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 Activites 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

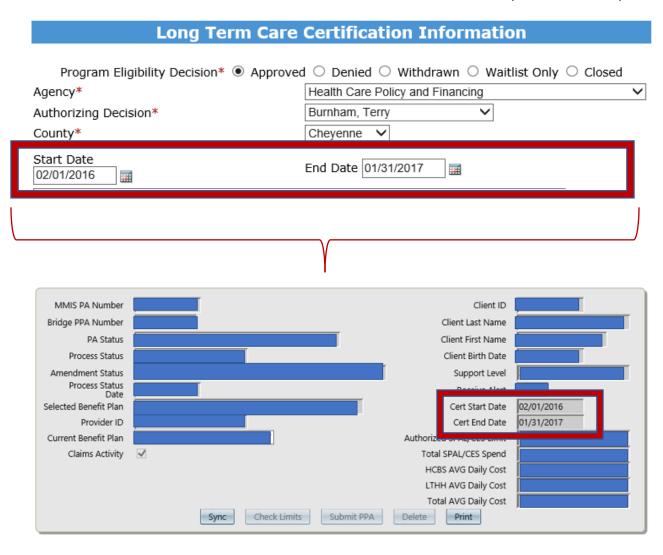
Is there a Professional Medical Information page supporting need for HCBS?

● 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Long Term Care Certification Information Program Eligibility Decision* ● Approved ○ Denied ○ Withdrawn ○ Waitlist Only ○ Closed Agency* Authorizing Decision* County* Denver Denver

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





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.



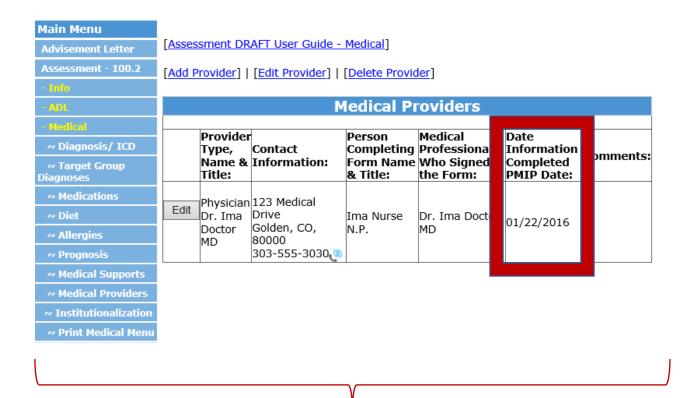




Sometimes the PMIP is returned to the case manager with a signature by the Medical Professional that is illegible but the Medical Professional's qualifications are legible (e.g. "M.D.", etc.). In those instances, it is acceptable to type "signature illegible" with the Medical Professional's qualifications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

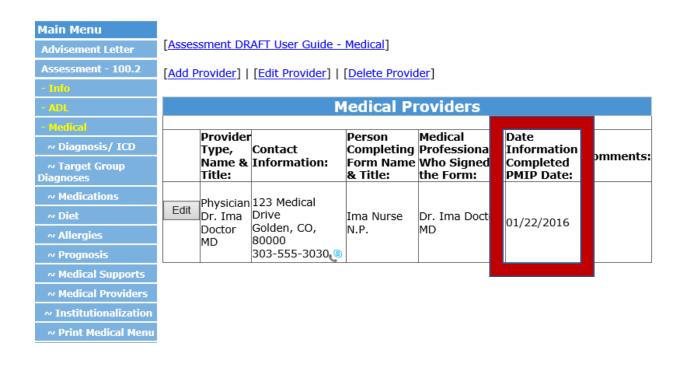
If the PMIP is returned to the case manager and both the signature and the qualifications of the Medical Professional are illegible, the case manager must send the PMIP back to the medical office to have the signature and qualifications identified legibly on the PMIP.

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.



	Long Term Care	Certification Information	
Program Eligibi	lity Decision* Approve	d O Denied O Withdrawn O Waitlist Only O 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.



