

FULL GUIDE TO THE BUS FOR RCCOS



COLORADO

Department of Health Care
Policy & Financing

MARCH 2016

BUS GUIDE FOR RCCOS

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TIP

Hold the Control Button (Ctrl) and click on a page, to jump directly to the page in this guide.

BUS GUIDE FOR RCCOS

Introduction

This BUS Guide for RCCOs is designed to help Care Coordinators at Regional Care Collaborative Organizations (RCCOs) to navigate through the Benefits Utilization System (BUS). As a RCCO user of the BUS you will be able to view information about clients in the BUS and assign yourself as the RCCO Care Coordinator for your clients.

This guide does not cover every possible scenario. If you cannot find the client information you are looking for, please contact your Supervisor or Security Administrator. If you experience any problems with the BUS, please email BUS@state.co.us.

Please note: If you are a Trading Partner Administrator or agency user and you submit claims through the Colorado Medical Assistance Program Web Portal, the Department of Health Care Policy and Financing (HCPF) will not be able to grant you access to the BUS.

BUS GUIDE FOR RCCOS

Accessing the BUS

- Your Web Portal and BUS user name and passwords are issued by HCPF Security. Please contact your Agency Administrator if you need access to the BUS.
- You can access the BUS directly via the Colorado Medical Assistance Program Web Portal located at <https://sp0.hcpf.state.co.us/Mercury/login.aspx>.

The screenshot shows the login page for the Colorado Medical Assistance Program Web Portal. At the top, there is a header for the Department of Health Care Policy and Financing, including the state seal and navigation links for Related Sites, Provider Services, CHIP, CACP, Old Age Pension, and HIPAA. The main heading is "Colorado Medical Assistance Program Web Portal" followed by "Login". A disclaimer states that access is restricted to authorized users. There are input fields for "User Name" and "Password", both marked with an asterisk. Below these fields are "Login" and "Change Password" buttons. A note indicates "Note: Password is case sensitive". There are also links for "I forgot my user name." and "I forgot my password.". A "System Status Messages" section shows a message: "The Portal is currently available.". At the bottom, there is contact information for the Department of Health Care Policy and Financing, including a "Help Desk" button and links for "DEPT HOME", "HCPF Home", "State Home", and "Privacy Statement".

- You can also access the BUS via the HCPF external website located at www.Colorado.gov/hcpf



BUS GUIDE FOR RCCOS

CO COLORADO
Department of Health
Care Policy & Financing

Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Providers

Why should you become a provider?
How to become a provider (enroll)
Provider services (training, & more)
What's new (bulletins, ...)

Get Help
Help for Providers

Get Info
FAQs & More

Find a Doctor
Are you a client looking for a doctor?

Select **Provider services (training, & more)**.

BUS GUIDE FOR RCCOS

COLORADO
Department of Health
Care Policy & Financing

Home | For Our Members | For Our Providers | For Our Stakeholders | About Us

For Our Providers > Provider Services

Provider Services

BILLING MANUALS **TRAINING** **FORMS** **RATES & FEE SCHEDULES**

CBMS
Colorado Benefits
Mgmt. System

Web Portal

Select Web Portal



TIP

Save the Web Portal and the Provider Services page as favorites for easy access to the BUS.

BUS GUIDE FOR RCCOS



TIP

If you do not have a username or password, and need access to the BUS, contact your agency's Security Administrator.

BUS GUIDE FOR RCCOS

Department of Health Care Policy and Financing

Related Sites: [Provider Services](#) [CHP+](#) [CICP](#) [Old Age Pension](#) [HIPAA](#)

Main Help Log Out

Welcome LAURA RUSSELL Monday, January 11, 2016

Trading Partner ID- 100074

Welcome to the Colorado Medical Assistance Program
Secure Web Portal

What's New!

User Profile Maintenance

BUS

BUS Access

BUS Training

BUS System

Select **BUS Access.**

scheduled for Friday, January 15, 2016 8:00 p.m. through 9:00 p.m.

No Message Found

System Status Messages

Claims Last Week First Week

Dental Claims

Professional Claims

Institutional Claims

Eligibility Last Week First Week

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 all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

[Return to Web Portal](#)

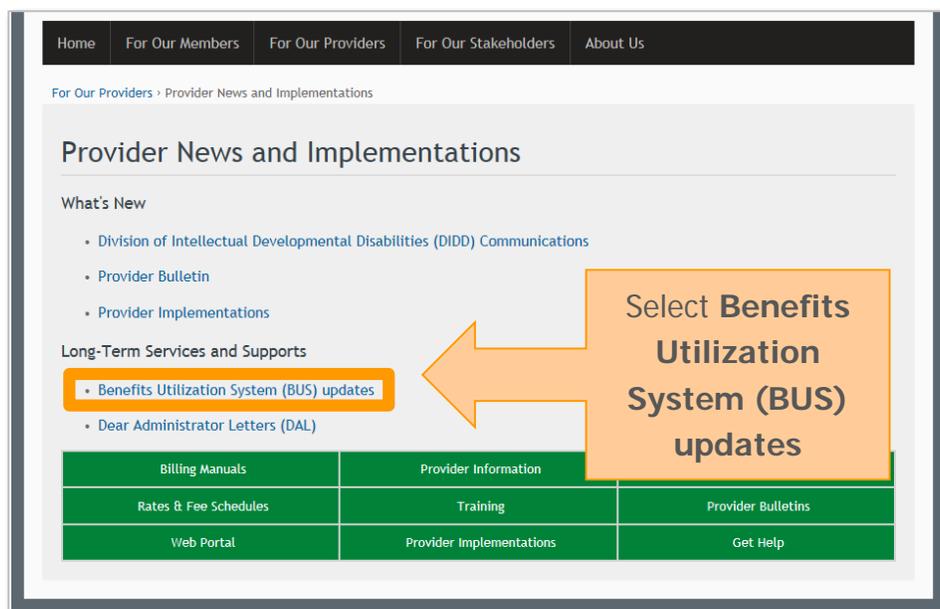
Login!

Enter your **BUS username and password.** The User Agreement box must also be checked.

