

Performance Measure: Number and percent of applicants with a level of care (LOC) assessment indicating a need for institutional level of care prior to receipt of services.

Numerator = Number of applicants who received a Level of Care assessment indicating a need for institutional level of care prior to the receipt of waiver services.

Denominator = Total number of applicants.

Data Source: BUS/Interchange data pull

Methodology: For new enrollees, all of the following conditions must be met for the ULTC 100.2:

- Participant meets “Yes” in the LOC Certification screen.
- ULTC 100.2 Assessment Outcome must be “Approved”.
- Certification Start Date must be on or before the first date of service (first claim date).

1. Participant meets “Yes” in the LOC Certification screen:

Activities of Daily Living Scores								
	Bathing	Dressing	Toileting	Mobility	Transfers	Eating	Supervision Behaviors	Supervision Memory/Cognition
Score	1	0	0	2	3	2	1	2

Level of Care Determination

To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 out of 6 Activities of Daily Living. A deficit is defined by a Score of 2 or higher in a ADL area or requires at least a moderate score of 2 or higher in Behaviors or Memory/Cognition under Supervision.

Client Meets Level of Care? ☒ Yes ☐ No

Is there a Professional Medical Information page supporting need for HCBS?

☒ Yes ☐ No

2. ULTC 100.2 Assessment Outcome must be “Approved”:

Long Term Care Certification Information

Program Eligibility Decision* ☒ Approved ☐ Denied ☐ Withdrawn ☐ Waitlist Only ☐ Closed

Agency*

Health Care Policy and Financing

Authorizing Decision*

Norden, Leila

County*

Denver

3. Certification Start Date must be on or before the first date of service (first claim date):

Long Term Care Certification Information

Program Eligibility Decision* ☒ Approved ☐ Denied ☐ Withdrawn ☐ Waitlist Only ☐ Closed

Agency*

Health Care Policy and Financing

Authorizing Decision*

Burnham, Terry

County*

Cheyenne

Start Date

02/01/2016

End Date 01/31/2017

MMIS PA Number

Bridge PPA Number

PA Status

Process Status

Amendment Status

Process Status

Date

Selected Benefit Plan

Provider ID

Current Benefit Plan

Claims Activity



Client ID

Client Last Name

Client First Name

Client Birth Date

Support Level

Respite Alert

Cert Start Date

02/01/2016

Cert End Date

01/31/2017

Authorized SPAL/CES Limit

Total SPAL/CES Spend

HCBS AVG Daily Cost

LTHH AVG Daily Cost

Total AVG Daily Cost

Sync

Check Limits

Submit PPA

Delete

Print

i

The actual data of submitted claims is pulled from the interChange and reflects the service providers' dates of service in the submitted claims. By informing service providers of the authorized dates of service, case managers can help assure that submitted claims are for services provided within those dates.

Performance Measure: Number and percent of participants in a representative sample for whom a Professional Medical Information Page (PMIP) was completed and signed by a licensed medical professional according to Department regulations.

Numerator = Number of waiver participants, in a representative sample for whom a PMIP was completed as required.

Denominator = Total number of waiver participants in a representative sample.

Data Source: QI Review Tool, BUS

Methodology: All of the following conditions must be met:

- Medical Providers section of the Assessment-100.2 must be completed and signed by a licensed medical professional.
- For Continued Stay Reviews (CSR), the PMIP signature date must be within 90 days or the Certification Start Date and prior to the Certification End Date.
- For new enrollees, the PMIP signature date must be prior to and no earlier than six months from the Certification Start Date and no later than 90 days from the ULTC 100.2 Assessment date.

