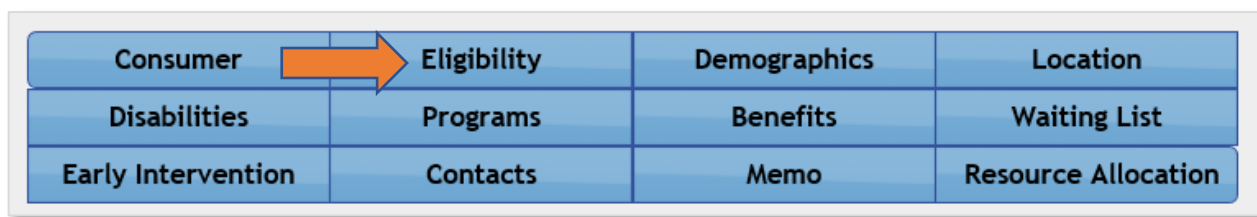
The CCB shall conduct and document, in the DDDWeb, an annual follow-up with individuals and families waiting for the Family Support Services Program (FSSP) or individuals waiting for State SLS services to update changes in demographic information and ensure that the individual is appropriately identified on waiting lists for the program and services the individual is eligible to receive.

## Waiting List Payment

The Department will pull a report each month from the DDDWeb and pay each CCB for the individuals who were contacted in the previous month. The date fields outlined below must be updated at the same time there are updates or the creation of a new waiting list record. If the field is not updated, payment will not be issued. Training on how to pull a Waiting List report in Business Objects can be located at: [www.colorado.gov/hcpf/long-term-services-and-supports-training](http://www.colorado.gov/hcpf/long-term-services-and-supports-training) under the DDD Web heading.

To ensure the correct field for each contact is updated correctly, there are directions and screen shots below from the DDD Web Application portal on how to find the correct fields:

- 1) Sign in to DDDWeb: <https://dddweb.hcpf.state.co.us>
- 2) Go to the CCMS TAB
- 3) Choose Consumer Search
- 4) Use any of the search fields to find the individual's record in the system or create a new record
- 5) Select correct individual
- 6) In the middle of the screen there are blue blocks (as noted below) choose **Eligibility**



Consumer	Eligibility	Demographics	Location
Disabilities	Programs	Benefits	Waiting List
Early Intervention	Contacts	Memo	Resource Allocation

Next is the Consumer Eligibility Screen

### Home and Community Based Service (HCBS) Waivers:

For the HCBS-DD waiver, the field which is pulled for the report is found in the Adult Waiting List Block and is titled "Waiting List Review Date". Enter the date the waiting list status was reviewed with the individual.

When updating or completing waiting list records for the HCBS-DD waiting list, please ensure the "Order of Selection Date" is completed. Without an "Order of Selection Date", the individual will not be considered for an enrollment authorization and the record is not considered a complete record.

The screenshot shows a web-based form titled "Consumer Eligibility" with a "Help" icon in the top right corner. The form is organized into several sections:

- Referral/Admission**: Contains "Referral Reason:" and "RC Admission Type:".
- Case Management Information**: Contains "Case Manager:" with a text input field, "IP Date:" with a date input field, "Case Management Funding Code:" with a text input field, and "Case Management" with a text input field.
- Nursing Facility / NFAR**: Contains "NFAR Code:" and "NFAR Date:".
- Children & Family Waiting List**: Contains "Most In Need Indicator:" and "Optional Child Date:".
- Adult Waiting List**: Contains "Waiting List Review Date:" with a date input field and "Order Of Selection Date:" with a date input field. Two orange arrows point from the "Optional Child Date:" field in the Children & Family section to the "Waiting List Review Date:" and "Order Of Selection Date:" fields in the Adult section.
- Optional**: Contains "Intake Date:" and "Original Entry Date:".

An "Edit" button is located at the bottom center of the form.

## State General Fund Programs:

For the Family Support Services Program (FSSP), the field which is pulled for the report is found in the Children & Family Waiting List Block and is titled "Optional Child Date". Enter the date the waiting list status was reviewed with the individual and/or family.

The "Most In Need Indicator" field will need to have the current score updated. Without a current score (within the last 12 months) the record will not be valid.