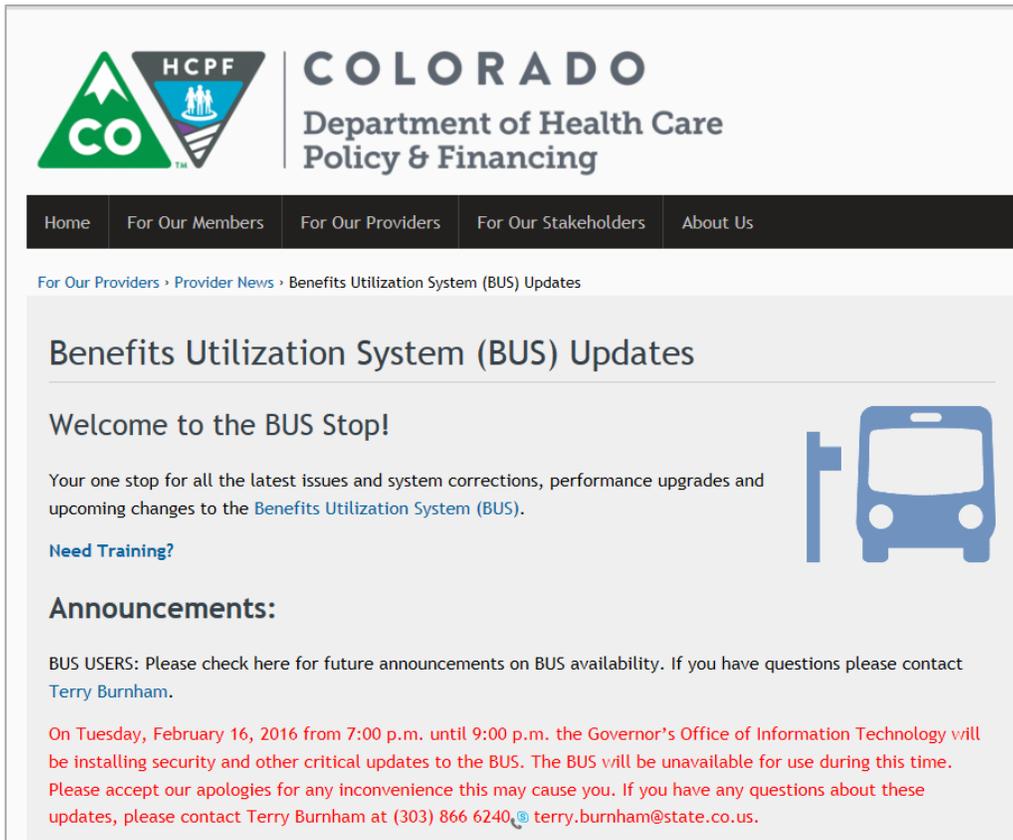
BUS GUIDE FOR RCCOS

The BUS Stop

- We have created a HCPF website (BUS Stop) to help BUS users keep up with BUS updates and information. Here you will also find BUS related contacts, announcements and known issues.
- The BUS Stop can be accessed from the HCPF website. Select For Our Providers tab and What's new? (bulletins, newsletters, updates).



BUS GUIDE FOR RCCOS

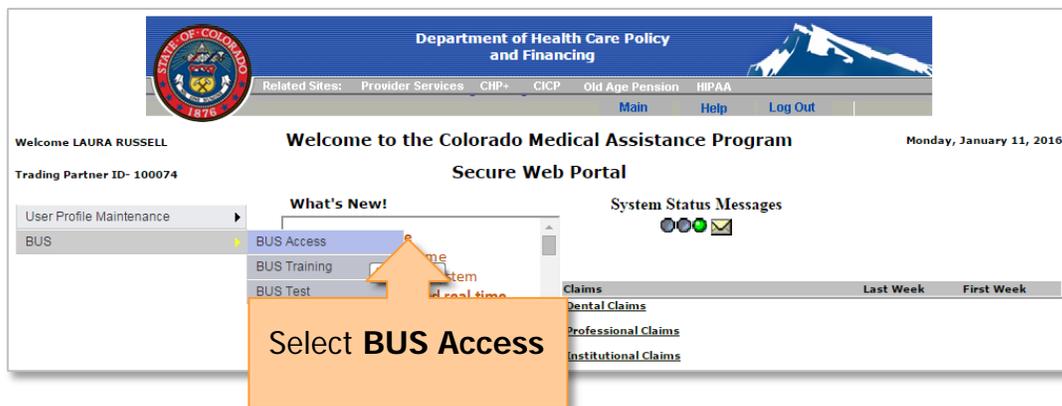


The screenshot shows the website for the Colorado Department of Health Care Policy & Financing. At the top left are the logos for 'CO' (a green triangle with a white mountain and 'CO' text) and 'HCPF' (a blue triangle with a white mountain and 'HCPF' text). To the right of these logos is the text 'COLORADO Department of Health Care Policy & Financing'. Below the logos is a navigation menu with five items: 'Home', 'For Our Members', 'For Our Providers', 'For Our Stakeholders', and 'About Us'. The main content area has a breadcrumb trail: 'For Our Providers > Provider News > Benefits Utilization System (BUS) Updates'. The main heading is 'Benefits Utilization System (BUS) Updates'. Below this is a section titled 'Welcome to the BUS Stop!' with a blue bus icon to the right. The text reads: 'Your one stop for all the latest issues and system corrections, performance upgrades and upcoming changes to the Benefits Utilization System (BUS)'. Below this is a link for 'Need Training?'. The 'Announcements:' section contains a message for BUS USERS: 'Please check here for future announcements on BUS availability. If you have questions please contact Terry Burnham.' A red text block follows: 'On Tuesday, February 16, 2016 from 7:00 p.m. until 9:00 p.m. the Governor's Office of Information Technology will be installing security and other critical updates to the BUS. The BUS will be unavailable for use during this time. Please accept our apologies for any inconvenience this may cause you. If you have any questions about these updates, please contact Terry Burnham at (303) 866 6240 or terry.burnham@state.co.us.'

BUS GUIDE FOR RCCOS

Resetting Your Web Portal or BUS Password

- Access to the BUS is granted by HCPF Security. Your Agency Security Administrator is responsible for submitting your application for access to the BUS and will receive your Web Portal and BUS user names and temporary passwords by secure email from HCPF Security.
- When you log on to the BUS for the first time you are required to replace your temporary password for a permanent password.



BUS GUIDE FOR RCCOS

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 all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

[Return to Web Portal](#)

Enter your **BUS** username and **temporary** password.

ERROR

Please update your password at this time.

Click **Ok** to create a new permanent password.

Last Name: [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) |

User ID	Last Name	Middle Initial	First Name
To update your password press the EDIT button			
<input type="button" value="Edit"/>	COljruss	Russell	J
			Laura

Click **Edit** next your User ID.

BUS GUIDE FOR RCCOS

The Department of Health
Care Policy and Financing
Benefits Utilization System

Colorado

User Accounts

User Edit

Main Menu	RCCO's Region Id	1
Administration	User ID	urcco1
User Accounts	Last Name	TestUser
RCCO Help Guide	Middle Initial	I
Logout	First Name	RCCO
	Password
	Re-Enter Password	<input type="text"/> Only
	Email Address	rcco.TestUser@state.co.us
	Phone Number	303-866-2822 (ex. 123-123-1234) Ext.
	Fax Number	(ex. 123-123-1234)
	Last Accessed System	03/09/2016 02:37:40

First, create a new Password and fill in **BOTH** password fields with your new permanent password.

When you are finished, click **Save**.

- If you ever lock yourself out of the BUS, a temporary password will be created for you by your Security Administrator, or by a BUS Administrator. Follow the steps above to log into the BUS to update your password.
- If you ever lock yourself out of the Web Portal follow the steps below to reset your password.

BUS GUIDE FOR RCCOS

If you forget your **Web Portal** username or password, please use these links. If you are unable to resolve this yourself, please contact your agency's Security Administrator.

Department of Health Care Policy and Financing

Related Sites: Provider Services CHP CICP Old Age Pension HIPAA

Colorado Medical Assistance Program Web Portal

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.](#)

able.

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

Contact Us: [Help Desk](#)

[DEPT HOME](#) [HCPF Home](#) [StateHome](#)

[Privacy Statement](#)

BUS GUIDE FOR RCCOS

Assigning Yourself as the RCCO Care Coordinator

- If you are the RCCO Care Coordinator for a client, you may assign that client to yourself.
- You will only be able to set yourself as the RCCO Care Coordinator for clients in your RCCO.
- Begin by searching for your client by State ID, Last Name, or Date of Birth. In this example we will search by last name for clients with the last name "Pudding."

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu
Search
Administration
RCCO Help Guide
Logout

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

Section 1
State ID
Last Name

Section 2
Date of Birth (MM/DD/YYYY)

Section 3
Limit To Agency

RCCO BUS USER SEARCH AGREEMENT:
I confirm I am searching for a member of the Account who is receiving services provided by a Regional Care Collaborative Organization (RCCO). While viewing this member's record, in the BUS, I am bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

User Agreement

Unclick the **Limit to Agency** box if you want to see all clients with the last name of "Pudding," including those outside your RCCO.

Always remember to read the **User Agreement** and check the box before clicking **Search**.

BUS GUIDE FOR RCCOS

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu	Last Name	First Name	Sex	Managing Agency	Case Manager	Case Manager Email	RCCO Region	RCCO name	RCCO Coordinator
Search									
Administration									
RCCO Help Guide	<input type="button" value="View"/>	Pudding	Butterscotch	F	MESA COUNTY DEPT. OF HUMAN SERVICES			Rocky Mountain Health Plans	Name: TestAdmin RCCO User Email: rcco.Test@state.co.us <input type="button" value="Update"/>
Logout									
		Pudding	Figgy	M	Health Care Policy and Financing	Laura Russell	laura.russell@state.co.us	RCCO 1	Rocky Mountain Health Plans Name: TestAdmin RCCO User Email: rcco.Test@state.co.us

[Export to Excel](#)

Click the **View** button to view the client's record.

In your search results you will see a gray **Update** button if the client is in your RCCO. **Click the button to assign yourself as the Client's RCCO Care Coordinator.**

The Department of Health
Care Policy and Financing
Benefits Utilization System

Coordinator Screen

Main Menu	Coordinator Information
Administration	
RCCO Help Guide	Client Information
Logout	Client First Name : Butterscotch
	Client Last Name : Pudding
	Existing RCCO Care Coordinator Information
	Coordinator First Name :
	Coordinator Last Name :
	Are you going to be the Primary RCCO Care Coordinator for this Client? <input type="radio"/> Yes
	<input type="button" value="Confirm"/> <input type="button" value="Back"/>

If you are the Primary RCCO Care Coordinator, select the **Yes** radio button. Then click **Confirm**.

BUS GUIDE FOR RCCOS

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Demographic - Butterscotch Pudding

RCCO Care Coordinator name **TestAdmin RCCO User / rcco.Test@state.co.us**

Main Menu	Client Information	
Advisement Letter		
Assessment - 100.2	State ID	Z190000 SSN 133-11
Client Information	First Name	Butterscotch MI MI Last Name Pudding
Insurance & Legal	County	El Paso
Transition Assessment & Planning	Primary Language	English DOB 01/17 Phone 303-777-7777
Risk Mitigation Plan	Marital Status	Single
Critical Incident Reports	Street Address	
Assessment - HCA	Mailing Address	
Case Management	Mailing Address State	
Case Status	Client ID for Agency	
IADL	Current Living Situation:	Nur
Log Notes	Case Status:	M: Waitlist O: Closed
	CBMS Case Number	

Your information will now display at the top of the Client Information page.

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Case Management - Butterscotch Pudding

⚠ This page will refresh when a Managing Agency or a Secondary Managing Agency is chosen. It is still required to press the SAVE button in order to save your changes in the system.

Main Menu	Managing Agency Information - this agency is responsible for completing the assessment.
Advisement Letter	Agency MESA COUNTY DEPT. OF HUMAN SERVICES - 970-248-2888
Assessment - 100.2	Case Manager --
Client Information	Covering Case Manager : --
Transition Assessment & Planning	Case Management --
Risk Mitigation Plan	Specialist :
Critical Incident Reports	
Assessment - HCA	
Case Management	
Case Status	
IADL	
Log Notes	Secondary Managing Agency Information
LTC 803	Agency : Health Care Policy and Financing - 303-866-2883
Program Area	Case Manager Burnham, Terry - 303-866-6240 - terry.burnham@state.co.us
Referral	Covering Case Manager : --
Service Plan	Case Management --
Service Plan DD Section	Specialist :
Administration	
RCCO Help Guide	Placed Agency Information
Logout	Agency :
	Comment :
	RCCO Information
	Region : RCCO 1
	RCCO Care Coordinator Name: TestAdmin RCCO User
	Contact: 303-866-4925
	Email: rcco.Test@state.co.us

Your information will also appear at the bottom of the Case Management screen

BUS GUIDE FOR RCCOS

BUS Main Menu

- After logging in to the BUS, the BUS Main Menu screen will appear. This screen displays current news and information on the BUS, such as system changes and planned outages.
- Please check the BUS stop for additional news and information. The BUS Stop is located at <https://www.colorado.gov/pacific/hcpf/benefits-utilization-system-bus-updates>.
- On the BUS Main Menu screen you will also find a link for the BUS Quick Reference Guide. This is a shorter guide that describes the most common screens used in the BUS.
- On the left hand navigation bar, you will also find a link to this guide.

The screenshot shows the BUS Main Menu interface. At the top left, it says "The Department of Health Care Policy and Financing Benefits Utilization System". The main header area features a collage of diverse people. On the right, it says "Main Menu". A navigation bar on the left includes links for "Main Menu", "Search", "Administration", "RCCO Help Guide", and "Logout". The main content area displays a "Welcome RCCO User TestAdmin" message. Below this, there is a link for the "BUS Quick Reference Guide for RCCO Users" with a "Click Help" button. A red notice states: "ALL BUS USERS: BUS Users: On Tuesday, February 23, 2016 from 7:00 a.m. to 9:00 p.m. the Governor's Office of Information Technology will be installing security and other critical updates to the BUS. The BUS will be unavailable for use during this time. Please accept our apologies for any inconvenience. If you have any questions about these updates, please contact Terry Burnham at terry.burnham@state.co.us (303-866-6240)." Another notice says: "BUS Users: The BUS has been updated to a new, more stable and secure environment. All users should be able to log on to the system and the system will provide the BUS with a more stable and secure environment. Developmental Disabilities Resource Center, Denver Optometric Services, Blue Peaks Developmental Services, Rockwell Health, and The Resource Exchange who helped with the testing of this virtual environment. If you do experience any issues with the data integrity of clients in the BUS, or have any other issues, please contact your Agency Administrator and have them email Terry Burnham at terry.burnham@state.co.us (303-866-6240). If you experience a major system failure please call Terry Burnham at 303-866-6240." A final notice states: "Please be aware that scheduled Windows updates for the BUS occur on the 4th Tuesday, of every month, between 7pm and 9pm. During this time, the BUS servers are rebooted which could result in dropped sessions. If you have questions about these updates, please contact Terry Burnham at terry.burnham@state.co.us (303-866-6240) or 303-866-6240. Please accept our apologies for any inconvenience this may cause you." Two orange callout boxes with arrows point to the "RCCO Help Guide" link in the navigation bar and the "Click Help" button in the main content area. The callout boxes contain the text: "Click here to view the RCCO Help Guide document." and "Click here to view the RCCO Quick Reference Guide document."

BUS GUIDE FOR RCCOS

Search Screen

- The Search screen allows you to search for clients by
 - State ID
 - Last Name
 - Date of Birth
- Uncheck the Limit to Agency Box if you want to search for clients not within your RCCO.

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu
Search
Administration
RCCO Help Guide
Logout

Search criteria: Please enter at least one field in Section 1 optional.

Section 1
State ID

Section 2
Last Name
Date of Birth (MM/DD/YYYY)

Limit To Agency

Section 3

RCCO BUS USER SEARCH AGREEMENT:
I confirm I am searching for a member of the Accountable Care Collaborative (ACC) who is receiving services provided by a Regional Care Collaborative Organization (RCCO). While viewing this member's record, in the BUS, I am bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

User Agreement:

For this example, we are searching by last name for our test client with the last name "Pudding."
You can also search by State ID or Date of Birth.

BUS GUIDE FOR RCCOS

Search Results Screen

- The search results screen displays all clients within the BUS that meet your search criteria. You will only be able to view those clients within your RCCO region.
- Click the gray View button to the left of the client to access the client record. This will bring you to the Client Information screen.
- Click the Update button on the right to update the RCCO Care Coordinator information.
- The Export to Excel link at the bottom will allow you to export your search results into an Excel file.

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client Search

Main Menu	Last Name	First Name	Sex	Managing Agency	Case Manager	Case Manager Email	RCCO Region	RCCO name	RCCO Coordinator
Search									
Administration				MESA COUNTY DEPT. OF HUMAN SERVICES			RCCO 1	Rocky Mountain Health Plans	Name: TestAdmin RCCO User Email: rcco.Test@state.co.us <input type="button" value="Update"/>
RCCO Help Guide	<input type="button" value="View"/>	Pudding Butterscotch	F						
Logout		Pudding Figgy	M	Health Care Policy and Financing	Laura Russell	laura.russell@state.co.us	RCCO 1	Rocky Mountain Health Plans	Name: TestAdmin RCCO User Email: rcco.Test@state.co.us <input type="button" value="Update"/>

Search Result Clients - 2

[Export to Excel](#)

The **View** button will bring you to the Client Information.

The **Export to Excel** link allows you to export your Client Search results into an Excel file.

Click the **Update** link to assign yourself as the RCCO Care Coordinator.

BUS GUIDE FOR RCCOS

Client Information

- Here you will find all the demographic information on the client such as
 - State ID
 - Social Security Number
 - Address
 - Contact Person
 - Referral Client Contact
 - Medical Provider Information
- There also is an Insurance and Legal Client Information subpage, which you can access by clicking on ton the yellow sub-menu below Client Information.

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Demographic - Figgy F Pudding

RCCO Care Coordinator name : TestAdmin RCCO User / rcco.Test@state.co.us

Main Menu		RCCO Care Coordinator name : TestAdmin RCCO User / rcco.Test@state.co.us	
Advisement Letter	Client Information		
Assessment - 100.2	State ID	Z998877	SSN 111-33-5555
Client Information	First Name	Figgy	MI F Last Name Pudding
- Insurance & Legal	County	Broomfield	
Transition Assessment Planning	Primary Language	English	DOB 06/30/1900 Phone 123-456-9999
Risk	Marital Status	Divorced Sex Male	
Critical Reports	Street Address	5555 Christmas Lane	City/State/ZipCode Broomfield CO 80020
	Mailing Address	5555 Christmas Drive	Mailing Address City Broomfield
	Mailing Address State	CO	Mailing Address ZipCode 80020
	Phone for Agency	X998877	
	Living Situation:	Alone	
	Status:	S: Closed	
	Case Number		
	Contact Person		
	Relationship	Bling Bam Burnham	
	Organization	Medical Proxy	
Service Plan DD Section	Send Correspondence to Guardian	No	
Administration	Phone	123-456-8888	
RCCO Help Guide	Phone	123-456-7777	
Logout	Street Address	6666 Xmas Drive	

Click here to view the **Insurance & Legal Client Information** subpage.

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Client Information: Insurance & Legal

- The Client Information: Insurance & Legal subpage includes
 - Client's Insurance Information
 - Advance Directives
 - Legal Documents

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Care Policy and Financing
Benefits Utilization System

Client - Insurance - Figgy F Pudding

Main Menu	Client - Insurance Information	
Advisement Letter	<input type="checkbox"/> CHP+	Private Insurance - Client
Assessment - 100.2	<input checked="" type="checkbox"/> Long Term Care Medicaid - 300%	Company :
Client Information	<input type="checkbox"/> Long Term Care Medicaid - Categorical	Private Insurance - Spouse
- Insurance & Legal	<input type="checkbox"/> Long Term Care Medicaid - Spousal 300%	Company :
Transition Assessment & Planning	<input type="checkbox"/> Long Term Care Medicaid - Spousal Categorical	Medicaid Application Mail Date : 02/01/2016
Risk Mitigation Plan	<input type="checkbox"/> Medicaid	Medicaid Application County : Archuleta
Critical Incident Reports	<input type="checkbox"/> Medicaid Pending	
Assessment - HCA	<input type="checkbox"/> Medicare Part A	
Case Management	<input type="checkbox"/> Medicare Part B	
Case Status	<input type="checkbox"/> Medicare Part D	
IADL	<input type="checkbox"/> Private Health Insurance	
Log Notes	<input type="checkbox"/> VA Benefits	
LTC 803	<input type="checkbox"/> Other	
Program Area	<input type="checkbox"/> Medicaid Application in Process	
Referral	<input type="checkbox"/> Medicaid Application Needed	
Service Plan	<input type="checkbox"/> Medicaid Application Mailed	
Service Plan DD Section	Comment:	
Administration	Advance Directives - Information For Party Holding Documents	
RCCO Help Guide	Legal Documents - Information for Party Named in Document	
Logout	-- No data entered --	
	-- No data Entered --	

BUS GUIDE FOR RCCOS

Advisement Letter

- Here you will find all the Advisement Letters on file for the client. An Advisement Letter is sent by Case Management Agencies to their Clients advising them of any changes to the services the Client receives. The Client Advisement Letter grid shows
 - The date the Advisement Letter was sent
 - Effective Date of the Advisement Letter
 - Final Date of the Advisement Letter
 - Agency sending the Advisement Letter
 - Client Case Manager

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Advisement Letter - Figgy F Pudding

Main Menu	Event	Date Sent	Effective Date	Final Date	Agency	Case Manager	
Advisement Letter	View	4	03/21/2014	04/01/2014	Health Care Policy and Financing	Terry Burnham	
Assessment - 100.2	View	3	03/21/2014	04/01/2014	'03/21/2014'	Health Care Policy and Financing	Terry Burnham
Client Information	View	2	03/21/2014	04/01/2014	'03/21/2014'	Health Care Policy and Financing	Terry Burnham
Transition Assessment & Planning	View	1	03/21/2014	03/21/2014		Health Care Policy and Financing	Terry Burnham
Risk Mitigation Plan							
Critical Incident Reports							
Assessment - HCA							

Click the **View** button to see additional information specific to that letter.

BUS GUIDE FOR RCCOS

- In the Detailed View, additional information for each Advisement Letter is displayed such as
 - Program area Client is currently enrolled in
 - Effective date of the change
 - Reason for the Advisement Letter
 - Other rules which may be applicable to this change

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



Client - Advisement Letter - Figgy F Pudding

Main Menu	Event: 4
Advisement Letter	To: Figgy Pudding 5555 Christmas Lane Broomfield, CO 80020
Assessment - 100.2	
Client Information	
Transition Assessment & Planning	From: Terry Burnham Health Care Policy and Financing 1570 Grant St Denver, CO 80203
Risk Mitigation Plan	
Critical Incident Reports	Date: 03/21/2014
Assessment - HCA	Program Area: Colorado Choice Transitions - HCBS-BI
Case Management	
Case Status	Effective Date: 04/01/2014
IADL	
Log Notes	Reason: You have voluntarily chosen to withdraw from the program (8.393.28.C.3)
LTC 803	Other Rule(s):
Program Area	Other Reason(s):
Referral	
Service Plan	Phone Number: 303-866-6240
Service Plan DD Section	

BUS GUIDE FOR RCCOS

Assessment – 100.2

- The Assessment – 100.2 screen will show every Assessment for the client and the relevant details such as:
 - Assessment Date
 - Event Type
 - Authorized Date
 - Assessing Agency

The Department of Health
Care Policy and Financing
Benefits Utilization System



Client - Assessment - Info - Figgy F Pudding

Main Menu	Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome	Approval	Start Date	End Date	Open End Date	Close Date	Closure Reason
Advisement Letter														
Assessment - 100.2	View	2	06/04/2014	6 Month Review			Health Care Policy and Financing	Approved	NF	07/10/2014		False		
Client Information														
Transition Assessment & Planning	View	1	04/30/2014	Initial Review		05/01/2014	DEPARTMENT HUMAN SERVICES	Approved	PACE LTHH	05/01/2014	04/30/2015	False		
Risk Mitigation Plan														
Critical Incident Reports														

Click the **View** button to see more details of the Assessment.

BUS GUIDE FOR RCCOS

Assessment – 100.2: ADL

- The Assessment - 100.2: ADL (Activities of Daily Living) subpage displays the following categories of daily living
 - Bathing
 - Dressing
 - Toileting
 - Mobility
 - Transferring
 - Eating
 - Supervision Behavior
 - Supervision Memory

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Client - Assessment - ADL - Figgy F Pudding

Main Menu

- Advisement Letter
- Assessment - 100.2
 - ADL
 - Medical
 - Assessment Demographic
 - LOC Certification
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL
- Log Notes

ADL - Bathing Information

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

ADL Scoring Criteria

2 - The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain adequate hygiene and skin integrity.

Physical Impairment:

Amputation

Supervision:

Behavior Issues

Mental Health:

Delusional

Bathing Comments

comments

BUS GUIDE FOR RCCOS

- Each ADL category includes specific detailed information such as
 - Definition
 - Scoring Criteria
 - Physical Impairments
 - Supervision Needs
 - Mental Health Needs
 - Assessment Comments

BUS GUIDE FOR RCCOS

Assessment – 100.2: Medical

- The Assessment – 100.2: Medical subpage shows information about the Diagnosis such as
 - ICD Code
 - Description
 - Onset Date
 - Source of Information
- This page also provides information on the following categories
 - Target Group Diagnoses
 - Medications Information
 - Diet
 - Allergies
 - Prognosis
 - Medical Supports
 - Institutionalizations

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Benefits Utilization System

Client - Assessment - Medical - Diagnosis - Figgy F Pudding

Diagnosis Grid				
ICD Code	Diagnosis Description	Diagnosis Onset Date	Diagnosis Source	Diagnosis Description Other Source
A12.3456	Broken Bone	02/01/2016	<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source	

Target Group Diagnoses Grid			
Developmental Disability Diagnosis	Traumatic Brain Injury Diagnosis?	Mental Health Diagnosis	Neurological Exam Date
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	10/18/1933

Medical - Medications Information	
Medication Name:	12345
Dosage Amount:	1974
Dosage Frequency:	BID (Twice a Day)
Route:	TR (Transdermal)
<input checked="" type="checkbox"/> PMIP <input checked="" type="checkbox"/> Other Source <input checked="" type="checkbox"/> Requires HRC Review (DD Only)	

Medication Name:	12345
Dosage Amount:	1974
Dosage Frequency:	
Route:	
<input checked="" type="checkbox"/> PMIP <input checked="" type="checkbox"/> Other Source <input checked="" type="checkbox"/> Requires HRC Review (DD Only)	

BUS GUIDE FOR RCCOS

Assessment – 100.2: Assessment Demographic

- On the Assessment - 100.2: Assessment Demographic subpage you will find information regarding details of the Assessment such as
 - Location
 - Who was present at the interview
 - Who provided the information
 - Conditions of the living environment
 - Eligibility assessment summary
 - Adult/Child Protective Services Risks

The Department of Health
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Benefits Utilization System

Client - Assessment - Assessment Demographic - Figgy F Pudding

Main Menu	*Location of Assessment	*Present at Interview
Advisement Letter	<input checked="" type="radio"/> Applicants Private Residence/Home	<input checked="" type="radio"/> Applicant Only
Assessment - 100.2	<input type="radio"/> Nursing Home	<input type="radio"/> Caregiver(s) Only
- ADL	<input type="radio"/> Hospital/Other Health Care Facility	<input type="radio"/> Applicant and Caregiver(s)
- Medical	<input type="radio"/> Assisted Living	<input type="radio"/> Applicant and Others
- Assessment Demographic	<input type="radio"/> Agency Office	<input type="radio"/> Other <input style="width: 100px;" type="text"/>
- LDC Certification	<input type="radio"/> Relatives Home	
Client Information	<input type="radio"/> Telephone	
Transition Assessment & Planning	<input type="radio"/> Other <input style="width: 100px;" type="text"/>	
Risk Mitigation Plan	*Most of the interview information was provided by	*Living Environment
Critical Incident Reports	<input checked="" type="radio"/> Applicant	<input checked="" type="checkbox"/> Safe
Assessment - HCA	<input type="radio"/> Caregiver	<input type="checkbox"/> Safe with feasible modifications
Case Management	<input type="radio"/> Medical Record	<input type="checkbox"/> Services can not be delivered here
Case Status	<input type="radio"/> Facility Staff	<input type="checkbox"/> Client needs to move so services can be delivered
IADL	<input type="radio"/> All of the Above	<input type="checkbox"/> Client needs to move to a safer environment
Log Notes	<input type="radio"/> Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Special home assessment needed
LTC 803		<input type="checkbox"/> Unknown
Program Area		
Referral	*Eligibility Assessment Summary	
Service Plan	Comments <input style="width: 90%; height: 20px;" type="text"/>	
Service Plan DD		

BUS GUIDE FOR RCCOS

Assessment – 100.2: LOC Certification

- The Assessment – 100.2: Level of Care (LOC) Certification subpage will display information regarding
 - Activities of Daily Living Scores
 - Level of Care Determination
 - Services Requirements
 - Long Term Care Certification Information, including programs and denial information

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Client - Certification - LOC - Figgy F Pudding

Main Menu	Activities of Daily Living Scores								
Advisement Letter	Bathing	Dressing	Toileting	Mobility	Transfers	Eating	Supervision Behaviors	Supervision Memory/Cognition	
Assessment - 100.2									
- ADL	Score								
- Medical	2	1	1	0	1	0	0	0	
- Assessment Demographic	Level of Care Determination								
- LOC Certification	<p>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.</p>								
Client Information	Client Meets Level of Care? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Transition Assessment & Planning	Is there a Professional Medical Information page supporting need for HCBS? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Risk Mitigation Plan	Has Developmental Disability Eligibility been determined? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Critical Incident Reports	Is there a Mental Health Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Assessment - HCA	Is there a Traumatic Brain Injury Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Case Management	<p><i>A diagnosis of dementia must be validated by a neurological exam with documentation by the attending physician.</i></p>								
Case Status	Neurological Exam Date <input style="width: 100px;" type="text"/>								
IADL	Services Requirements								
Log Notes	Comments:								
LTC 803	*Are Waiver Services Needed within 30 days? <input type="radio"/> Yes <input checked="" type="radio"/> No								
Program Area									
Referral									
Service Plan									
Service Plan DD Section									
Administration									

BUS GUIDE FOR RCCOS

Transition Assessment & Planning

- At this screen you will be able to view the Transition Assessment & Planning documents. The number of plans is also indicated.
- If there are no finalized Transition Assessments, there will be no documents to view.

The Department of Health
Care Policy and Financing
Benefits Utilization System

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management

Attention: You are about to **View** a Transition Assessment & Planning document.

If you did not intend to **view** Transition Assessment & Planning document, select **Return to Transition Process Information Grid button**.

Transition Assessments & Planning

The number of Transition Assessments Created this Client is 6

Return to Transition Process Information Grid

Click the **Return to Transition Process Information Grid** button to see the Transition Assessment documents.

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The Department of Health
Care Policy and Financing
Benefits Utilization System



Client - Transition Assessment & Planning - Figgy F Pudding - 5555

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management

Transition Assessment & Planning

Transition Process Information Grid

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
View	6	10/31/2015	10/31/2015			97	No	Summary page information
	5	10/21/2015	10/21/2015		10/21/2015	107	No	Summary page information
	4	01/31/2015					No	Summary page information

Click the **View** button for Details of the Transition Assessment & Planning.

BUS GUIDE FOR RCCOS

- The detailed view of the Transition Assessment and Planning document will show additional information such as
 - Transition Process Information
 - Transition Assessment & Planning Behavioral Assessed Needs
 - Transition Assessment & Planning Behavioral Health Nursing Therapies
 - Transition Assessment & Planning Behavioral Health Community Based Service Plan

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Main Menu	
Advisement Letter	Transition Process Information
Assessment - 100.2	Event Number 6
Client Information	Today's Date 02/29/2016
Transition Assessment & Planning	*Referral Source Service Provider
- Medical Assessed Need	If Other is selected in the "Referral Source", an entry in the text box is required. --
- Physical Accessibility	*Referral Date 10/31/2015
- Community Based Service Plan's	*Transition Type <input type="checkbox"/> EBD <input checked="" type="checkbox"/> CCT
Risk Mitigation Plan	*Name of Facility Transitioning From Applewood Living Center
Critical Incident Reports	*Options Counseling Date 10/31/2015
Assessment - HCA	<input type="checkbox"/> Person with Disabilities
Case Management	<input checked="" type="checkbox"/> Person with Mental Illness
Case Status	<input type="checkbox"/> Elderly
IADL	<input type="checkbox"/> Individual with Intellectual Disabilities
Log Notes	*Population Selection 10/31/2015
LTC 803	*Initial Meeting Date with Transition Coordinator 10/31/2015
Program Area	*Has a referral been made to a case management agency? <input type="radio"/> Yes <input checked="" type="radio"/> No
Referral	CTS Authorization for Release of Information <input checked="" type="checkbox"/>
Service Plan	CCT Informed Consent Signed Date 10/31/2015
Service Plan DD Section	Risk Mitigation Completed Date 10/31/2016
Administration	Transition Plan Completed Date 10/31/2015
RCCO Help Guide	Transition Administrator Reviewed Date 10/31/2015
Logout	ULTC 100.2 Completion Date 11/05/2015
	Service Plan Date 11/25/2015
	Planned Discharge Date 11/01/2016
	Transition Assessment & Planning Behavioral Health Assessed Need
	Mental Health
	*Does the client have a mental health problem? <input type="radio"/> Yes <input type="radio"/> No
	Is the client receiving mental health treatment? <input type="radio"/> Yes <input type="radio"/> No
	*Has the client received past mental health treatment? <input type="radio"/> Yes <input type="radio"/> No
	*Has the client managed a mental health illness successfully in the past? <input type="radio"/> Yes <input type="radio"/> No
	*Please explain: --
	*Does the client have a history of psychiatric hospitalizations while in the community? <input type="radio"/> Yes <input type="radio"/> No
	*Does the client take medication for mental health issues? <input type="radio"/> Yes <input type="radio"/> No

BUS GUIDE FOR RCCOS

- Returning to the Transition Assessment & Planning grid screen, you can also click the Summary page information of each Transition Assessment & Planning Document

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Benefits Utilization System

Client - Transition Assessment & Planning - Figgy F Pudding - 5555

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management

Transition Assessment & Planning

Transition Process Information Grid

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
View	6	10/31/2015	10/31/2015			97	No	Summary page information
View	5	10/21/2015	10/21/2015		10/21/2015	107	No	Summary page information
View	4	01/31/2015					No	Summary page information

Click the **Summary Page Information** button for a summary of the document.

BUS GUIDE FOR RCCOS

- The Summary Information Page displays
 - Transition Process Information
 - Post Transition Visits
 - Transition Event Summary
 - Transition Options Team

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Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- RCCO Help Guide
- Logout

Transition Process Information Summary

Event Number: 6

Actual Discharge Date: 06/01/2016

Post Transition Visits

1st visit date (1st visitation day after discharge): 07/01/2016
Visit successful

2nd visit date: 08/01/2016
Client doing well

3rd visit date: 09/01/2016
Client happy with transition

Transition Event Summary

*Transition Status: Successful

If Other is selected in the "Transition Status", an entry in the text box is required.

On Hold:

Date: 01/01/1900

Reason for On Hold: [Dropdown]

If Other is selected in the "Reason for On Hold", an entry in the text box is required.

Reason unable to transition: [Dropdown]

If any of the selection other the "Other" is selected in the "Reason unable to transition", an entry in the text box is required.

Reason unable to transition date: [Text Box]

If Other is selected in the "Reason unable to transition", an entry in the text box is required.

*Transition Options Team

Name	Agency	Relation	Other (Needs to be completed when "Other" is selected from the "Relation" option.)
1 Jane Doe	Access and Ability	Case Manager	[Text Box]
2 John Smith	Access and Ability	Transition Coordinator	[Text Box]
3 [Dropdown]	[Dropdown]	[Dropdown]	[Text Box]

BUS GUIDE FOR RCCOS

Transition Assessment & Planning: Medical Assessed Need

- The Transition Assessment & Planning: Medical Assessed Need subpage displays
 - Summary of the Medical Assessed Need
 - Medical Services/ Resources Needed
 - Transition Assessment & Planning Medical Nursing Facility Therapies
 - Transition Assessment & Planning Medical Community Based Service Plan

The Department of Health Care Policy and Financing
Benefits Utilization System

Event Number: 6

Transition Assessment & Planning Medical Assessed Need

*Has the client received treatment for a medical condition? Yes No

Was treatment for a medical condition a reason for entering last facility? Yes No

Has the medical condition improved since admission? Yes No

Check any of the following medical issues that negatively impact ability to live in the community.

Lack of medical, nursing, or therapy services
 Change of health condition
 Lack of or no record of emergency contact
 Frequency of illness or hospitalization
 Difficulty of managing symptoms
 Non-compliance with medication instructions
 Specifics of medical condition (e.g. stroke, heart attack, diabetes, dementia, etc.)

Describe:
 Lack of therapy services

Other: --None--

Client has been unable to return home from hospital or rehab facility for the following reasons: (check all that apply)

Lack of medical, nursing, or therapy services

Describe the condition that was unable to be treated in the community.
 --None--

Cost of medical, nursing, or therapy services
 Frequency of illness or hospitalization
 Other

Medical Services/Resources Needed

	*Assessed Need	Community Provider	Needed prior to move in date	Service initiation date (mm/dd/yyyy)
Physician	<input checked="" type="radio"/> Yes <input type="radio"/> No	--	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/01/2015
Home Health	<input checked="" type="radio"/> Yes <input type="radio"/> No	--	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/01/2015
Disposable supplies	<input type="radio"/> Yes <input checked="" type="radio"/> No	--	<input type="radio"/> Yes <input checked="" type="radio"/> No	

BUS GUIDE FOR RCCOS

Transition Assessment & Planning: Physical Accessibility

- On the Transition Assessment & Planning: Physical Accessibility subpage, you will find the
 - Transition Assessment & Planning Physical Accessibility Assessed Needs
 - Transition Assessment & Planning Physical Nursing Facility Therapies
 - Transition Assessment & Planning Physical Community Based Service Plan

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Event Number: 6

Transition Assessment & Planning Physical Accessibility Assessed Needs

Physical Need: *Does this person have a physical disability? Yes No

If yes, check all that apply:

- Mobility
- Physical
- Hearing
- Vision
- Multiple Disability
- Specific Disability

Check any Personal Care Assistance that is a requirement.

The client has been unable to return home from a hospital or rehab facility for the following:
(Check all that apply)

- Inability of family/friends to provide personal care
- Shortage of good attendants
- Cost of paying attendants
- Lack of medical, nursing, or therapy services

Describe:

- Need for home modifications
- Need for adaptive aids or mobility device
- Other

The client has had difficulty maintaining a residence in the community for the following reasons:
(Check all that apply)

- Need for services to help maintain residence
- Concern for safety by family or friends
- Need for home modifications
- Need for adaptive aids or mobility devices
- Other

Main Menu

Advisement Letter

Assessment - 100.2

Client Information

Transition Assessment & Planning

- Medical Assessed Need

- Physical Accessibility

- Community Based Service Plan's

Risk Mitigation Plan

Critical Incident Reports

Assessment - HCA

Case Management

Case Status

IADL

Log Notes

LTC 803

Program Area

Referral

Service Plan

Service Plan DD Section

Administration

RCCO Help Guide

Logout

BUS GUIDE FOR RCCOS

Transition Assessment & Planning: Community Based Service Plans

- The Transition Assessment & Planning: Community Based Service Plans sub menu displays
 - Transition Assessment & Planning House & Household Set-Up Community Based Service Plan
 - Transition Assessment & Planning Transportation Community Based Service Plan
 - Transition Assessment & Planning Independent Living Community Based Service Plan
 - Transition Assessment & Planning Employment Community Based Service Plan
 - Transition Assessment & Planning Support & Safety Community Based Service Plan

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Event Number: 6

Transition Assessment & Planning House & Household Set-Up Community Based Service Plan

Client Information: **Community Transition Services (CTS)**

- Security Deposit that are required to obtain a lease on a residence
- Set-up or deposits for utility or service access, including telephone, electricity, heating and water
- Moving expenses required to occupy a community-based residence
- Health and safety assurances including a one-time pest eradication and one-time cleaning prior to occupy

Housing & Household Set Up Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
HUD	Community Resource	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Food Stamps	Community Resource	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Other						
Household setup items	Community Transition Services	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Security deposit that are required to obtain a lease on a residence	Community Transition Services	Transition Coordinator				
Set-up or deposits for utility or service access, including telephone, electricity, heating and water	Community Transition Services	Transition Coordinator				

BUS GUIDE FOR RCCOS

Risk Mitigation Plan

- The main screen of the Risk Mitigation Plan displays a grid with details of each Risk Mitigation plan such as
 - Finalization Date
 - Effective Date
 - Planning Agency

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Benefits Utilization System

Client - Risk Mitigation Plan - Figgy F Pudding

Risk Mitigation Plans					
		Plan No. (Event)	Finalized	Effective Date	Planning Agency
Transition Assessment & Planning	View	15		10/05/2015	Health Care Policy and Financing
Risk Mitigation Plan	View	14	Withdrawn	04/02/2015	Health Care Policy and Financing
Critical Incident Reports	View	13	02/26/2015	02/11/2015	Health Care Policy and Financing
Assessment - HCA					
Case Management	View	12	Withdrawn	02/01/2015	Health Care Policy and Financing
Case Status					
IADL	View	11	02/03/2015	01/31/2015	Health Care Policy and Financing
Log Notes					
LTC 803	View	10	Withdrawn	01/28/2015	Health Care Policy and Financing
Program Area					
Referral	View	9	02/03/2015	12/01/2014	Health Care Policy and Financing
Service Plan					
Service Plan DD Section	View	8		12/01/2014	Health Care Policy and Financing

Click the **View** button for a detailed version of each Risk Mitigation Plan.

BUS GUIDE FOR RCCOS

Risk Mitigation Plan: Information

- The detailed view of the Risk Mitigation plan displays the same information as the Risk Mitigation Plan Information subpage.
- The Risk Mitigation Plan: Information subpage displays the following information
 - Risk Mitigation Plan Summary
 - Risk Mitigation Plan Risks Check List

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Client - Risk Mitigation Plan - Figgy F Pudding

Main Menu	Risk Mitigation Plan 15 - Information
Advisement Letter	
Assessment - 100.2	
Client Information	Risk Assessment is an important part of the assessment and service planning process. This agreement serves as documentation of a conversation through which the individual or his/her legal representative have been presented with the potential risks identified through the assessment process, the source of those risks, the alternatives available to address the risks identified and an acknowledgement by the individual or his/her legal representative that the identified risks exist and the individual has agreed to assume these risks in order to return to the community.
Transition Assessment & Planning	
Risk Mitigation Plan - Information	Name of the Participant: Figgy F Pudding
- Risks Checklist	Case Management Agency: Health Care Policy and Financing
Critical Incident Reports	Transition Coordination Agency:
Assessment - HCA	Effective Date: 10/05/2015
Case Management	Reason Revised: Hospital admission ▼
Case Status	
IADL	
Log Notes	Revision Notes:
LTC 803	Notes. Plan revised 2/29/2016
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	
RCCO Help Guide	The Participant indicates that he/she is in agreement with the Risk Mitigation Plan: <input checked="" type="checkbox"/>
Logout	Participant/Legal Representative Signature on file: <input checked="" type="checkbox"/> Date: 10/01/2015
	Case Manager Signature on file: <input checked="" type="checkbox"/> Date: 10/01/2015

BUS GUIDE FOR RCCOS

Risk Mitigation: Risks Check List

- The Risk Mitigation: Risks Check List subpage displays a more detailed version of the Risks Check List outline in the Risk Mitigation Information subpage.
- This page display the same risks but has the risks broken down into the following categories
 - Behavioral Health
 - Life Management
 - Health and Wellness
 - Medication
 - Nutrition
- Each category will display
 - The Identified Risk
 - Strategies
 - Monitoring and Reporting Plan

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Client - Risk Mitigation Plan - Figgy F Pudding

Main Menu	Risk Mitigation Plan
Advisement Letter	
Assessment - 100.2	
Client Information	Risk Assessment is an important part of the assessment and service planning process. This agreement serves as documentation of a conversation through which the individual or his/her legal representative have been presented with the potential risks identified through the assessment process, the source of those risks, the alternatives available to address the risks identified and an acknowledgement by the individual or his/her legal representative that the identified risks exist and the individual has agreed to assume these risks in order to return to the community.
Transition Assessment & Planning	
Risk Mitigation Plan	Name of the Participant: Figgy F Pudding
- Information	
- Risks Checklist	Case Management Agency: Health Care Policy and Financing
Critical Incident Reports	Transition Coordination Agency:
Assessment - HCA	Effective Date: 10/05/2015
Case Management	
Case Status	
IADL	
Log Notes	
LTC 803	
Program Area	Behavioral Health
Referral	Behavioral Health issues are any behaviors that place the individual and/or others at greater risk. These may include poor decision making about safety and health issues, violent or criminal behavior, and substance abuse, non-compliance with treatment and/or medications and self-harm behaviors.
Service Plan	
Service Plan DD Section	Identified Risks:
Administration	Aggressive behavior:
Logout	

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Critical Incident Reports

- The Critical Incident Reports main page displays a grid with details about each Critical Incident such as
 - Critical Incident Report (CIRS) ID
 - Date Reported
 - Incident Date
 - Agency
 - Case Manager
 - Program Type
 - Incident Type
 - HCPF Review Entered
 - Follow Up Entered

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports										
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
View	28518		12/08/2015	12/09/2015	Health Care Policy and Financing	Gangasagar Thota	HCBS - Elderly, Blind, Disabled	Death	This CIR has been reviewed by the BUS and further follow-up is not necessary.	None
View	28517		12/08/2015	12/01/2015	Health Care Policy and Financing	Terry Burnham	HCBS - Spinal Cord Injury - LTCO, JEFFCO Only	Death		None

Click the **View** button for a detailed version of each Critical Incident Report.

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- The detailed view of the CIRS page will show additional details that were not shown in the summary grid. These include
 - Medicaid ID
 - HCBS Waiver Program
 - Location of the Incident
 - Hospitalization or Institutionalization
- This detailed screen will also display details of the death if applicable

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	Critical Incident Reporting	
Advisement Letter		
Assessment - 100.2		
Client Information	CIRS ID:	28518
Transition Assessment & Planning	Date of Incident:	12/09/2015
Risk Mitigation Plan	Time of Incident:	11:11
Critical Incident Reports	Date Case Manager Notified of Critical Incident:	12/09/2015
- Persons Involved	Entry Date:	12/08/2015
- Follow-Up	Entry Time:	14:23
- HCPF Review	Client Name:	Figgy Pudding
Assessment - HCA	Client Medicaid ID:	Z998877
Case Management	Client Medicaid DOB:	06/30/1900
Case Status	HCBS Waiver Program:	HCBS-Elderly, Blind, Disabled
IADL	Case Manager Name:	Gangasagar Thota
Log Notes	Agency Name:	Health Care Policy and Financing
LTC 803	Name of Person Reporting Incident to a SEP:	dfvldr
Program Area	Did the Client Report this Incident?	No
Referral	Name of Provider Agency who Reported incident to Case Manager:	fdgvfdgdrfg
Service Plan	Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?	No
Service Plan DD Section		
Administration	Location of Incident:	Day Program or School
Logout	Was Anyone other than the client involved in the incident?	No

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Critical Incident Reports: Persons Involved

- On the Critical Incident Reports: Persons Involved subpage, you will find a grid of the Critical Incident Reports (like the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports									
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	
View Person Involved	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	
View Person Involved	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	

Click the **View** button for a detailed version of the Persons Involved.

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- The detailed view of the Persons Involved screen displays
 - Person Involved ID
 - CIRS Entry ID
 - Person Involved Category
 - Person Role
 - Name of Person Involved

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	Persons Involved in Critical Incident						
Advisement Letter	Person Involved ID	CIRS Entry ID	Person Involved	Person Involved Other	Person Role	Person Role Other	Person Name
Assessment - 100.2	2219	27180	Personal Care Provider		Alleged Perpetrator		name
Client Information							
Transition Assessment & Planning							
Risk Mitigation Plan							

BUS GUIDE FOR RCCOS

Critical Incident Reports: Follow-Up

- The Critical Incident Reports Follow-Up subpage shows a grid of the Critical Incident Reports (similar to that found on the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports										
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	
View Follow Up	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	None	
View Follow Up	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	None	

Click the **View** button for a detailed version of the Follow-Up.

BUS GUIDE FOR RCCOS

- The Detailed View of the Follow-Up screen displays additional information such as
 - Follow Up ID
 - CIRS Entry ID
 - Follow Up Date
 - Follow Up Time
 - Follow Up Entered By
 - HCPF Review Response
 - If the Allegation was True
 - Allegation Reported
 - Added Services
 - Contacts
 - Follow Up Description

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	Follow Up								
Advisement Letter	Follow Up ID	CIRS Entry ID	Follow Up Date	Follow Up Time	Follow Up Entered By	HCPF Review Response	Allegation True?	Allegation Reported?	Added Services
Assessment - 100.2	2	24928	08/25/2014	14:13	Mike Kissinger	No	No		None
Client Information	Contacts: 1. Client Agency: test Name: test 2. None 3. None 4. None 5. None 6. None								
Transition Assessment & Planning	Added Services Description:								
Risk Mitigation Plan	Follow Up Description: test								
Critical Incident Reports									
- Persons Involved									
- Follow-Up									
- HCPF Review									
Assessment - HCA	1	24928	08/25/2014	14:04	Mike Kissinger	No	No		None
Case Management	Contacts: 1. Client Agency: test Name: test 2. None 3. None 4. None 5. None 6. None								
Case Status	Added Services Description:								
IADL	Follow Up Description: test								
Log Notes									
LTC 803									
Program Area									
Referral									
Service Plan									

BUS GUIDE FOR RCCOS

Critical Incident Reports: HCPF Review

- The Critical Incident Reports HCPF Review subpage shows a grid of the Critical Incident Reports (like the grid you find on the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports									
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	
View HCPF Review	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	
View HCPF Review	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RCCO TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	

Click the **View** button for a detailed version of the HCPF Review.

BUS GUIDE FOR RCCOS

- The detailed version of the HCPF Review subpage screen shows
 - HCPF Review ID
 - CIRS Entry ID
 - Review Entered By
 - Review Date
 - Review Time
 - