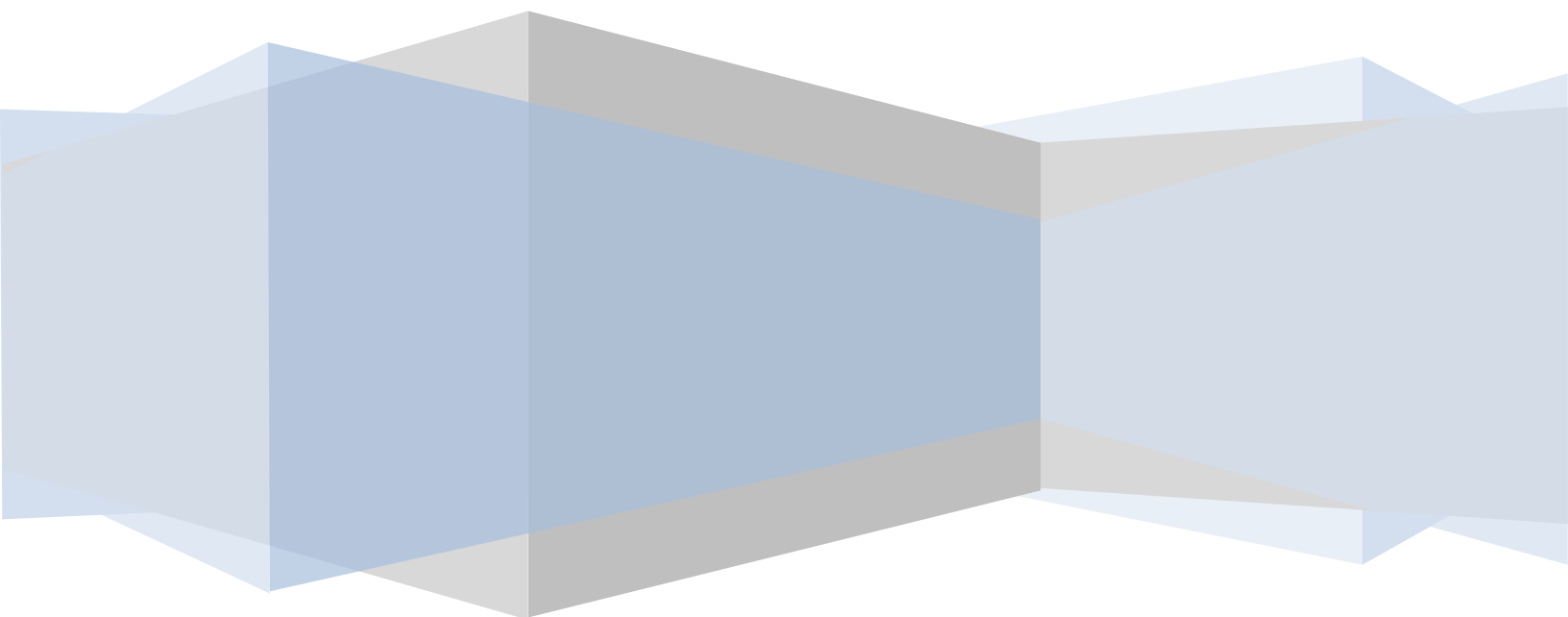


Colorado Department of Health Care Policy and Financing

# Entering a Service Plan into the BUS

*A Guide for New Case Managers*

August 2013



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# Introduction

These instructions will guide **new case managers** through the basic process of **entering a service plan** into the Benefits Utilization System (BUS) for a **new client** and includes some **tips and best practices** that can be helpful when completing a service plan.

You will also find information to **help clarify** the sections of the service plan, as well as a few tips to help you think critically and plan appropriately for a client's needs.

We could not incorporate every possible scenario into this guide; therefore, more complex cases may require further instruction from your supervisor or agency BUS Administrator.

This document was created in a collaborative effort by the Case Management Agency Training Initiative work group, which involved representatives from the following:

- County Eligibility Sites
- Single Entry Point Agencies (SEP)
- Community Centered Boards (CCB)
- Department of Human Services – Division of Developmental Disabilities
- Department of Human Services – Division of Child Welfare Services
- Department of Health Care Policy and Financing – Long Term Services and Supports Division

# Accessing the BUS

Colorado The Official State Web Portal Colorado.gov

Select Language Search **SEARCH**

## The Department of Health Care Policy and Financing

Clients & Applicants Providers Partners & Researchers Boards & Committees About Us **Secured Site** MA/PE Portal

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

The Department administers the Medicaid and Child Health Plan Plus programs as well as a variety of other programs for low-income families, the elderly and persons with disabilities.

Text + -

**Quick Links**

- Application Assistance Site
- Budget
- Contact Us
- County List
- Health Care Reform/Medicaid Expansion

**Eligibility**


**Find a Provider**

**Provider Services**

**Initiatives**

From **Colorado.gov/hcpf**

Click on **Secured Site** to enter the Web Portal



Department of Health Care Policy  
and Financing

Related Sites:
Provider Services
CBMS
CHP+
CICP
CPPC
Old Age Pension
HIPAA

## Login

Access to this application is restricted to those who have been authorized by the Colorado Department of Health Care Policy and Financing. The department is tracking all users in the system and all uses of the system. All unauthorized activity will be prosecuted to the full extent of the law.

User Name:\*


Password:\*

Login

Change Password

Note: Password is case sensitive

[I forgot my user name.](#)  
[I forgot my password.](#)


**TIP**

If you do not have a username and password, contact **your agency's** BUS Administrator

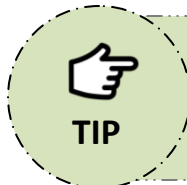
↑  
↓

Colorado Department of Health Care Policy and Financing - 1570 Grant Street Denver, Colorado 80203-1818


Contact Us:

Help Desk

Enter your  
**Web Portal**  
username and  
password



If you do not have a username and password, contact **your agency's** BUS Administrator



Department of Health Care Policy  
and Financing

Related Sites:
Provider Services
CBMS
CHP+
CICP
CPPC
Old Age Pension
HIPAA

Main
Help
Log Out

Welcome

## Welcome to the Colorado Medical Assistance Program

### Secure Web Portal

Trading Partner:

User Profile Maintenance

BUS

BUS Access
BUS Training

What's New!

**If Nothing Happens After Clicking on BUS Access or BUS Training:**

Your browser pop-up block may be on. You will need to log out of the Colorado Medical Assistance Program Web Portal to make the necessary changes.

1. Open Internet Explorer, click on **Tools**, and check if the pop-up blocker is on.
2. You can select to turn the pop-up blocker off globally by clicking on **Turn Off Pop-up Blocker**, or by site- clicking **Blocker Setting** and adding [sp0.hcpf.state.co.us](http://sp0.hcpf.state.co.us).

Colorado Medical Assistance Program Web Portal users **must** have their own User Name and Password. Sharing information is prohibited. Trading Partner Administrators can create new users by selecting **Administration** → **Administration** from the left-hand navigation menu. Please see the **Help** menu option, the **TPA User Guide**, and

Select **BUS Access**

Department of Health Care Policy and Financing

Benefits Utilization System - Session timeout in approximately 30 minutes - Microsoft Internet Explorer provided by Health Care

https://ltc.hcpf.state.co.us/bus/loginpage.cfm?x=YWnAAWeHdIAZ7ydgf

File Edit View Favorites Tools Help

★ Favorites Benefits Utilization System - Session timeout in approx...