The screenshot shows a web form titled "Consumer Eligibility" with a "Help" icon in the top right corner. The form is organized into several sections, each with a dark header bar:

- Referral/Admission**: Contains "Referral Reason:" and "RC Admission Type:".
- Case Management Information**: Contains "Case Manager:" with a text box, "IP Date:" with a date box, "Case Management Funding Code:" with a text box, and "Case Management" with a text box.
- Nursing Facility / NFAR**: Contains "NFAR Code:" and "NFAR Date:".
- Children & Family Waiting List**: Contains "Most In Need Indicator:" with a text box and "Optional Child Date:" with a date box. Two green arrows point to these fields from the left.
- Adult Waiting List**: Contains "Waiting List Review Date:" with a date box and "Order Of Selection Date:".
- Optional**: Contains "Intake Date:" and "Original Entry Date:".

An "Edit" button is located at the bottom center of the form.

At this time there should not be any waiting list records for the HCBS-SLS or HCBS-CES waivers.

The CCB shall input all waiting list management contacts with individuals and families into the DDDWeb within the required timeframe as required by Section 5.1.37 of the CCB contract. The Department will pay for required Waiting List contacts from data pulled from the Department prescribed system on the eighteenth (18) of the month for contacts from the previous month. The Department shall not pay for more than one (1) contact per individual on the HCBS-DD ASAA and SN waiting list and State SLS or FSSP ASAA waiting list per year. In the event that a Waiting List contact is not entered in DDDWeb by the required timelines for the previous month it will need to be submitted through the Payment Correction process outlined in the CCB contract.

## Developmental Disability (DD) and Developmental Delay Determination

The CCB shall determine whether an applicant meets the definition of an Individual with Developmental Disabilities or Delay as defined under 10 CCR 2505-10, section 8.600.4, in accordance with 10 C.C.R. 2505-10 Section 8.607.2.

The CCB shall complete the individual's determination record and assessment record in the DDDWeb with all applicable dates and information within ten (10) Business Days after a determination is complete as required by Section 5.1.36.2 of the CCB contract.

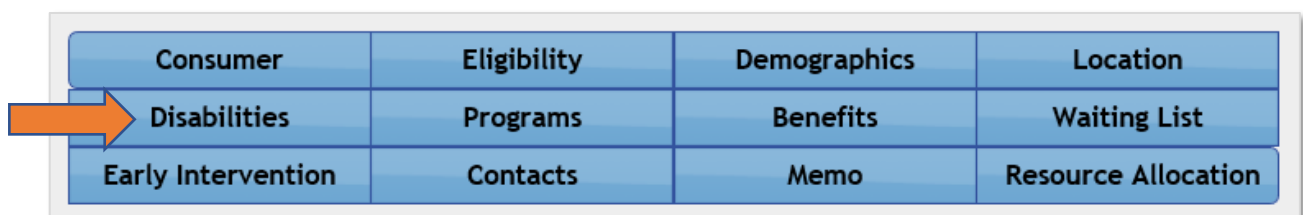
1. Developmental Delay Determination - A child meets one or more of the following: A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more conditions identified in 10 C.C.R 2505-10 Section 8.600.4.
2. Developmental Disability Determination (DD Determination) – A disability that: A. Is manifested before the person reaches twenty-two (22) years of age; B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria identified in 10 C.C.R 2505-10 Section 8.600.4.

## Developmental Disability (DD) and Developmental Delay Determination Payment

The Department will pull a report each month from the DDDWeb and pay each CCB for the individuals who were determined in the previous month. The date fields outlined below must be updated at the same time. If the field is not updated, there will not be payment.