Program Eligibility Decision* Approved Denied Withdrawn Waitlist Only Closed Agency* Authorizing Decision* County* End Date 01/31/2017



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

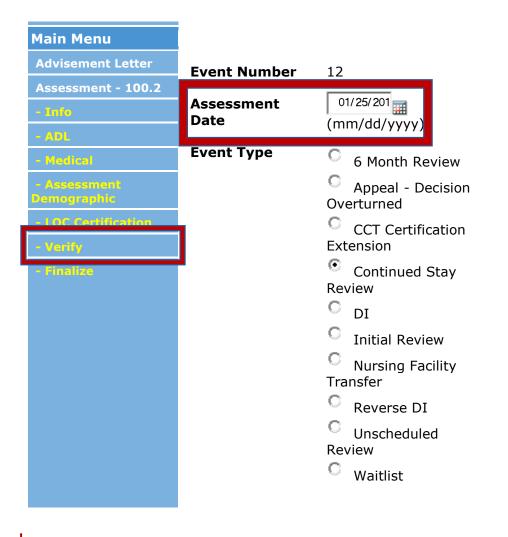
Methodology: For all waivers, all of the following conditions must be met:

- 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]

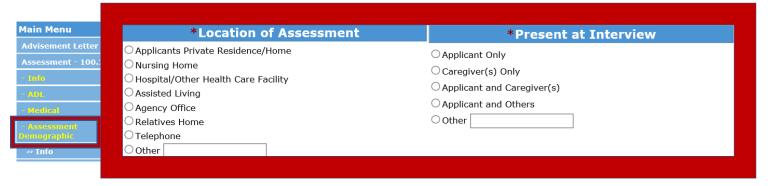
2. ULTC 100.2 Assessment Verified Date is after and within 10 business days of the Assessment Date.

Client - Assessment - Butterscotch Pudding



Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome
0 12 12 View View	01/25/2016	Continued Stay Review	01/31/2016	3/01/2016	01/31/2016	Health Care Policy and Financing	Approved

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

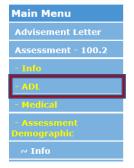




The "participant's place of residence" is where the participant currently resides - it is not necessarily the participant's home (e.g. the participant may be residing in jail at the time of the assessment).

"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:





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

efinition: The ability to shower, bathe or take sponge baths for the purpose	of maintaining adequate	hygiene.	
			ADL - Bathing
IDL Scoring Criteria O - The client is independent in completing the activity safely.			
The client requires oversight help or reminding; can bath safely without as: 1 - The client requires hands on help or line of sight standby assistance throug 3 - The client is dependent on others to provide a complete bath.			
oue To: (Score must be justified through one or more of the following condi	tions)		
Physical Impairment:			
Amputation			Supervision Behavior Issues
Balance Problems			Cognitive Impairment
□ Decreased Endurance □ Falls			Difficulty Learning
☐ Limited Range of Motion			☐ Lack of Awareness
☐ Muscle Tone			☐ Memory Impairment☐ Seizures
Neurological Impairment			
☐ Open Wound ☐ Oxygen Use			Mental Health ☐ Delusional
Pain			☐ Hallucinations
Paralysis			Lack of Motivation/Ap
Sensory Impairment Shortness of Breath			☐ Paranoia
Stoma Site			
Weakness			
comments			
	^		
	~		
\square There has been no change in the client's functional level since the last assessmen	it was performed.	Save	Save and Continue Clear
Dressing			
Dressing efinition: The ability to dress and undress as necessary. This includes the ability to ne motor coordination for buttons and zippers. Includes choice of appropriate cloth	put on prostheses, braces, a	nti-embolism	hose or other assistive devices and in
Dressing efinition: The ability to dress and undress as necessary. This includes the ability to ne motor coordination for buttons and zippers. Includes choice of appropriate cloth louse do not constitute a functional deficit. ADL -	put on prostheses, braces, a	nti-embolism	hose or other assistive devices and in
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Save Save and Continue Clear

iii. Toileting

safety, such as clothing adjustment, changing protective garment, washing h g, a bowel/bladder program, catheter, ostomy care for safety or is unable to be eansing, and changing of garments and linens. This may include total care of sision Needs savior Issues nitive Impairment culty Learning of Awareness tory Impairment ures Health Issional Joinations Of Motivation/Apathy noia
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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. **I ransterring** ADL Scoring Criteria independent in completing the activity safely. O 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. O 2= The client transfer requires standby or hands on assistance for safety; client may bear some weight. The client requires total assistance for transfers and/or positioning with or without equipment. ○3= Due To: (Score must be justified through one or more of the following conditions) **Supervision Needs** Physical Impairment: Behavior Issues Amputation Cognitive Impairment Balance Problems Difficulty Learning □ Decreased Endurance Lack of Awareness ☐ Falls Limited Range of Motion Memory Impairment Seizures ☐ Neurological Impairment Oxygen Use Mental Health Delusional Paralysis Hallucinations ☐ Sensory Impairment Lack of Motivation/Apathy ☐ Shortness of Breath Paranoia ☐ Weakness Comments $\ \square$ 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 Scoring Criteria The client is independent in completing activity safely. 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 O1= without adaptive feeding equipment. 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. O 2= 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 Behavior Issues Cognitive Impairment Choking Difficulty Learning □ Decreased Endurance Lack of Awareness ☐ Fine Motor Impairment ☐ Memory Impairment ☐ IV Feeding Seizures ☐ Limited Range of Motion ☐ Neurological Impairment Mental Health □ Delusional Oxygen Use ☐ Hallucinations ☐ Pain ☐ Paralysis ☐ Lack of Motivation/Apathy ☐ Paranoia ☐ Poor Dentition Sensory Impairment ☐ Shortness of Breath☐ Swallowing Problems \square Tremors \square Tube Feeding ☐ Weakness Comments \square 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 Behavio ADL Scoring Criteria The client demonstrates appropriate behavior; there is no concern. 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. 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. 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: Supervision Needs Acute Illness Aggressive Behavior ☐ Choking Agitation Chronic Medical Condition Cognitive Impairment $\hfill \square$ Communication Impairment (does not include ability to speak English) Constant Vocalization Difficulty Learning Neurological Impairment Disassociation ☐ Pain Disruptive to Others Sensory Impairment Impaired Judgment Medication Management Mental Health Memory Impairment Delusional Memory Loss-Long Term ☐ Hallucinations Memory Loss-Short Term $\ \square$ Lack of Motivation/Apathy Seizures ☐ Mood Instability Self Neglect
Self-Injurious Behavior ☐ Paranoia Sleep Deprivation ☐ Verbal Abusiveness Wandering ☐ There has been no change in the client's functional level since the last assessment was performed. Save Save and Continue Clear

viii. Supervision Memory

	Supervision Memory
and goals.	,
Physical Impairment: Abnormal Oxygen Saturation Acute Ilness 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 Belusional Hallucinations Lack of Motivation/Apathy Mood Instability Paranoia	Supervision Needs
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.

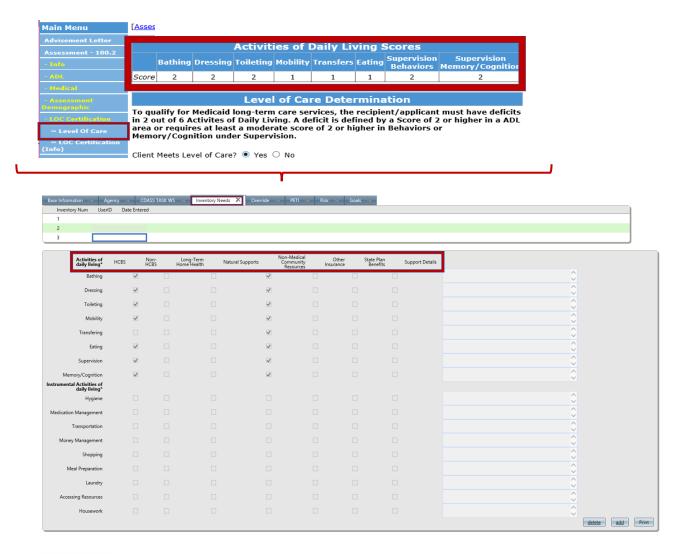
Numerator = Number of waiver participants in the sample whose SPs address the needs identified in the ULTC 100.2 assessment, through waiver and other non-waiver services.