1. Medical Providers section of the Assessment-100.2 must be completed and signed by a licensed medical professional.

Medical - Healthcare Providers	
Type of Medical Provider	Physician
Medical Provider Name	Dr. Ima Doctor
Medical Provider's Title	MD
Provider Address	123 Medical Drive
Provider City	Golden
State	CO
Provider Zip Code	80000
Phone Number	303-555-3030
Person Completing Form	Ima Nurse
Person's Title Completing Form	N.P.
Medical Professional Who Signed form	Dr. Ima Doctor
Medical Professional's Title	MD
Who Signed form	
Date Information Completed (PMIP Date)*	01/22/2016
Provider Comments	

Main Menu	
Advisement Letter	[Assessment DRAFT User Guide - Medical]
Assessment - 100.2	
Info	
Ass	
Medical	
~ Diagnosis/ ICD	
~ Target Group Diagnoses	
~ Medications	
~ Diet	
~ Allergies	
~ Prognosis	
~ Medical Summary	
~ Medical Providers	
~ Print Medical Menu	

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



Sometimes the PMIP is returned to the case manager with a signature by the Medical Professional that is illegible but the Medical Professional's qualifications are legible (e.g. "M.D.", etc.). In those instances, it is acceptable to type "signature illegible" with the Medical Professional's qualifications in the Medical Professional Who Signed the Form field (e.g. "signature illegible, M.D.").

If the PMIP is returned to the case manager and both the signature and the qualifications of the Medical Professional are illegible, the case manager must send the PMIP back to the medical office to have the signature and qualifications identified legibly on the PMIP.

2. For Continued Stay Reviews (CSR), the PMIP signature date must be within 90 days of the Certification Start Date and prior to the Certification End Date.

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

Long Term Care Certification Information

Program Eligibility Decision* ☒ Approved ☐ Denied ☐ Withdrawn ☐ Waitlist Only ☐ Closed

Agency*

Yuma County - CHRP

Authorizing Decision*

Burnham, Terry

County*

Cheyenne

Start Date

02/01/2016

End Date 01/31/2017

3. For new enrollees, the PMIP signature date must be prior to and no earlier than six months from the Certification Start Date and no later than 90 days from the ULTC 100.2 Assessment date.

Main Menu						
Advisement Letter [Assessment DRAFT User Guide - Medical]						
Assessment - 100.2 [Add Provider] [Edit Provider] [Delete Provider]						
- Info						
- ADL						
- Medical						
~ Diagnosis/ ICD						
~ Target Group Diagnoses						
~ Medications						
~ Diet						
~ Allergies						
~ Prognosis						
~ Medical Supports						
~ Medical Providers						
~ Institutionalization						
~ Print Medical Menu						

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

Long Term Care Certification Information

Program Eligibility Decision* ☒ Approved ☐ Denied ☐ Withdrawn ☐ Waitlist Only ☐ Closed

Agency*

Yuma County - CHRP

Authorizing Decision*

Burnham, Terry

County*

Cheyenne

Start Date

02/01/2016

End Date 01/31/2017

i

A current PMIP is required both when enrolling into services for the first time and annually when continuing services.

Performance Measure: Number and percent of cases in a representative sample in which the ULTC 100.2 Tool was applied appropriately.

Numerator = Number of cases in a representative sample in which the ULTC 100.2 Tool was applied appropriately.

Denominator = Total number of clients reviewed in sample.

Data Source: QI Review Tool and BUS data pull

Methodology: For all waivers, all of the following conditions must be met:

- The PMIP must be completed and signed by a licensed medical professional;
 - For Continued Stay Reviews (CSR), the PMIP signature date must be within 90 days or the Certification Start Date and prior to the Certification End Date.
 - For new enrollees, the PMIP signature date must be prior to and no earlier than six months from the Certification Start Date and no later than 90 days from the ULTC 100.2 Assessment date.
- ULTC 100.2 Assessment Verified Date is after and within 10 business days of the Assessment Date.
- ULTC 100.2 Assessment was completed face-to-face and in the participant's place of residence.
- ULTC 100.2 Assessment was scored accurately; when the score of the Activity of Daily Living (ADL) is justified by the narrative in the Comments section for each ADL:
 - Bathing
 - Dressing
 - Toileting
 - Mobility
 - Transferring
 - Eating
 - Supervision Behavior
 - Supervision Memory
- The ULTC Certification Date span is completed according to the Department's rules and regulations, which include;
 - Certification Start Date is on or after the ULTC 100.2 Assessment Date and the PMIP signature date.
 - For CSRs, the Certification End Date does not exceed 12 months from the prior year's Certification End Date.
 - For new enrollees, the Certification End Date does not exceed 12 months from the Assessment Date.