To ensure the correct field for each contact is updated correctly, there are directions and screen shots below from the DDD Web Application portal on how to find the correct fields:

- 1) Sign into DDDWeb <https://dddweb.hcpf.state.co.us>
- 2) Go to CCMS Tab
- 3) Choose Consumer Search
- 4) Use any of the search fields to find the individual's record in the system or create a new record
- 5) Select correct individual
- 6) In the middle of the screen you will see the blue blocks (as noted below) choose **Disabilities**



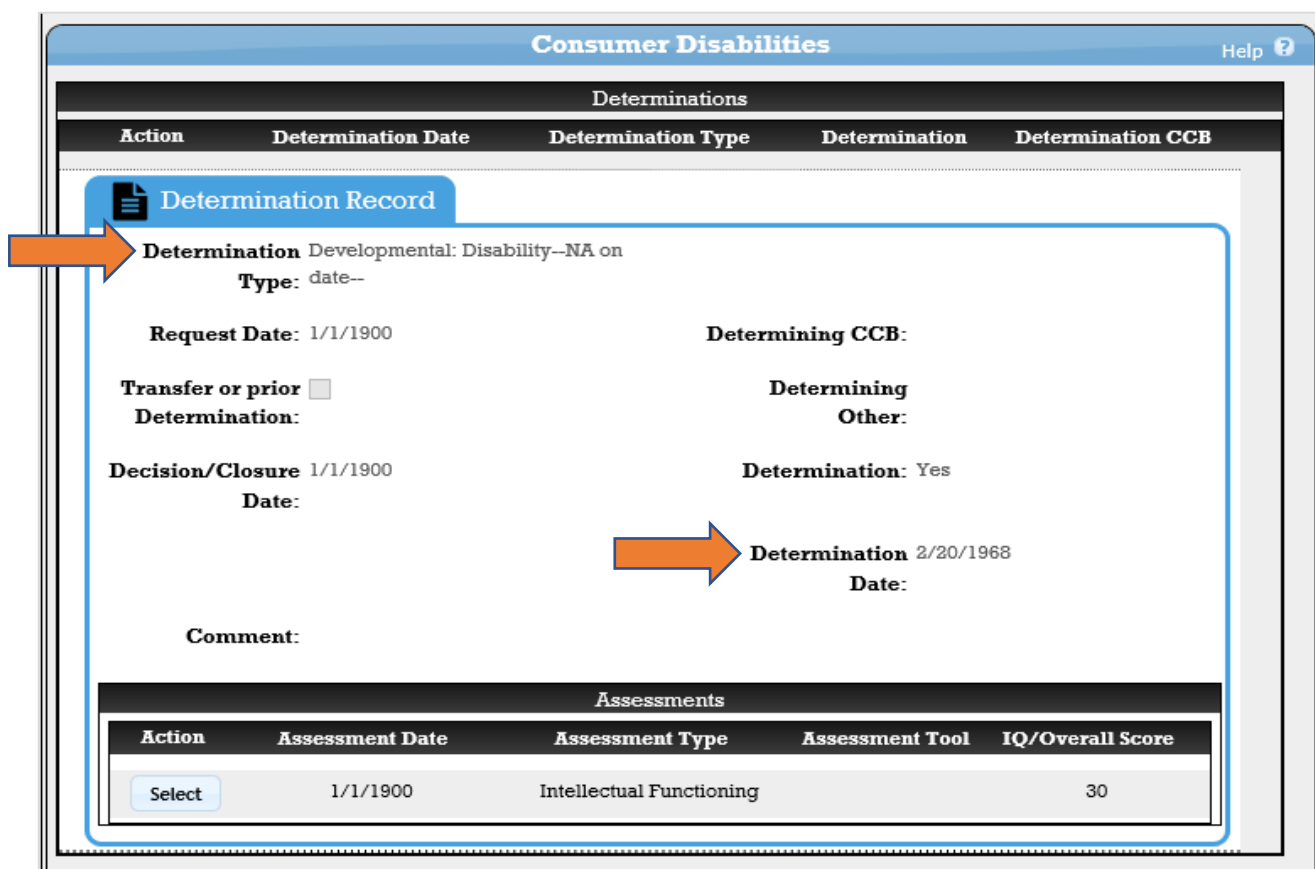
The disability page is used to provide information about the individuals Developmental Disability or Developmental Delay Determination. This section is required for individuals to enroll into waivers that serve individuals with I/DD and/or State General Fund programs for individuals with I/DD.

1) Select the Determination record



Consumer Disabilities				
Help ?				
Determinations				
Action	Determination Date	Determination Type	Determination	Determination CCB
Select	2/20/1968	Developmental: Disability--NA on date--	Yes	

Payment is based off the "Determination Type" and "Determination Date" fields. CCBs will be paid based off which type of Determination was completed, Disability or Delay and the Date the Determination was completed. The Determination date is the date all required information was received by the CCB to be able to make a determination.