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.

 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.





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.

<u>S</u>ave

Save and Continue



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.

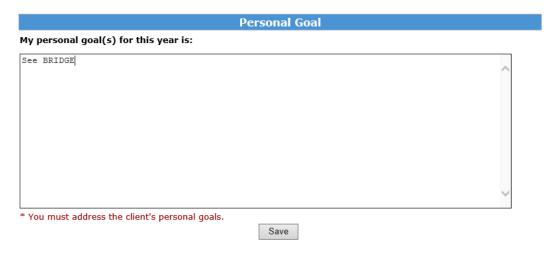
Numerator = Number of waiver participants in the sample whose SPs adequately address the waiver participant's personal goals.

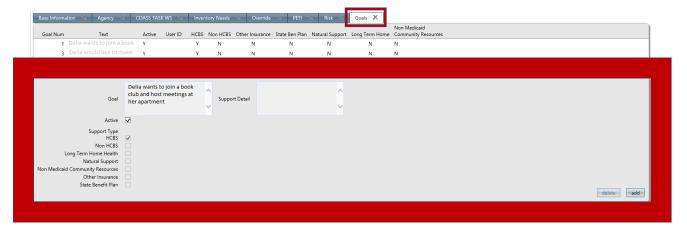
Denominator = Total number of waiver participants in the sample.

Data Source: QI Review Tool

Methodology: Participant goals are individualized and complete.

1. Participant goals are individualized and complete.







Personal 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	Serv Pla Ager	Staff Date	Start Date	d Date
* View-Print	Option	s available in OLD	format only	for Service F	lans FINAL	on or	re 06/19/20	11.	
View	1 10 1	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 participants in a representative sample whose SPs were revised, as needed, to address changing needs.

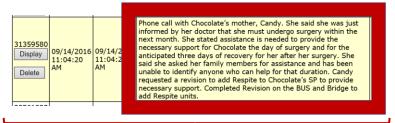
Numerator = Number of waiver participants in the sample whose SPs were revised, as needed, to address changing needs.

Denominator = Total number of waiver participants in the sample who needed a revision to their SP to address changing needs.

Data Source: QI Review Tool

Methodology: All of the following conditions must be met:

- An SP revision was needed.
- The revision is supported by documentation in the applicable areas of the ULTC 100.2 Assessment, Log Notes, and/or CIRS.
- SP revision was completed in the BUS and/or Bridge.
- SP indicates that the revision was signed by the participant/representative/etc.
- SP indicates that the revision was delivered to the participant/representative/etc.
- 1. An SP revision was needed.
- 2. The revision is supported by documentation in the applicable areas of the ULTC 100.2 Assessment, Log Notes, and/or CIRS.



3. SP revision was completed in the BUS and/or Bridge.





- 4. SP indicates that the revision was signed by the participant/representative/etc.
- 5. SP indicates that the revision was delivered to the participant/representative/etc.



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.

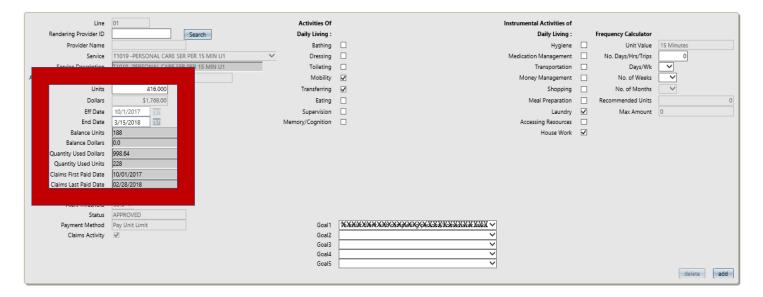
Numerator = Number of waiver services, by type, in the sample where the paid claims equal those services authorized by the service plan.

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.





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

			H	CPF Rev	iew	
HCPF Review 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
Repor	t Dispo	osition:			_	
Additio	nal Fol	low-Up Needed				
		mary: Determine	if police report w	as 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.