The Department of Health Care Policy and Financing  
Benefits Utilization System

To login to the system please enter your username and password below

User Name:

Password:

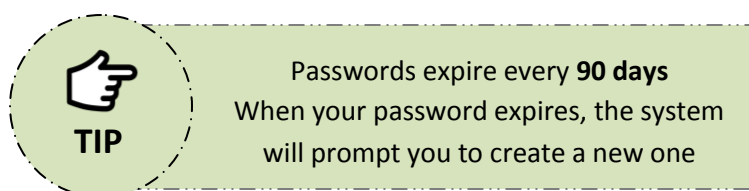
User Agreement: ☐

USER AGREEMENT / SECURITY REMINDER:  
By logging into the Long Term Care Benefits Utilization System you are bound by the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

[Return to Web Portal](#)

Login!

Enter your  
**BUS**  
username and  
password  
  
**AND**  
  
The **User Agreement**  
Box must be checked



# Searching for a Client

Main Menu
<b>Search</b>
BUS Forms
Administration
Logout

## To Search for a client:

Click **Search** in the left hand menu

Information must already be known about the client

[Administrator Quick Links](#)

[Case Manager Quick Links](#)

**ALL BUS USERS:**

[BUS Projects Prior](#)



**TIP**

Case Managers with caseloads can also use the **Quick Links** to access their cases

Main Menu	<b>Search criteria:</b> Please enter at least one field in Section 1 and optional.
Search	
BUS Forms	
Administration	
Logout	

State ID	<input type="text"/>	Search
Last Name	<input type="text" value="pudding"/>	Search
SSN	<input type="text"/>	(xxx-xx-xxxx)
Date of Birth	<input type="text"/>	(MM/DD/YYYY)

Section 3		
Limit To Agency	<input checked="" type="checkbox"/>	

Search	Reset
--------	-------

## To Search for a client:

For this example, we are searching by **last name** for our **test client**

You can also search by State ID or Social Security Number (SSN) if known

Uncheck the **Limit to Agency** checkbox to expand the search beyond your agency



**TIP**


Only **one** piece of information is required to search for a specific client

## Client Search Results

The search results display all client information related to your search

For these instructions, we will be using the **test client Butterscotch Pudding**

The Department of Health  
Care Policy and Financing  
*Benefits Utilization System*



Client Search

Main Menu		Last Name	First Name	SSN	DOB	State ID	Sex	Case Status
Search	<input type="text"/>							
- Add Client	<input type="button" value="Edit"/>	Pudding	Butterscotch	133-11-1111	01/17/1939	Z190000	F	
- Agency Request	Status Legend: M = Managing Agency - S = Secondary Managing Agency - O = Other Agency							
BUS Forms								
Administrative								
Logout								

Click **Edit** button to view or edit client information



## Client Information

Client - Demographic - Butterscotch Pudding - 133-11-1111	
<b>Main Menu</b>	<b>Client Information</b>
Advisement Letter	First Name <input type="text" value="Butterscotch"/> MI <input type="text"/> Last Name <input type="text" value="Pudding"/>
Assessment - 100.2	SSN <input type="text" value="133-11-1111"/> State ID <input type="text" value="Z190000"/> County <input type="text" value="Denver"/>
Client Information	(xxx-xx-xxxx)
- Financial	Primary Language <input type="text" value="English"/> DOB <input type="text" value="01/17/1939"/> Phone <input type="text"/>
- Spousal Financial	(mm/dd/yyyy) (xxx-xxx-xxxx)
- Insurance	Marital Status <input type="text" value="Single"/> Sex <input type="text" value="Female"/>
- Legal	
Assessment - HCA	Street Address <input type="text"/> City/State/ZipCode <input type="text"/>
Case Management	Mailing Address <input type="text"/> Mailing Address City <input type="text"/>
Case Status	Mailing Address State <input type="text"/> Mailing Address ZipCode <input type="text"/>
Critical Incidents - Before 06/04/2009	Client ID for Agency <input type="text"/>
Critical Incident Reports	Current Living Situation <input type="text" value="Alone"/>
IADL	Case Status: <input type="text"/>
Log Notes	CBMS Case Number <input type="text"/>
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	Relationship <input type="text"/>
Logout	Organization <input type="text"/>

Click **Service Plan** to enter or edit information about the client's service plan

# Service Plan

A service plan is used by Case Management Agencies to **communicate** to the client, service providers and Medicaid about the **specific services** that the client is requesting or will be receiving.

A service plan should address:

- a **client's needs and community living goals** in a way that reflects their **own preferences and decisions** using person-centered planning
- **all** of a client's needs related to **activities of daily living** identified in the **ULTC 100.2 assessment** and the **Professional Medical Information Page (PMIP)**
  - The **Supports Intensity Scale (SIS)** is also used for a client who has a developmental disability
- **all services** the client needs to **function in the community** and to **prevent institutionalization**
- **any risks** to the client's health and safety, and **explains** how those risks will be mitigated

**Person-Centered Planning** – empowers the client to be involved in the service planning process and focuses on his or her strengths, rather than only on areas of need.

It gives a client the opportunity to talk about what is important to them and establishes goals outside of accomplishing Activities of Daily Living (ADL) which support independent living to the extent possible.

From this framework, the case manager can begin to have a conversation with the client about how to create the support and circumstances to achieve a “meaningful life.”

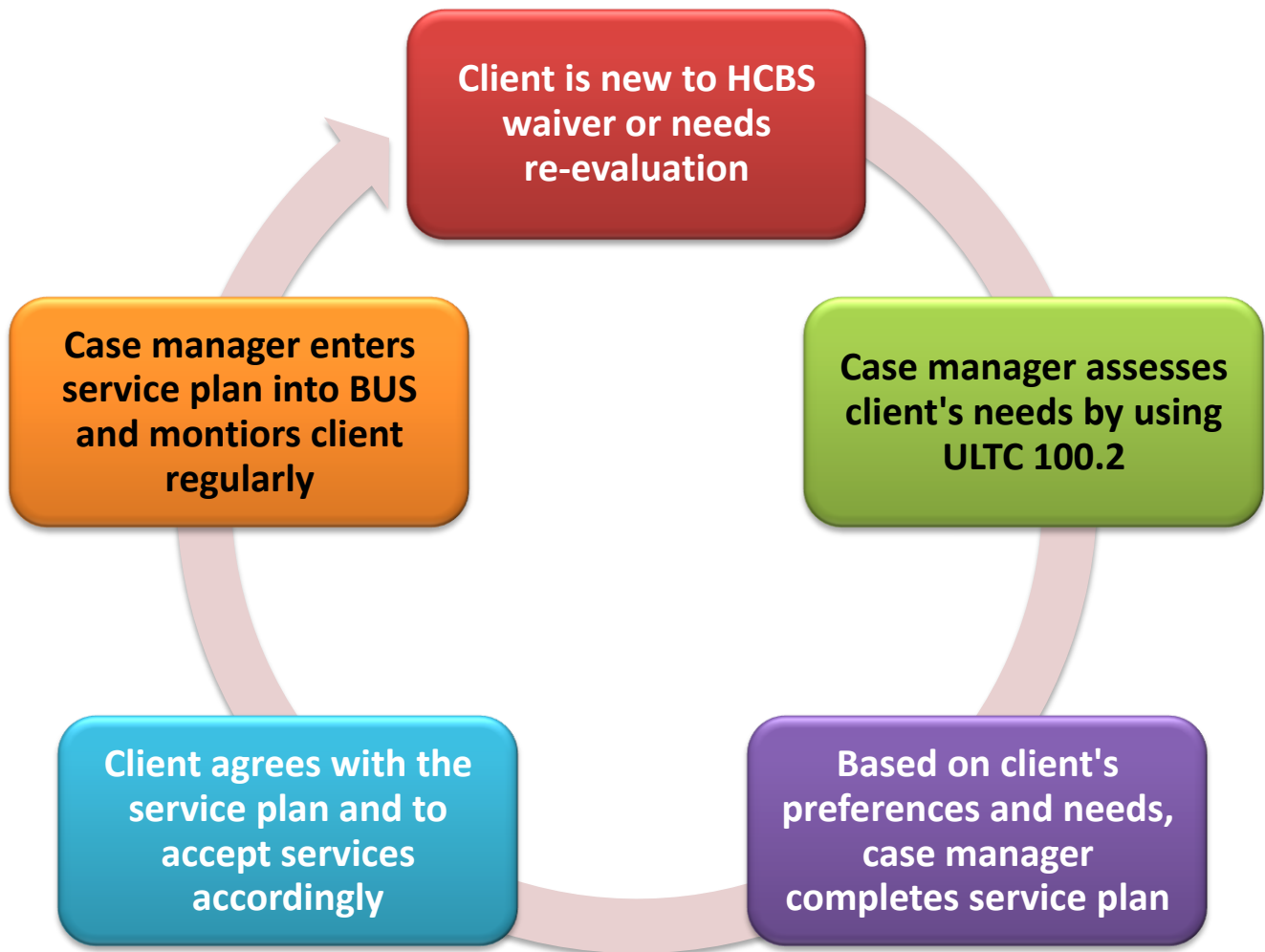
**ULTC 100.2 Assessment** – guides the Case Manager through a series of categories to determine a client's functional abilities and needs.