Consumer Disabilities

Help ?

Determinations

Action	Determination Date	Determination Type	Determination	Determination CCB
Select	2/20/1968	Developmental: Disability--NA on date--	Yes	

Determination Record

Determination

Developmental: Disability--NA on date--

Type: date--

Request Date: 1/1/1900

Determining CCB:

Transfer or prior ☐

Determination:

Determining Other:

Decision/Closure 1/1/1900

Date:

Determination: Yes

Determination 2/20/1968

Date:

Comment:

Assessments

Action	Assessment Date	Assessment Type	Assessment Tool	IQ/Overall Score
Select	1/1/1900	Intellectual Functioning		30

CCBs are able to pull this data/information from Business Objects on a regular basis to compare with the billing report that the Department uses for payment.

The CCB shall input all disability and delay determinations into the DDDWeb within the required timeframes. The Department will pay disability determinations, based on data pulled from the DDDWeb on the eighteenth (18) day of the month for determinations from the previous month. In the event that a determination is not entered in the DDDWeb by the required timelines for the previous month it will need to be submitted through the Payment Correction process outlined in the CCB contract.

Further information on how to complete a DD Determination can be found at:

[www.colorado.gov/hcpf/long-term-services-and-supports-training](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)

## Critical Incident Reporting (CIRs) and Investigation Per Member Per Month

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 as required by Section 4.3.1.1 of the CCB contract. There are no changes to this process as a result of the new rates and payment methodology.

### 1. All Questions Are Mandatory and Must Be Answered

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

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

Client Information	<b>To complete a CIRS Follow Up report, please include:</b>									
Transition Assessment & Planning	1) All <b>Contacts</b> made, 2) <b>Answers</b> to all questions, and 3) A complete <b>Description</b> of all Follow Up actions taken.									
Risk Mitigation Plan	[Military Time]									
Assessment - HCA	<b>Critical Incident Report</b>									
Case Management		CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review En
Case Status										
Critical Incident Reports	<a href="#">View</a>	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	<a href="#">View</a>	97293		02/04/2020	02/03/2020	Health Care Policy and Financing	Rhonda Johnson	HCBS-Childrens Extensive Support	Death	1 HCPF Review
IADL						Health		HCBS-		

CIRs include all initial entries and any follow up entries requested by the Department.

The CCB shall ensure all CIRs have been entered in the BUS within the required timeframe. The Department will pay per member enrolled each month based on actively enrolled members pulled from the Department prescribed system on the eighteenth (18) day of the month, for enrollments from the previous month.

The Department will provide the CCB with a CIRs PMPM payment for each member with an approved Prior Authorization Request (PAR) in Interchange (Bridge). In the event that an active member is not reflected on the CCB's payment for the previous month, it will need to be submitted through the Payment Correction process outlined in the CCB contract.

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

Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	ACCEPTED BY IC	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/27/2018	Receive Alert	NO

Each CCB will be able to use data pull from the Enrollment report in COGNOS for active PARs to identify members that will qualify for CIR 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](http://www.colorado.gov/hcpf/long-term-services-and-supports-training)

Please refer to the Department training site on Critical Incident Reporting for any further clarification: [www.colorado.gov/hcpf/hcbs-waiver-critical-incident-reporting](http://www.colorado.gov/hcpf/hcbs-waiver-critical-incident-reporting)




## Targeted Case Management (TCM) Per Member Per Month (PMPM)

The CCB will bill for performing and log noting any allowable TCM activity each month in accordance with 10 CCR 2505-10, Section 8.761.

To bill 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) is 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 an allowable case management activity in accordance with TCM regulations.

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	04/24/2020
Assessment - 100.2	Time of Contact	4:38:37 PM
Client Information	Person Contacted	
Transition Assessment & Planning	Billable Log Note Units	0 Units
Risk Mitigation Plan	Non-Billable Log Note Units	0 Units
Assessment - HCA	Type of Contact	<div> <div>Adult Protection</div> <div>Case Assigned</div> <div>Case Documentation</div> <div>Case/Family Conference</div> <div>Complaint</div> <div>Complaint Follow-up</div> <div>Contact at place of employment</div> <div>Correspondence</div> <div>Discharge and Termination</div> <div>Email</div> <div>Enrollment Activity</div> <div>Face-to-Face</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>
Case Management	Current Program	
Case Status	Is this log note a Targeted Case Management Note?	
Critical Incident Reports	Did this contact take place Face to Face?	
IADL	Confidential?	
Log Notes	Does this log note refer to a New Critical Incident?	
- Add	Does this log note refer to an Existing Critical Incident?	
- Edit	If New/Existing Critical Incident is YES, Enter CIRS Number:	
- Delete	 A log note should only be marked confidential if it could not be viewed by any other agency.	
- Print One	Narrative:	
- 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>

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

Claims for TCM PMPM may be submitted, for members with a non system generated log note, documenting a TCM activity, and an approved PAR.

*\*For New Enrollments:* In addition to billing the TCM PMPM the month the PAR is accepted in the Department-prescribed system, the CCBs may also bill the TCM PMPM no more than one month prior to the PAR being accepted. In order to receive the TCM PMPM, members eligibility must be coded by the county department of human services as HCBS-DD, HCBS-SLS, HCBS-CES or HCBS-CHRP. Claims submitted prior to the waiver eligibility date, or more than one month prior to the accepted PAR, will be subject to overpayment recovery by the Department.



## Creating Per Member Per Month (PMPM) Reports for Targeted Case Management (TCM) Billing

CCBs may view all TCM PMPM activities entered into the BUS by accessing reports in the BUS. This report may assist the CCB when billing TCM via the Colorado interChange Medicaid Management Information System (MMIS).

1. Click on "Administration" Tab

The Department of Health  
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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 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  
Database Tables  
Agency Administration

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


### 3. Click on "Log Notes Detailed Reports" 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**

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	

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 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

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

**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: 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

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 CCB 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]																
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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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
<a href="#">View</a> 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</div> <div>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]**  
 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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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
<a href="#">View</a>	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

## Quarterly Monitoring

The CCB may bill for the required Face to Face Case Management Quarterly Monitoring. The CCB shall document the four required In-Person Monitoring activities in the BUS and maintain detailed documentation with the following steps to be eligible for reimbursement.

CCBs that serve individuals who reside in a Rural/Frontier catchment area, as determined by the Colorado Rural Health Center ([Click Here for Map](#)), may also bill for the Rural Travel Add On.

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	
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 Management	Current Program	Children's Extensive Supports (CES)
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 checked="" 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:	
Delete	A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.	
Print Case	Narrative:	
View/Print Range		
Log Note Search		
LTC 803		
Program Area		
Referral		
Service Plan		
Service Plan DD Section		
Administration		
Logout		

Save Clear

## 2. "Type of Contact" must be labeled as "Summary Report-Quarterly Contact"

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

Required Quarterly In-Person Monitoring visits will be reimbursed per In-Person Monitoring visit not to exceed four visits per year. If the In-Person Monitoring activity is not documented as noted in the above steps it will not be recognized by the Department as eligible for reimbursement and may be subject to overpayment recovery by the Department.



## Creating In-Person Monitoring Report in the BUS

CCBs may view all In-Person Monitoring activities entered into the BUS by accessing reports in the BUS.

1. Click on "Administration" tab

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Client Search

**Main Menu**  
Search  
**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 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  
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 on "Log Notes Detailed Report" tab

The screenshot shows the BUSReporter Menu interface. On the left is a 'Main Menu' sidebar with various options. The 'Log Notes Detailed Report' option is highlighted with a red rectangular box. The main content area on the right is titled 'BUSReporter Menu' and contains the text: 'The data in these reports are updated on a daily basis.'

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	
- Face to Face Log Notes Monthly Summary	
- Case Manager Assessment Report	
- Case Manager Service Plan Report	
BUS Tracker	
CIRS Administration	
Critical Incident Reports Search	

### 4. Agency - Select your agency

The screenshot shows the 'Log Notes Detailed Report' form in the BUSReporter application. A green arrow points to the 'Agency' dropdown menu, which is currently set to 'Health Care Policy and Financing'. The form includes several other fields: 'Type of Contact' (All), 'Program Waiver' (All), 'Case Manager' ([All]), 'Start Date' (04/03/2020), 'End Date' (04/17/2020), 'Date Search Type' (Date of Contact selected), 'System Generated' (Non System Generated Lognotes selected), and 'Show Narrative' (unchecked). A 'Submit' button is located at the bottom right of the form.

**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: ☐ Date Entered ☒ Date of Contact  
System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes  
Show Narrative: ☐  
Submit

5. Type of Content - Select "Summary Report - Quarterly Contact":

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter  
**Log Notes Detailed Report**

Main Menu  
Administration  
BUS Reports  
Assessment (Agency)  
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  
Case Manager Assessment Report  
Case Manager Service Plan Report  
BUS Tracker  
CIRS Administration

Agency: Health Care Policy and Financing

Type of Contact: Program Waiver

Case Manager:

Start Date:

End Date:

Date Search Type:

System Generated

Show Narrative:

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  
Service Plan Remove Final  
Service Plan Revision Service Added  
Summary Report - 6 Month Review  
Summary Report - CDAS Reassessment  
Summary Report - Closure  
Summary Report - CSR  
Summary Report - Initial  
Summary Report - Monthly Contact  
**Summary Report - Quarterly Contact**  
Summary Report - Transfer  
Supervisory PAR Review  
Telephone  
Transition Coordination  
Travel  
Veterans Representative

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 (Agency)  
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  
Case Manager Assessment Report  
Case Manager Service Plan Report  
BUS Tracker  
CIRS Administration

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 (Agent) **→**
- 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
- Case Manager Assessment Report
- Case Manager

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 timespan:

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
- 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

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 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
- 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

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

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

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
- 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

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



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

This will create a report of monitoring contacts for the timeframe stipulated, which supports the number of quarterly monitorings submitted in the InterChange for reimbursement. Due to the large volume of data that will be pulled each month each CCB has the ability to select that 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]															
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 Units	Non-TCM Units	Contact Face to Face
<a href="#">View</a> 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	N
<a href="#">View</a> 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	Y
<a href="#">View</a> 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	Y
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<div>Printable View</div> <div>Export to Excel</div>															

This will allow each agency the ability to filter the "Content Type" and "Contact Face to Face" columns to ensure accuracy in the number of In-Person Monitoring activities that may be billed 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 Units	Non-TCM Units	Contact Face to Face
<a href="#">View</a> 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	N
<a href="#">View</a> 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	Y
<a href="#">View</a> 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	Y
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<a href="#">View</a> 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	N
<div>Printable View</div> <div>Export to Excel</div>															

## HCBS-Children's Extensive Support Application (CES)

The CCB shall submit all HCBS-CES applications to the Department's vendor for review and approval as outlined in [Operational Memo 18-020](#). The Department will pay for initial application per person applying for HCBS-CES per year, as well as CSR HCBS-CES application each year thereafter. The Department will not pay for initial or CSR applications that were denied due to being incomplete.


Incomplete applications include any application that did not contain:

- a signature page
- a completed Level of Care
- DD or Delay Determination date
- dates of service

Department will pay for HCBS-CES applications from reports received by the Department's vendor on the eighteenth (18) of the month for assessments from the previous month.

## Payment Correction Form

The CCB shall review all payments made by the Department to ensure accuracy within ten (10) business days of receiving the payment summary. Any errors in billing or payment must be submitted through the payment correction form, shown below, which is available on each CCB's SharePoint page. Once the Department has received and reviewed the payment correction form, over and underpayments will be corrected on the following month's payment.



**COLORADO**  
Department of Health Care  
Policy & Financing

**Fiscal Year 2020-21 Contract Payment Correction Form**

**Community Centered Board:**

**CCB Contact Name:**

**Email:**

Name of Individual	Identifier (Medicaid ID, SSN, Consumer ID)	Program	Contract Activity	Billing Month/Year	Change to Payment	Comments

## Contact Information

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

Administrative and State General Fund Payment Corrections or Contractual Questions:

[Noushin.Berdjjs@state.co.us](mailto:Noushin.Berdjjs@state.co.us)

Targeted Case Management or Programmatic Questions: [Victor.Robertson@state.co.us](mailto:Victor.Robertson@state.co.us)