-
1. The PMIP must be completed and signed by a licensed medical professional;
 - a. For Continued Stay Reviews (CSR), the PMIP signature date must be within 90 days or the Certification Start Date and prior to the Certification End Date.
 - b. For new enrollees, the PMIP signature date must be prior to and no earlier than six months from the Certification Start Date and no later than 90 days from the ULTC 100.2 Assessment date.

[See pages 3-5 of this Technical Guide for examples from the BUS]

2. ULTC 100.2 Assessment Verified Date is after and within 10 business days of the Assessment Date.

Client - Assessment - Butterscotch Pudding

Main Menu	
Advisement Letter	
Assessment - 100.2	
- Info	
- ADL	
- Medical	
- Assessment Demographic	
- LOC Certification	
- Verify	
- Finalize	

Event Number	12
Assessment Date	01/25/2016 (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 type="radio"/> Unscheduled Review <input type="radio"/> Waitlist



	Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome
0	12							
View	12	01/25/2016	Continued Stay Review	01/31/2016	01/01/2016	01/31/2016	Health Care Policy and Financing	Approved
	View							

3. ULTC 100.2 Assessment was completed face-to-face and in the participant's place of residence.

Main Menu Advisement Letter Assessment - 100.2 - Info - ADL - Medical - Assessment Demographic ~ Info	*Location of Assessment <input type="radio"/> Applicants Private Residence/Home <input type="radio"/> Nursing Home <input type="radio"/> Hospital/Other Health Care Facility <input type="radio"/> Assisted Living <input type="radio"/> Agency Office <input type="radio"/> Relatives Home <input type="radio"/> Telephone <input type="radio"/> Other <input type="text"/>	*Present at Interview <input type="radio"/> Applicant Only <input type="radio"/> Caregiver(s) Only <input type="radio"/> Applicant and Caregiver(s) <input type="radio"/> Applicant and Others <input type="radio"/> Other <input type="text"/>
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The “participant’s place of residence” is where the participant currently resides - it is not necessarily the participant’s home (e.g. the participant may be residing in jail at the time of the assessment).

“Face-to-face” means that some or all of the assessment was completed with the participant present in the room with the assessor.

4. ULTC 100.2 Assessment was scored accurately; when the score of the Activity of Daily Living (ADL) is justified by the narrative in the Comments section for each ADL:

Main Menu Advisement Letter Assessment - 100.2 - Info - ADL - Medical - Assessment Demographic ~ Info



Reviewing the Definition for each ADL / Supervision area helps ensure the selected score meets the requirements specified in the Definition.

Including how the individual requires support with the items in the ADL Scoring Criteria helps clearly document how an individual’s score is supported by the narrative in the Comments section.

For further guidance, see the Department’s training from November 2017 on the ULTC 100.2, Determining Level of Care - <https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-training>

i. Bathing

Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

ADL - Bathing

ADL Scoring Criteria

- ☐ 0 - The client is independent in completing the activity safely.
- ☐ 1 - The client requires oversight help or reminding; can bath safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- ☐ 2 - The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- ☐ 3 - The client is dependent on others to provide a complete bath.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Decreased Endurance
- ☐ Falls
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Open Wound
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Stoma Site
- ☐ Weakness

Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

Save

Save and Continue

Clear

ii. Dressing

Definition: The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

ADL - Dressing

ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- ☐ 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- ☐ 3= The client is totally dependent on others for dressing and undressing.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Open Wound
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Weakness

Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

Save

Save and Continue

Clear

iii. Toileting

Definition: The ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
☐ 1= The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
☐ 2= The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
☐ 3= The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
☐ Balance Problems
☐ Bladder Incontinence
☐ Bowel Incontinence
☐ Catheter
☐ Decreased Endurance
☐ Fine Motor Impairment
☐ Impaction
☐ Limited Range of Motion
☐ Muscle Tone
☐ Neurological Impairment
☐ Ostomy
☐ Oxygen Use
☐ Pain
☐ Paralysis
☐ Physiological Defect
☐ Sensory Impairment
☐ Shortness of Breath
☐ Weakness

Supervision Needs

- ☐ Behavior Issues
☐ Cognitive Impairment
☐ Difficulty Learning
☐ Lack of Awareness
☐ Memory Impairment
☐ Seizures

Mental Health

- ☐ Delusional
☐ Hallucinations
☐ Lack of Motivation/Apathy
☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

iv. Mobility

Definition: The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

ADL - Mobility

ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
☐ 1= The client is mobile in their own home but may need assistance outside the home.
☐ 2= The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
☐ 3= The client is dependent on others for all mobility.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
☐ Balance Problems
☐ Decreased Endurance
☐ Fine Motor Impairment
☐ Gross Motor Impairment
☐ Limited Range of Motion
☐ Muscle Tone
☐ Neurological Impairment
☐ Oxygen Use
☐ Pain
☐ Paralysis
☐ Sensory Impairment
☐ Shortness of Breath
☐ Weakness

Supervision Needs

- ☐ Behavior Issues
☐ Cognitive Impairment
☐ Difficulty Learning
☐ History of Falls
☐ Lack of Awareness
☐ Memory Impairment
☐ Seizures

Mental Health

- ☐ Delusional
☐ Hallucinations
☐ Lack of Motivation/Apathy
☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

v. Transferring

Definition: The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. Note: Score client's ability to transfer without regard to use of equipment.

ADL - Transferring

ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- ☐ 2= The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- ☐ 3= The client requires total assistance for transfers and/or positioning with or without equipment.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Decreased Endurance
- ☐ Falls
- ☐ Limited Range of Motion
- ☐ Neurological Impairment
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Weakness

Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

Save Save and Continue Clear

vi. Eating

Definition: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew, and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, 3 if they require another person to assist.

ADL - Eating

ADL Scoring Criteria

- ☐ 0= The client is independent in completing activity safely.
- ☐ 1= The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- ☐ 2= The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- ☐ 3= The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Amputation
- ☐ Aspiration
- ☐ Choking
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ IV Feeding
- ☐ Limited Range of Motion
- ☐ Neurological Impairment
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Poor Dentition
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Swallowing Problems
- ☐ Tremors
- ☐ Tube Feeding
- ☐ Weakness

Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

Save Save and Continue Clear

vii. Supervision Behavior

Definition: The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions. (Note: Consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).

ADL - Supervision Behavior

ADL Scoring Criteria

- ☐ 0= The client demonstrates appropriate behavior; there is no concern.
☐ 1= The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
☐ 2= The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
☐ 3= The client exhibits behaviors resulting in physical harm to self or others. The client requires extensive supervision to prevent physical harm to self or others.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Acute Illness
☐ Choking
☐ Chronic Medical Condition
☐ Communication Impairment (does not include ability to speak English)
☐ Neurological Impairment
☐ Pain
☐ Sensory Impairment

Mental Health

- ☐ Delusional
☐ Hallucinations
☐ Lack of Motivation/Apathy
☐ Mood Instability
☐ Paranoia

Supervision Needs

- ☐ Aggressive Behavior
☐ Agitation
☐ Cognitive Impairment
☐ Constant Vocalization
☐ Difficulty Learning
☐ Disassociation
☐ Disruptive to Others
☐ Impaired Judgment
☐ Medication Management
☐ Memory Impairment
☐ Memory Loss-Long Term
☐ Memory Loss-Short Term
☐ Seizures
☐ Self Neglect
☐ Self-Injurious Behavior
☐ Sleep Deprivation
☐ Verbal Abusiveness
☐ Wandering

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

viii. Supervision Memory

Definition: The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

ADL - Supervision Memory

ADL Scoring Criteria

- ☐ 0= Independent no concern.
☐ 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
☐ 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
☐ 3= The client needs help most or all of time.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Abnormal Oxygen Saturation
☐ Acute Illness
☐ Alzheimers/Dementia
☐ Chronic Medical Condition
☐ Communication Impairment (does not include ability to speak English)
☐ Fine Motor Impairment
☐ Medication Reaction
☐ Metabolic Disorder
☐ Neurological Impairment
☐ Pain
☐ Sensory Impairment

Mental Health

- ☐ Delusional
☐ Hallucinations
☐ Lack of Motivation/Apathy
☐ Mood Instability
☐ Paranoia

Supervision Needs

- ☐ Agitation
☐ Cognitive Impairment
☐ Constant Vocalization
☐ Difficulty Learning
☐ Disassociation
☐ Disorientation
☐ Impaired Judgment
☐ Lack of Awareness
☐ Medication Management
☐ Memory Impairment
☐ Perseveration
☐ Receptive Expressive Aphasia
☐ Seizures
☐ Self-Injurious Behavior
☐ Unable to Follow Directions
☐ Wandering

Comments

☐ There has been no change in the client's functional level since the last assessment was performed.

Performance Measure: Number and percent of waiver participants in a representative sample whose Service Plans (SPs) address the needs identified in the ULTC assessment, through waiver and other non-waiver services.

Numerator = Number of waiver participants in the sample whose SPs address the needs identified in the ULTC 100.2 assessment, through waiver and other non-waiver services.

Denominator = Total number of waiver participants in the sample.

Data Source: QI Review Tool

Methodology: Service Plan (SP) must align with the level of care. This is illustrated when the SP demonstrates that the needs identified by the 100.2 Assessment are appropriately reflected in the services documented in the authorized SP.

1. Service Plan (SP) must align with the level of care. This is illustrated when the SP demonstrates that the needs identified by the ULTC 100.2 Assessment are appropriately reflected in the services documented in the authorized SP.

Main Menu
Asses
Advisement Letter
Assessment - 100.2
Info
ADL
Medical
Assessment Demographic
LOC Certification
Level Of Care
LOC Certification (Info)

Activities of Daily Living Scores

	Bathing	Dressing	Toileting	Mobility	Transfers	Eating	Supervision Behaviors	Supervision Memory/Cognition
Score	2	2	2	1	1	1	2	2

Level of Care Determination

To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 out of 6 Activities of Daily Living. A deficit is defined by a Score of 2 or higher in a ADL area or requires at least a moderate score of 2 or higher in Behaviors or Memory/Cognition under Supervision.

Client Meets Level of Care? ☒ Yes ☐ No

Base Information
Agency
CDASS TASK WS
Inventory Needs
Override
PETI
Risk
Goals

Inventory Num
UserID
Date Entered

1		
2		
3		

Activities of daily living*
HCBS
Non-HCBS
Long-Term Home Health
Natural Supports
Non-Medical Community Resources
Other Insurance
State Plan Benefits
Support Details

Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory/Cognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrumental Activities of daily living*							
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

delete
add
Print



Case managers are to document all areas of need from the ULTC 100.2 (scores of 1, 2, or 3) in the Inventory of Needs.

Performance Measure: Number and percent of waiver participants in a representative sample whose SPs address identified health and safety risks through a contingency plan.

Numerator = Number of waiver participants in the sample whose SPs address health and safety risks through a contingency plan.

Denominator = Total number of waiver participants in the sample.

Data Source: QI Review Tool

Methodology: Health and safety risks are addressed through a contingency plan.

1. Health and safety risks are addressed through a contingency plan.

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.

Cesar lives in his own home with his wife, Sunny. He relies on her as a natural support and on his Personal Care Provider (PCP) for assistance with medication administration and bathing/hygiene needs. If his PCP were unable to provide the necessary support for Cesar, Sunny could assist with medication administration but would not be able to assist with Cesar's bathing/hygiene needs. Cesar's health and safety would not be negatively impacted if he were unable to bathe for up to a week. Cesar's son, Jorge (970) 555-5555 lives 1/2 mile away and can be relied upon to provide bathing support, if necessary.

If Cesar's wife is unable to continue to provide the necessary natural support, Cesar plans to move in with his son and daughter-in-law. Cesar says he would never consider moving into a facility. He only wants to live with members of his family.

* You must complete the contingency plan.

Save

Save and Continue

i

Contingency plans are to be meaningful and individualized for each participant and address the supports needed to assure that the participant's health and safety are maintained. Contingency plans document the participant's plan in place for both short-term emergencies and long-term changes in support needs. The information provided should enable the reader to know what the appropriate next steps are (who to contact, how to contact that person, etc.).

Performance Measure: Number and percent of waiver participants in a representative sample whose SPs adequately address the waiver participant's desired goals as identified in the Personal Goals.

Numerator = Number of waiver participants in the sample whose SPs adequately address the waiver participant's personal goals.

Denominator = Total number of waiver participants in the sample.

Data Source: QI Review Tool

Methodology: Participant goals are individualized and complete.

1. Participant goals are individualized and complete.

Personal Goal

My personal goal(s) for this year is:

See BRIDGE

* You must address the client's personal goals.

Save

Base Information Agency CDASS TASK WS Inventory Needs Override PETI Risk Goals

Goal Num	Text	Active	User ID	HCBS	Non HCBS	Other Insurance	State Ben Plan	Natural Support	Long Term Home	Non Medicaid Community Resources
1	Delia wants to join a book	Y		Y	N	N	N	N	N	N
3	Delia would like to make	Y		Y	N	N	N	N	N	N

Goal

Delia wants to join a book club and host meetings at her apartment

Support Detail

Active ☒

Support Type

HCBS ☒

Non HCBS ☐

Long Term Home Health ☐

Natural Support ☐

Non Medicaid Community Resources ☐

Other Insurance ☐

State Benefit Plan ☐

delete

add



Personal goals are to be individualized and meaningful for the participant. Sometimes another individual may be relied upon to provide the personal goal for the participant (e.g. if the participant is unable to articulate a personal goal). In these cases, it is important that the goal provided is one identified by those who know that participant well and can use that knowledge and observation of the participant to articulate the participant's goal.

Some techniques to aid a participant in identifying a personal goal are to ask what the participant hopes to accomplish or what barriers the participant is experiencing that prevent him/her from accomplishing a desired outcome.

Performance Measure: Number and percent of waiver participants in a representative sample with a prior Service Plan that was updated within one year.

Numerator = Number of waiver participants in the sample with a prior SP and whose SP start date is within one year of the prior SP start date.

Denominator = Total number of waiver participants in the sample with a prior SP.

Data Source: BUS data pull

Methodology: For all existing, non-new participants, the SP Start Date is within one year of the prior SP Start Date.

1. For all existing, non-new participants, the SP Start Date is within one year of the prior SP Start Date.

[\[Remove Final Service Plan\]](#) [\[Delete Service Plan\]](#) [\[Edit Service Plan\]](#) [\[Withdraw Service Plan\]](#) [\[Print\]](#)

	Event	Event Type	Final	Verify	Case Manager	Service Plan Agent	Staff Date	Start Date	End Date
* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.									
View	10	Continued Stay Review					02/14/2013	04/01/2013	31/2014
View	9	Initial/Enrollment					02/29/2012	04/01/2012	31/2013

Performance Measure: Number and percent of waiver services, by type, in a representative sample of waiver participants which were delivered in accordance with the service plan.

Numerator = Number of waiver services, by type, in the sample where the paid claims equal those services authorized by the service plan.

Denominator = Total number of waiver services, by type, in the sample.

Data Source: Interchange data pull

Methodology: Total PAR authorized is equal to claims processed.

1. Total PAR authorized is equal to claims processed.

The screenshot shows the Bridge PPA interface for a specific service line item. A red box highlights the 'Units' section, which contains the following data:

Units	416,000
Dollars	\$1,768.00
Eff Date	10/1/2017
End Date	3/15/2018
Balance Units	188
Balance Dollars	0.0
Quantity Used Dollars	998.64
Quantity Used Units	228
Claims First Paid Date	10/01/2017
Claims Last Paid Date	02/28/2018

The form also includes sections for 'Activities Of' (Daily Living: Bathing, Dressing, Toileting, Mobility, Transferring, Eating, Supervision, Memory/Cognition) and 'Instrumental Activities of' (Daily Living: Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, House Work). A 'Frequency Calculator' section is on the right, and a 'Goals' section is at the bottom.



Clicking on the individual line items in the Bridge PPA will display details of units utilized for that line item. (Utilization in the Bridge PPA is based upon claims submitted that have been paid; there may be units used that have not yet had claims submitted by the service provider.)

Case managers can help ensure the appropriate number of units are authorized throughout the service plan year. This is done by reviewing service utilization in the detail of each line item in the Bridge PPA and also discussing utilization of the service with the waiver participant while completing required monitoring activities.

Performance Measure: Number and percent of critical incidents that were reported by the CMA within required timeframe as specified in the approved waiver.

Numerator = Number of critical incidents reported by the CMA timely.

Denominator = Number of critical incidents.

Data Source: BUS data pull

Methodology: For all critical incidents, the critical incident must be reported as soon as possible after discovering the incident by no later than 24 hours (business day).

1. For all critical incidents, the critical incident must be reported as soon as possible after discovering the incident by no later than 24 hours (business day).

Critical Incident Reporting - View

CIRS ID:	33710
Date of Incident:	05/01/2015
Case Manager Incident Notification Date:	05/02/2015
Case Manager Incident Notification Time:	10:00
Entry Date:	05/02/2015
Entry Time:	10:13
Client Name:	chocolate p pudding
Client Medicaid ID:	Z101010
Client Medicaid DOB:	07/01/2011
HCBS Waiver Program:	HCBS-Elderly, Blind, Disabled
Case Manager Name:	Michael Pasillas
Case Manager Agency Name:	Health Care Policy and Financing



Entry Date and Entry Time are time-stamped in the Critical Incident Report when the case manager adds the Critical Incident Report into the BUS.

Performance Measure: Number and percent of all critical incidents requiring follow-up completed within the required timeframe.

Numerator = Number of critical incidents requiring follow-up completed within the required timeframe.

Denominator = Number of critical incidents that required follow-up.

Data Source: BUS data pull

Methodology: Follow-up is completed on or before the Follow-Up Due Date.

1. Follow-up is completed on or before the Follow-Up Due Date.

HCPF Review

HCPF Review ID	CIRS Entry ID	Review Entered By	Review Date	Time	Follow up Needed With	Follow-Up Due Date
2	33710	Leila Norden 303-866-5567	04/18/2019	10:21 AM	Law Enforcement/Police	04/19/2019

Report Disposition:

Additional Follow-Up Needed

Review Summary: Determine if police report was filed.



Entry Date and Entry Time are time-stamped in the Follow Up entry of the Critical Incident Report when the case manager adds the Critical Incident Report Follow Up into the BUS. Case managers are to provide all available information by the deadline given for follow up. It is acceptable to document additional steps being pursued in the follow-up documentation if necessary.

Case managers must document follow up information in the correct CIR within the CIRs system in the BUS. Documenting the follow up in log notes does not meet the requirements of this Performance Measure.

In addition, case managers are not expected to enter a log note documenting the entry of the CIR Follow-Up to the BUS. Copying and pasting the information from the CIR into log notes may mean that the participant's PHI is included in the log note which does not have the same HIPAA security the CIR has.