Categories include:

- **Activities of Daily Living (ADL)**
  - Bathing, dressing, toileting, mobility, transferring and eating
- **Instrumental Activities of Daily Living (IADL)**
  - Hygiene, meal preparation, housework, laundry, shopping, medication management, money management, assessing resources, transportation
- **Supervision Needs related to:**
  - Behavioral supports
  - Memory and cognition

The assessment is completed independently of the service plan and is not electronically linked to service plan information in the BUS.

## Basic Service Plan Process



## BUS Service Plan Navigation

Service Plan
- Service Plan Information
- Medicaid Long Term Care Disclosures
- Roles and Responsibilities
- Complaint Process
- Service and Provider Choice
- Statement of Agreement
- Service Plan Participants
- Natural Supports
- Third Party Resources
- State Plan Benefits
- Home Health
- HCBS Services
- Contingency Plan
- Personal Goal
- Verify
- Finalize

In the BUS, the left-hand menu under the **Service Plan Tab** follows the order of the paper service plan process

You can **use this menu** to skip to a section to make a change or edit

Enter information as **completely and accurately** as possible

## Service Plan Page

Client - Service Plan - Butterscotch Pudding - 133-11-1111

<b>Main Menu</b>	<a href="#">[Remove Final Service Plan]</a> <a href="#">[Delete Service Plan]</a> <a href="#">[Edit Service Plan]</a> <a href="#">[Withdraw Service Plan]</a> <a href="#">[Print]</a>																		
Advisement Letter																			
Assessment - 100.2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #4F81BD; color: white;">Event</th> <th style="background-color: #4F81BD; color: white;">Event Type</th> <th style="background-color: #4F81BD; color: white;">Final</th> <th style="background-color: #4F81BD; color: white;">Verify</th> <th style="background-color: #4F81BD; color: white;">Case Manager</th> <th style="background-color: #4F81BD; color: white;">Service Plan Agency</th> <th style="background-color: #4F81BD; color: white;">Staff Date</th> <th style="background-color: #4F81BD; color: white;">Start Date</th> <th style="background-color: #4F81BD; color: white;">End Date</th> </tr> <tr> <td colspan="9">* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.</td> </tr> </table>	Event	Event Type	Final	Verify	Case Manager	Service Plan Agency	Staff Date	Start Date	End Date	* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.								
Event	Event Type	Final	Verify	Case Manager	Service Plan Agency	Staff Date	Start Date	End Date											
* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.																			
Client Information	There are no Service Plans entered for this client.																		
Assessment - HCA																			
Case Management																			
Case Status																			
Critical Incidents - Before 06/04/2009																			
Critical Incident Reports																			
IADL																			
Log Notes																			
LTC 803																			
Program Area																			
Referral																			
Service Plan																			
- Initial/CSR																			
- Revision Copy																			
- Print Signature																			
- Print																			
Service Plan DD Section																			
Administration																			
Logout																			

Click **Initial/CSR** to enter a brand new Service Plan for a client

### Service Plan Options:

- **Initial / CSR** – Use this option to enter a new Service Plan or a Continued Stay Review (CSR)
- **Revision Copy** – Use this option to revise an existing finalized Service Plan in the middle of a certification period – Do NOT use for an Initial or Continued Stay Review (CSR)
- **Print Signature** – Use this option to print a blank, hard copy of the service plan which includes all of the information pages, disclosures, agreements, roles and responsibilities and signature pages
- **Print** – Use this option to print specific sections or the entire Service Plan with all information as entered

## Service Plan Information

Client - Service Plan - Butterscotch Pudding - 133-11-1111

### Long Term Care Service Planning Information

**Service Plan Number: 1**

**Service Plan Type:\***

- ☐ CCT Certification Extension
- ☐ Continued Stay Review
- ☐ Deinstitutionalization (DI)
- ☒ Initial/Enrollment
- ☐ Reverse Deinstitutionalization
- ☐ Unscheduled Review



**TIP**

All sections marked with a red asterisk \* are required



Click **Initial/Enrollment**  
to create a new  
Service Plan

### Service Plan Types:

- **CCT Certification Extension** – Use this type ONLY for Colorado Choice Transition clients
- **Continued Stay Review (CSR)** – Use this type for a periodic or annual review of a client's service plan
- **Deinstitutionalization (DI)** – Use this type for a client who is returning to the community after a stay in an institution or facility
- **Initial/Enrollment** – Use this type for a new client or if a client has switched to a new waiver/program/service
- **Reverse Deinstitutionalization** – Use this type for a client who is returning to an institution or facility after a stay in the community, and who was previously institutionalized
- **Unscheduled Review** – Use this type for a client who has transferred between counties or needs an unexpected review of the service plan

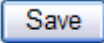
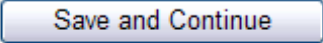
## Service Plan Information – *continued*


**Staffing Date:\***

01/17/2013  (mm/dd/yyyy)  Enter **Staffing Date**

**Select Assessment Certification:\***

---Select One---  
---Select One---  
Initial Review - Certification Start: 02/01/2013 End: 01/31/2014 Auth: 02/01/2013 Program: HCBS-EBD


 Select the **Assessment Certification**

### Staffing Date

- Staffing Date is the date that the **service plan meeting** was **completed** with the client, case manager, and any other service plan participants
- Case managers are **required** to enter and verify service plan information in the BUS within **10 business days** from the date of the Staffing Date

### Select Assessment Certification

- If a client has **more than one** Assessment Certification, select the **most recent** certification date
  - The client's ULTC 100.2 assessment **must be entered** in the system **prior** to selecting the certification date

  
**TIP**

**Save Often!**

**Save** = saves entered information while still working on this page

**Save and Continue** = saves entered information and moves on to the next page

# Medicaid Long Term Care Disclosures

When the case manager has **completed** the functional needs assessment, he or she will need to **determine for which program(s)** the client is eligible.

A client has the right to choose to receive waiver services and service delivery options. An important part of the service plan process is documenting that the case manager has helped the client understand their options and **make an informed choice**.

Completing this section of the service plan indicates that these choices have been **discussed with the client or legal guardian**.

**Before checking the boxes** in this section, ensure that you have **reviewed** this information with the client.



## Entering Medicaid Long Term Care Disclosures

### Medicaid Long Term Care Disclosures

#### Choice Statements

☒ \*Client has been informed that he/she has the right to choose between institutional and Community Based Services.

**Required** – Click checkbox to indicate client has been **offered a choice** of programs

#### Program Area

☒ Client has been offered/chosen enrollment for the following Home and Community Based Service (HCBS) waiver programs:

\*At least one program must be selected from the options in the Program Area section.

- ☐ Brain Injury (BI)
- ☐ Community Mental Health Supports (CMHS)
- ☐ Developmental Disabilities (DD)
- ☒ Elderly, Blind, and Disabled (EBD)
- ☐ Persons Living With AIDS (PLWA)
- ☐ Spinal Cord Injury (SCI) LTCO and JEFFCO Only
- ☐ Supported Living Services
- ☐ Children's Home and Community Based Services Waiver
- ☐ Children With Autism (CWA)
- ☐ Children with Life Limiting Illness (CLLI)
- ☐ Children's Extensive Supports (CES)
- ☐ Children's Habilitation Residential Program (CHRP)
- ☐ Colorado Choice Transitions - HCBS-BI
- ☐ Colorado Choice Transitions - HCBS-CMHS
- ☐ Colorado Choice Transitions - HCBS-DD
- ☐ Colorado Choice Transitions - HCBS-EBD/18-64
- ☐ Colorado Choice Transitions - HCBS-EBD/65+
- ☐ Colorado Choice Transitions - HCBS-SLS

**IF** you check this box, **ONLY ONE** checkbox should be marked below it.

This should reflect the **HCBS waiver program the client has selected** and is eligible for.



**Did You Know?**

The HCBS Waiver Program checkbox you select here will populate the services menu in the **HCBS section** of the Service Plan on the BUS

☒ Client has been offered services and/or placement in the following programs:

- ☐ CDASS
- ☐ CDASS - 1915(i) State Plan
- ☐ Adult Foster Care
- ☐ Home Care Allowance
- ☐ Hospital Back Up/Nursing Facility
- ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities
- ☒ Long Term Home Health
- ☐ Mesa County Home Connections
- ☐ Nursing Facility
- ☐ PACE
- ☐ Private Case Management

**IF** you check this box, **check as many checkboxes as apply** in this section.

This should reflect the **Long Term Care Programs the client has selected** and is eligible for.

## Service Planning

☒ \* Client has been informed that the Services outlined in the service plan shall be consistent with the needs identified in the functional needs assessment (ULTC 100.2).

☒ \* Client has been informed that:

1. Long Term Care Medicaid is the payer of last resort
2. If the client is covered by third party insurance, he/she must disclose the name of that insurance.
3. Third party insurance, natural/community resources, and the Medicaid State Plan must be utilized prior to accessing Long Term Medicaid benefits.

Save

Save and Continue

Because Medicaid is always the **payer of last resort**, it is important for the case manager to consider cost effectiveness.

When completing a service plan with a client, **begin by identifying services provided at no cost** from family, friends, neighbors and volunteers. Secondly, consider services as provided by **third-party** insurers, resources or **state plan** (regular Medicaid) benefits, including Home Health.

If the client has **needs that remain uncovered** by the above services and providers, then the case manager can consider the services offered within the Medicaid **Home and Community Based Services** waivers.

**Before checking the boxes** in this section, this process of determining services should be explained to a client and/or their guardian at the time of the service plan.

# Roles and Responsibilities

This section of the service plan documents that the case manager and the client discussed the **roles and responsibilities** which are part of being on a waiver program. The case manager should clearly explain what the client can expect from the case manager, as well as what the case manager expects of the client.

**Before checking the boxes** in this section, ensure that you have **reviewed** this information with the client.

Communications about roles and responsibilities must occur **every time** a new service plan is created or revised.

This is also a good opportunity for the case manager to review with the client what a **critical incident** is, how it is reported, who a client should report it to, and why incidents are important to report.

## Critical Incidents

- Accidents
- Abuse
- Neglect
- Exploitation
- Criminal activity
- Unexpected hospitalizations
- Death

It is **important to report critical incidents** so that case managers can **monitor** a client's care, ensure that proper **follow up** has been completed by caregivers, and determine if the client may be in need of **additional services** or supports.

A client should report any of these incidents to **any caregiver** or to their **case manager**. Case managers then enter critical incidents in the BUS. Check with **your agency** about other procedures for reporting critical incidents.

### Example of a Critical Incident:

A client falls in their home and goes to the Emergency Room to receive medical attention. The client or caregiver should report this incident to the case manager as soon as possible.

## Roles and Responsibilities Page

### Roles and Responsibilities

#### Client Roles and Responsibilities

☒ \*Client has been informed of the roles and responsibilities for participation in an HCBS program.

I agree to participate in the coordination of my services and will be responsible to:

- Give accurate information to my case manager regarding my ability to complete activities of daily living.
- Assist in promoting my own independence.
- Cooperate with my providers and case management agency.
- Notify my case manager of changes in my support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements or Intermediate Care Facilities for the Mentally Retarded (ICF/MR) placements.
- Notify my case manager if I have not received Home and Community Based Services for at least one month.
- Notify my case manager of any changes in my care needs and/or problems with services.
- Notify my case manager of any changes that may affect Medicaid eligibility.

Checking these boxes reflects that the **roles and responsibilities** have been shared with the client upon **initial enrollment, revision and annually**

#### Case Manager Roles and Responsibilities

☒ \*Client has been informed of the HCBS case manager's roles and responsibilities.

The Case Manager agrees to:

- Coordinate needed services.
- Communicate with service providers regarding service delivery, and concerns.
- Review and revise services, as necessary.
- Notify clients regarding any change in services.
- Notify clients when services are denied, suspended, terminated, or reduced.
- Document, report, and resolve client complaints and concerns.
- Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.

Save

Save and Continue



Agencies need to **demonstrate** that the **client has been informed** about these roles and responsibilities

Check with **your agency** about this process

# Complaint / Appeal Rights

## Filing a Complaint

This section of the service plan **demonstrates** the case manager has **informed the client** that they have a **right to file a complaint** about their services, and also explained the complaint filing process. It is recommended that a client contact their case manager first when filing a complaint. Case managers must provide the client with the following:

- Case manager's contact information
- Case manager's supervisor's contact information
- Department of Health Care Policy and Financing's (Department) contact information

**A copy of this page** of the service plan should be given to the client so that they have a record of who to contact.

## Contact Information

This section will be mostly pre-populated based on the case manager assigned to the case. The case manager should **select their supervisor** from the drop-down list. If your supervisor does not appear in the list, please contact your agency's BUS administrator.

## Appeal Rights

A "Notice of Action," also called an "803," is a legal document that the client receives **upon initial** functional eligibility determination. A client **also** receives this type of notice **prior** to any **reduction, suspension, termination, or denial of services**. Case managers should explain to the client when they will receive this document, what it will entail, and inform them of their right to an appeal should their services be reduced, terminated or denied. Case managers should also take this opportunity to explain the appeals process and provide the client with a **copy of the Complaint/Appeals Rights page** from the service plan.

## Complaint/Appeal Rights Page

### Complaint Process

- ☒ \* Client has been informed of his/her right to file a complaint regarding Medicaid HCBS services.
- ☒ \* Client has been provided contact information to file this complaint. While it is encouraged for a client to begin the process with contacting his/her case manager, he/she has been informed that he/she has the right to file a complaint with any of the contacts provided.

### Contact Information

Case Manager: Jennifer Larsen  
Phone: 303-866-5195  
Email: jennifer.larsen@state.co.us

Supervisor Name: \*   
Supervisor Phone: 303-866-3566  
Supervisor Email: nora.brahe@state.co.us

Agency Administrator Name: Ms.Test for HCPF  
Agency Administrator Phone: 303-764-7955  
Agency Administrator Email: Amelia.larsen@state.co.us

Facility Address: Health Care Policy and Financing 1570 Grant St Denver, CO 80203

Department of Healthcare Policy and Financing (State Medicaid Agency)  
1570 Grant Street  
Denver, CO 80203  
1-800-221-3943

(DD, SLS, CES Waivers only)  
Division for Developmental Disabilities  
4055 South Lowell Blvd.  
Denver, Colorado 80236  
303-866-7450

Centers for Medicare and Medicaid Services (CMS):  
Division of Medicaid and Children's Health  
303-844-7111

Before checking the boxes on this page, ensure that the **complaint process and appeal rights** have been reviewed with the client

This should be done upon **initial enrollment, revision, and annually**

### Appeal Rights

- ☒ \* Client has been informed that during the course of each long term care certification and Service Planning period, if there is a reduction, termination or denial of services, he/she will be provided a Notice of Action form with his/her appeal rights and instructions for filing an appeal for a Medicaid Fair Hearing with the Office of Administrative Courts.
- ☒ \* Client has been informed that if there has been a reduction, termination, or denial of a service(s), and he/she did not receive a Notice of Action, he/she may ask for the notice with his/her appeal rights.
- ☒ \* Client has been informed of the contact information for the Office of Administrative Courts: 633 Seventeenth Street, Suite 1300, Denver, CO 80202. Phone Number (303) 866-2000.

Save

Save and Continue

# Service and Provider Choice

The client has a **right to choose** the service(s) and provider(s) that he or she will be utilizing to meet identified functional needs. Case managers should explain this right to each client and provide the client and/or guardian with a **resource list** of qualified providers in their area.

If a **client is unsatisfied with his or her provider**, they have the right to change providers at any time. A client can contact their case manager at any time during the plan year to obtain assistance in selecting a new provider. If no providers are available for a specific service in their area, then the case manager should identify an **alternative** for meeting that need (i.e. search for providers outside the agency catchment area, if needed).

**Please note**, while it is the client's responsibility to report to the case manager when they are unsatisfied with their services, it is also the case manager's responsibility to **monitor** the client's usage and satisfaction with their services. This should be done at the quarterly contacts, six-month review and Continued Stay Review (CSR).

A client has the right to a **free choice of providers** from among all the **available and qualified** providers for each needed service. Checking the box in this section indicates that the case manager has **provided resources and information** regarding all available, qualified providers to allow the client/guardian to make the most informed decision. Provider selection **must** be the client's or guardian's choice.

Check with your supervisor about conflict free case management policies and procedures specific to your agency.

## Service and Provider Choice Page

### Service and Provider Choice

☒ \*Client has been informed of:

- His/Her choice of available long term care programs and services
- The availability and right to select among qualified providers
- His/Her right to change providers at any time
- Providers have the right to accept or deny the request for services
- Any potential conflict of interest

☒ \*Client has been offered or given a resource list of qualified providers.


---

☐ Referral given by case manager

☒ Client self-selected a provider

☐ Resource list of qualified providers given (only)

☐ Other action taken (specify):



TIP

At least one checkbox must be selected here. You can also choose more than one if needed.

Save

Save and Continue

- **Referral given by case manager** – While case managers are not permitted to make direct provider referrals, this selection can be used in cases where a client requests help to make a selection based on the client's preferences or specific needs.
- **Client self-selected a provider** – This is the most common selection and indicates that the client has selected a provider. Use also in cases when a client elects to continue to stay with a provider during the CSR.
- **Resource list of qualified providers given (only)** – Use in cases where the client was unable to make a selection and requested additional time to consider options.
- **Other action taken (specify)** – Use in cases where a provider might not be available or to note another situation.



# Statement of Agreement

In the statement of agreement section, **the client** attests to being in agreement with the service plan and **agrees to receive services**. The client must sign the service plan and **services cannot begin** until the plan is signed.

## Statement of Agreement

☒ \*Client/Guardian indicates that he/she is in agreement with the information in the Service Plan and agrees to receive services accordingly.

OR

☐ \*Client/Guardian acknowledges that they are choosing not to sign agreement. A Notice of Action will be provided as a result of not signing.  
\* Only check this box if the Client/Guardian does not sign the Service Plan. A Notice of Action must be generated.

\* CCBs - C.R.S. 27-10.5-102 (20)(b)

\* SEPs - 10 CCR 2505-10, 8.526 and 8.552.6

### Check the following that apply.

- ☐ Legal Guardian Signature on file.
- ☒ Client's Signature on file.
- ☐ Additional Legal Guardian Signature on file.
- ☒ Case Manager Signature on file.

\* At least two signatures are required. One signature

**Date Service Plan was signed. \***

01/17/2013



(mm/dd/yyyy)

Enter **Date** plan was signed

Save

Save and Continue

Before checking boxes on this page, ensure that the **client/guardian** has **agreed** with the information and to receive services accordingly

The agreement must be **signed** by the **client and/or Legal Guardian** and the **Case Manager**



**Did You Know?**

If Client/Guardian chooses **not to sign** the Service Plan, client/guardian must be aware that **services cannot begin** until the plan is signed

# Service Plan Participants

Ideally, **anyone who provides services or supports for the client** should be involved in service planning, however, this is not always logistically possible. The service planning team will **ALWAYS** include the **client** and the **case manager**. It may also include family members, nurses, care givers, advocates or anyone else whom the client or case manager believes needs to give input about the client's needs or services. Collateral information is especially important when the client is cognitively impaired or when the case manager does not feel like he or she has enough information to give an accurate assessment of the client's needs. If the client is unable to make decisions for him or herself, the legal guardian(s) must also be included as service plan participants.

Additionally, the **client has the right to choose** who will be involved in their service planning process and to be informed of information being exchanged between a case manager and plan participants in the service planning process. Case managers will obtain written permission from the client in order to speak with other participants for the service plan or any other case management activity. **Check with your agency** about this process.

The Department relies on the professional finesse of case managers to address a client's concerns about sharing their personal information with other plan participants in order to obtain the information needed to provide appropriate and holistic care to the client.

**Community Centered Boards** utilize an Interdisciplinary Team (IDT) to assist in development of a service plan.

An IDT can include:

- client receiving services
- client's parents, if client is a minor
- client's guardian or authorized representative
- a representative of each Developmental Disabilities Services-funded service and support
- additional providers who provide paid or unpaid service or support
- an appropriate school district representative for consumers age 0-21

## Service Plan Participants Page

Client - Service Plan - Butterscotch Pudding - 133-11-1111

### Plan Participants

The following individuals participated in the development of this plan:

NAME\*

TITLE\*

Butterscotch Pudding

Client

Bread Pudding

Spouse

Jennifer Larsen

Case Manager

Sally Johnson

Home Health Aide

Laura Day

Homemaker Service Provider

\* You must address service planning participants, both name and title required. Case Manager must be listed as a plan participant.

Save

Save and Continue



**TIP**

Include **names and titles** of people who participated in the development of the Service Plan.

**At minimum**, the client and case manager should be listed.

Check with **your supervisor** about your agency's process.

# Verify

Service Plan
- Service Plan Information
- Medicaid Long Term Care Disclosures
- Roles and Responsibilities
- Complaint Process
- Service and Provider Choice
- Statement of Agreement
- Service Plan Participants
- Natural Supports
- Third Party Resources
- State Plan Benefits
- Home Health
- HCBS Services
- Contingency Plan
- Personal Goal
- Verify
- Finalize

At this point, you have entered enough information to verify the service plan for this client. For some programs like PACE or Long-Term Home Health, no additional information is needed. **Check with your supervisor** about your agency's process for verifying.

**Verify** – The system will review entered information and report any errors. Information **can still be added or edited** at this stage.

- Case managers are required to verify service plan information within **10 business days** of the staffing date.



**Finalize** – The system will “lock down” the service plan which will **not allow further edits** to be made

**New case managers** should check with their supervisor about their agency's **approval process** before finalizing

**Click Verify** to perform a system error check

# Natural Supports

Providing information about **Natural Supports** helps capture **information about all supports for a client** beyond Medicaid-funded supports, and helps protect against duplication of services.

**Each Activity of Daily Living (ADL) need must be addressed through at least one** natural support, third party resource, state plan benefit (including Home Health) or Home and Community Based Service (HCBS). Needs outlined in the client's ULTC 100.2 assessment **must correlate** with the services and supports detailed in the service plan.

Case managers should **consider these resources before waiver services** in planning for the client's care.

In the **Natural Supports** section of the service plan, the case manager will **identify/explain**:

- the **service(s)** being provided
- the natural support **person or agency** providing the service(s)
- the **frequency** with which the service(s) is delivered

## Example of information you may see in the ULTC 100.2 assessment for an adult:

Spouse transports Ms. Pudding (client) to and from medical appointments, errands and social events approximately 3 times a week, or as needed and provides support with bathing and dressing on weekends.

## Example of information you may see in the ULTC 100.2 assessment for a child:

14-year old client requires assistance with eating 5 times per day due to client's difficulties with using utensils. Client's parent provides this service at this time.

Client requests PCP assistance with this ADL 2 times per day.

## Definitions:

**Natural Support** – any support that is not being paid, i.e., family, friends, volunteers

**Natural Support for Children** – supports that are over and above the normal supports a Parent or Guardian would provide for an age-appropriate child

**Frequency** – how often a service is being provided

**Activities of Daily Living (ADL)** – Basic self-care tasks/skills:

- Bathing
- Eating
- Dressing
- Toileting
- Grooming
- Walking
- Transferring

**Instrumental Activities of Daily Living (IADL)** –

Complex skills needed to live independently

- Cooking
- Driving or using public transportation
- Managing medications
- Managing finances
- Shopping
- Housework
- Using telephone/computer

## Entering Natural Supports

Client - Service Plan - Butterscotch Pudding - 133-11-1111

[\[Add Natural Supports\]](#) [\[ADD - NO Natural Supports\]](#) [\[Edit Natural Supports\]](#) [\[Delete Natural Supports\]](#)

### Natural Supports

Click **Add Natural Supports** to enter information about each individual support

Benefit	Provider	Frequency
Waiver program a Natural Support must be added or NO NATURAL SUPPORTS must be		
<input type="button" value="Continue to Third Party Resources"/>		



**TIP**

**IF** no natural supports exist for this client, THEN click **ADD – NO Natural Supports** to document it

Client - Log Notes - Butterscotch Pudding - 133-11-1111

### Natural Supports

Services and/or Support: \*

Natural Support/Provider: \*

Frequency: \*

Include:

- What support is being provided
- Who provides the support
- How often

Client - Service Plan - Butterscotch Pudding - 133-11-1111

[\[Add Natural Supports\]](#) [\[ADD - NO Natural Supports\]](#) [\[Edit Natural Supports\]](#) [\[Delete Natural Supports\]](#)

### Natural Supports

	Benefit	Provider	
<input type="button" value="Edit"/>	Bathing, dressing	Spouse	2 days per week
<input type="button" value="Edit"/>	Transportation	Spouse	Approximately 3 times per week, or as needed



**TIP**

Similar supports can be combined, however ADLs should be listed **separately** from IADLs

# Third Party Resources

Providing information about **Third Party Resources** helps capture **information about all supports for a client** beyond Medicaid-funded supports, and helps protect against duplication of services.

**Each ADL need must be addressed through at least one** natural support, third party resource, state plan benefit (including Home Health) or HCBS. Needs outlined in the client's ULTC 100.2 assessment **must correlate** with the services and supports detailed in the service plan.

Case managers should **consider these resources before waiver services** in planning for the client's care.

In the Third Party Resources section of the service plan, the case manager will **identify/explain**:

- the **service** being provided
- the Third Party **person or agency** providing the service, and
- the **frequency** with which the service is being delivered

## Example of information you may see in the ULTC 100.2 assessment:

Ms. Pudding (client) receives \$130 a month in food stamps from the Department of Human Services



**Did You Know?**

In 2010, HCPF and DHS decided to **split** the Non-Medicaid Supportive Services section into **Natural Supports** and **Third Party Resources** to **demonstrate** how the client is being supported by **other services**

## Definitions:

**Third Party Resources** – paid supports the client may be receiving which contribute to increased independence in their home and community **AND** are not funded by Medicaid

## Includes:

- Services provided by Medicare, private insurance or private pay
- Low-Income Energy Assistance Program (LEAP)
- Food assistance services through natural or charitable resources,
- Food stamps
- and more...

**Frequency** – how often a service is being provided

## Entering Third Party Resources

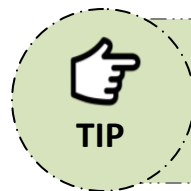
Client - Service Plan - Butterscotch Pudding - 133-11-1111

[\[Add Third Party Resources\]](#) [\[Add NO Third Party Resources\]](#) [\[Edit Third Party Resources\]](#) [\[Delete Third Party Resources\]](#)



Click **Add Third Party Resources** to enter information about each individual resource

Third Party Resources		
	Provider	Frequency
Waiver program a Third Party Resource must be added or NO THIRD PARTY RESOURCES		
<a href="#">Continue to State Plan Benefits</a>		



IF no third party resources exist for this client, THEN click **ADD – NO Third Party Resources** to document it

Client - Log Notes - Butterscotch Pudding - 133-11-1111

Third Party Resources	
Third Party Resource:*	Food Stamps
Provider: *	Dept of Human Services
Frequency:*	\$130 per month
<a href="#">Save</a>	
<a href="#">Return to Third Party Resources display.</a>	

Include:

- What resource is being provided
- Who provides the resource
- How often



# State Plan Benefits

Providing information about **State Plan Benefits** helps **capture information about all supports for a client**, and helps protect against duplication of services.

**Each ADL need must be addressed through at least one** natural support, third party resource, state plan benefit (including Home Health) or HCBS. Needs outlined in the client's ULTC 100.2 assessment **must correlate** with the services and supports detailed in the service plan.

Case managers should **consider these resources before waiver services** in planning for the client's care.

Although case managers do not necessarily set up State Plan Benefits, they are **responsible for knowing** what services are being provided by Medicaid in order to **avoid duplication** of services.

In the State Plan Benefits section of the service plan, the case manager will **identify/explain**:

- the **service** being provided
- the **Medicaid provider** providing the service, and
- the **frequency** with which the service is being delivered

## Example of information you may see in the ULTC 100.2 assessment:

Ms. Pudding (client) requires medical supplies for incontinence. She receives a month's worth of supplies at the beginning of each month.

**CCB  
TIP**

**Targeted Case Management** services should **always** be included under **State Plan Benefits** section

## Definitions:

**State Plan Benefits** – often referred to as “regular Medicaid benefits” which include Medicaid benefits that are not covered by waivers

## Includes:

- Durable Medical Equipment (DME)
- Hospice
- Mental Health benefits
- Occupational, physical, speech therapy
- Private Duty Nursing
- and more...

## Does not include:

- Medicare benefits
- Home Health benefits (captured in a different section)


**Frequency** – how often a service is being provided

## Entering State Plan Benefits

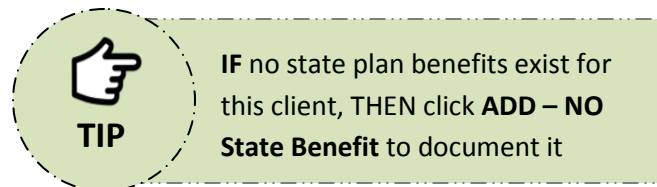
Client - Service Plan - Butterscotch Pudding - 133-11-1111

[\[Add State Benefit\]](#) [\[ADD - NO State Benefit\]](#) [\[Edit State Benefit\]](#) [\[Delete State Benefit\]](#)

State Plan Benefits		
	Provider	Frequency
Waiver program a State Plan Benefit must be added or NO STATE PLAN BENEFIT must be		
<a href="#">Continue to Home Health Benefit</a>		



Click **Add State Benefit** to enter information about each individual benefit



Client - Service Plan - Butterscotch Pudding - 133-11-1111

State Plan Benefit	
<p>State Benefit:* <input type="text" value="Medical Supplies"/></p> <p>Provider: * <input type="text" value="DME Provider"/></p> <p>Frequency:* <input type="text" value="Receives 30 days worth of incontinence supplies once a month"/></p> <p><a href="#">Save</a></p> <p><a href="#">Return to StateBenefits display.</a></p>	<div><p>Include:</p><ul style="list-style-type: none"><li>• What benefit is being provided</li><li>• Who provides the benefit</li><li>• How often</li></ul></div>

# Home Health Benefits

Providing information about **Home Health Benefits** helps **capture information about all supports for a client**, and helps protect against duplication of services.

**Each ADL need must be addressed through at least one** natural support, third party resource, state plan benefits (including Home Health) or HCBS. Needs outlined in the client's ULTC 100.2 assessment **must correlate** with the services and supports detailed in the service plan.

Case managers should **consider these resources before waiver services** in planning for the client's care.

Although case managers do not necessarily set up Home Health Benefits, they are **responsible for knowing** what services are being provided by Home Health providers in order to **avoid duplication** of services.

Case managers should **contact the client's Home Health Agency** to obtain the **485 HCFA form** to review the home health benefits which the client may be receiving.

## Example of information you may see in the ULTC 100.2 assessment:

Ms. Pudding (client) requires a home health aide to assist with bathing and dressing 1.5 hours a day, five days a week.

## Definitions:

**Home Health Benefits** – skilled services not included in waiver benefits

## Includes:

- Long Term Home Health
- Certified Nurse's Assistant
- and more...

## Entering Home Health Benefits

Client - Service Plan - Butterscotch Pudding - 133-11-1111

[\[Add Home Health Benefit\]](#) [\[ADD - NO Home Health\]](#) [\[Edit Home Health Benefit\]](#) [\[Delete Home Health Benefit\]](#)

### Home Health

Se	Start Date	End Date	Frequency	Provider	Service Goal
----	------------	----------	-----------	----------	--------------

Click **Add Home Health Benefit** to enter information about each individual benefit

5 Waiver program a Home Health service must be added or NO HOME HEALTH must be

[Continue to HCBS Services](#)



**TIP**

IF no home health benefits exist for this client, THEN click **ADD – NO Home Health** to document it

Client - Service Plan - Butterscotch

#### Service Selection

Provider

Service Frequency Scope Duration

Service Number:1

Services:\* Long Term - Home Health Aide basic - 571

Information Provided By:\* Applicant/Client

Funding Source: \* ☐ Medicare ☒ Medicaid ☐ Private Insurance

Home Health service provider available: \* ☒ Yes ☐ No

Service Goal:

To assist the client with bathing and dressing 1.5 hours a day, 5 days a week. For a total of 1 basic unit and one extended unit a day.

#### Include:

- What service is being provided
- Who provides the service
- Funding source
- Provider availability
- Service Goal – explanation of service

## Additional Home Health Screens

Service Selection Provider Service Frequency Scope Duration

[Enter Provider](#)

Service Selection **Provider** Service Frequency Scope Duration

Provider Information: \*

Service: 1

Provider: \*

After Home Health information is entered on the first screen, you will be prompted to enter the name of the **Home Health Provider**



1 Basic Unit = 1 hour  
1 Extended Unit = 30 minutes

Client - Service Plan - Butterscotch Pudding - 133-11-1111

Service Selection Provider **Service Frequency Scope Duration**

Frequency, Scope, Duration

**Home Health Aide basic**

Service: 3

Service Start Date: \*  
02/01/2013

Service End Date: \*  
01/31/2014

Service Limits\*

Hours	8736
Days	365
Weeks	52
Months	12

5  Hours/Week 52  Weeks/Year ☒ Select Row

Hours/Month  Months/Year ☐ Select Row

Hours/Year ☐ Select Row

[Update](#)

Total Units: \* 260

The **total units** may be calculated for you based on the **number of hours** you enter above

These total units can be used on the **PAR**

**Repeat process to enter extended units**

Providing information about **Home and Community Based Services** helps **capture information about all supports for a client**, and helps protect against duplication of services.

**Each** Activity of Daily Living (ADL) **need must be addressed through at least one** natural support, third party resource, state plan benefit (including Home Health) or Home and Community Based Service (HCBS). Needs outlined in the client's ULTC 100.2 assessment **must correlate** with the services and supports detailed in the service plan.

**Benefits or services** listed here should not duplicate any benefits or services listed in the previous sections of the service plan.

The "Service" and "Service Goal Type" **menus will differ** based on the **waiver** the case manager selected earlier in the service plan.

While case managers may have difficulty planning all the services a client might need over the course of the year, they should **ONLY approve** a client for the services (frequency, scope and duration) he or she is **currently** in need of.

#### Example of information you may see in the ULTC 100.2 assessment:

Ms. Pudding (client) requires homemaker services to assist with cleaning, laundry and meal preparation 2 hours a day, 3 days a week.

#### SEP TIP

If travel is authorized under the waiver, the **travel units** field must be completed in the BUS. **Verify the distance** of actual travel time with the provider of the service.

Travel time **to and from the client's residence** can be considered, **unless** the provider is travelling from one client to the next. In this case, **only the travel time to** the client's residence should be considered.

#### Definitions:

**Home and Community Based Services (HCBS)** – services provided by a waiver

**Habilitative** – services that help a person develop, learn or improve new skills and functioning for daily living.

**Rehabilitative** – services that help a person regain skills or functioning that have been lost or impaired because a person was sick, injured or disabled.

## Entering HCBS Benefits

Client - Service Plan - Butterscotch Pudding - 133-11-1111

[Add HCBS Benefit] [Edit HCBS Benefit] [Delete HCBS Benefit]

### Home Community Based Services

S	Start Date	End Date	Frequency	Provider	Service Goal
Continue to Contingency Plan					

Click **Add HCBS Benefit** to enter information about each individual benefit/service

Client - Service Plan - Butter

**Service Selection** | Provider | Service Frequency Scope Duration

**Service**

Service: 1

Services: \* Homemaker - S5130 , KX

Service Goal Type: \* Habilitative ▼

HCBS service provider available: \* ☒ Yes ☐ No

Service Goal:

Client requires homemaker services to assist with cleaning, laundry and meal preparation 2 hours a day, 3 days a week.

**Include:**

- What service is being provided
- Service Goal Type
- HCBS Provider
- Service Goal

### TIP

The service goal should **explain why** the service is necessary and the **intended outcome** of providing the services. **For SLS or DD waivers** the service goal should **also** include the **ISSP goal**.

## Additional HCBS Screens

Client - Service Plan - Butterscotch Pudding - 133-11-1111

Service Selection	Provider	Service Frequency	Scope	Duration
<b>Service</b>				
Service: 1				
Services: *	- Select One -			
Service Goal	- Select One -			
HCBS service	Adult Day Services Basic - S5105			
Service Goal	Adult Day Services Specialized - S5105 , TF			
	Alternative Care Facility - T2031			
	Community Transition Services (CTS) Coordinator - T2038			
	Community Transition Services (CTS) Items Purchased - A9900			
	Community Transition Services (ITEMS) - T2038 , 52			
	Consumer Directed Attendant Services - Health Maintenance Activities - T2025			
	Consumer Directed Attendant Services - Homemaker - T2025			
	Consumer Directed Attendant Services - Personal Care - T2025			
	Consumer Directed Attendant Support Service (CDASS) Per Member/Per Month (PM/PM) - T2040			
	Consumer Directed Attendant Support Services (CDASS) - T2025			
	Electronic Monitoring - S5161			
	Electronic Monitoring - Install/Purchase - S5160			
	Home Modification - S5165			
	Homemaker - S5130 , KX			
	In Home Support Services - Health Maintenance Acti			
	In Home Support Services - Homemaker - S5130 , K			
	In Home Support Services - Personal Care - T1019 ,			
	In Home Support Services - Relative PCP - T1019 , H			
	Medication Reminder - S5185			
	Medication Reminder - Install/Purchase - T2029			
	Mobility Van Mileage Band 1 (0-10 miles) - A0120			
	Mobility Van Mileage Band 2 (11-20 miles) - A0120 ,			
	Mobility Van Mileage Band 3 (over 20 miles) - A0120 ,			
	Mobility Van To and From Adult Day Mileage Band 1			
	Mobility Van To and From Adult Day Mileage Band 2 (11-20 miles) - A0120 , TT,HB			
	Mobility Van To and From Adult Day Mileage Band 3 (over 20 miles) - A0120 , TN,HB			
	Non Medical Transportation - Adult Day - T2001 , HB			
	Non Medical Transportation - Mobility Van - T2001			

Select a waiver **Service**  
from the drop-down menu



**Did  
You  
Know?**

**Why don't I see ALL  
HCBS services here?**

Services listed here **depend on which  
wavier** checkbox has been selected on  
the Medicaid Long Term Care Disclosures  
Page in the BUS.

Client - Service Plan - Butterscotch Pudding - 133-11-1111

Service Selection	Provider	Service Frequency	Scope	Duration
<b>Service</b>				
Service: 1				
Services: *	Homemaker - S5130 , KX			
Service Goal Type: *	Habilitative			
HCBS service provide	- Select One -			
Service Goal:	Rehabilitative			
	Habilitative			
	Yes <input type="radio"/> No <input type="radio"/>			

Select a **Service Goal Type**

See the beginning of the  
HCBS section for **definitions**  
of Rehabilitative and  
Habilitative



## Additional HCBS Screens

Service Selection Provider Service Frequency Scope Duration

[Enter Provider](#)

---

Service Selection **Provider** Service Frequency Scope Duration

Provider Information: \*

Service: 1

Provider: \*

After HCBS information is entered on the first screen, you will be prompted to enter the **name of the HCBS Provider**



**TIP**

1 Unit = 15 minutes

Client - Service Plan - Butterscotch Pudding - 133-11-1111

Service Selection Provider **Service Frequency Scope Duration**

**Frequency, Scope, Duration**

**Homemaker**

Service: 1

Service Start Date: \*  
02/01/2013

Service End Date: \*  
01/31/2014

Hours	8736
Days	365
Weeks	52
Months	12

**Unit Limit:**  
**Unit Measurement:**  
1 UNIT = 15 Minutes

Total Travel Units: 624

2 Hours/Day 3 Days/Week 52 Weeks/Year ☒

Hours/Week  Weeks/Year ☐ Select Row

Hours/Month  Month/Year ☐

Total calculated units: \* 1872

The **Total Travel Units** field must have a number entered for PCP and Homemaker Services needed **annually**

The **total units** (travel units + service hours) will be calculated for you based on the **number of hours** you enter above

These total units can be used on the **PAR**

# Contingency Plan

The waiver requires that a **contingency plan** is developed with each client as these individuals require the Nursing Facility/institutional level of care and **without HCBS would be institutionalized**. Case managers should develop a contingency plan that identifies a back-up plan to address “emergencies,” **should services become temporarily or permanently unavailable** that put a participant’s health and welfare at risk.

Emergencies may include:

- failure of a family member, support worker, or caregiver to appear when scheduled to provide necessary services
- death of a parent or guardian
- hospitalization
- natural disaster or
- any other kind of possible emergency where client services might be in jeopardy or interrupted

The contingency plan is a description of what services or support will be implemented and should be individualized to the client’s specific needs.

Include **names and contact information** for those who will provide back-up support.

## For Colorado Choice Transition (CCT) clients:

An **emergency back-up plan**, and a **risk mitigation plan** must be developed by the Intensive Case Manager (ICM).

**SEPs** should enter **both** of these plans into the Contingency Plan section of the BUS.

**CCBs** should enter the **emergency back-up plan** in the Contingency Plan section of the BUS, and the **risk mitigation plan** in the risk assessment section of the Service Plan.

Client - Service Plan - Butterscotch Pudding - 133-11-1111

## Contingency Plan

**Identify a back-up plan to address contingencies such as "emergencies" that put a participant's health and welfare at risk.**

*Emergencies include the failure of a family member, support worker, or caregiver to appear when scheduled to provide necessary services when the absence of the services presents a risk to the participant.*

Ms. Pudding (client) lives at home with her husband. She and her husband are aware of the respite care available if needed within a nursing home or ACF should the spouse be temporarily unable to care for the client. If service providers fail to appear when scheduled, spouse will fill in role.

Spouse: Bread Pudding  
Cell Phone: 303-555-5555  
Work Phone: 720-222-2222

# Personal Goals

This is an opportunity for the client to express their personal goal for the upcoming service plan year. It may include **any** personal wishes, dreams, ambitions, independent living goals etc. outside of getting his/her functional needs met. Case managers may use this opportunity to explore with the client how he/she would like to make his/her life **meaningful in the year ahead**. These goals do not have to be related to any of the services or needs detailed in other sections of the service plan, but can be if necessary.

If the client is **unable to communicate** a personal goal, it is the responsibility of the legal guardian, client representative, or other designee to communicate this on the client's behalf.

Client - Service Plan - Butterscotch Pudding - 133-11-1111

Personal Goal

**My personal goal(s) for this year is:**

Ms. Pudding (client) expresses desire to remain in her home to spend more time with family, maintain independence and to postpone nursing home placement.

\* You must address the client's personal goals.

## Another example of personal goals:

Client expresses desire to learn to dance so that he can participate in a social function. He will work with his physical therapist to improve his balance and with his psychotherapist to overcome social anxieties.

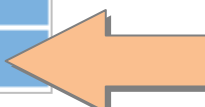
# Finalizing

Service Plan
- Service Plan Information
- Medicaid Long Term Care Disclosures
- Roles and Responsibilities
- Complaint Process
- Service and Provider Choice
- Statement of Agreement
- Service Plan Participants
- Natural Supports
- Third Party Resources
- State Plan Benefits
- Home Health
- HCBS Services
- Contingency Plan
- Personal Goal
- Verify
- Finalize

Once all service plan information has been entered into the BUS, it is ready to finalize.

**New case managers** should check with their supervisor about their agency's **approval process** before finalizing.

**Finalize** – The system will “lock down” the service plan which will **not allow further edits** to be made.



**Click Finalize** to complete service plan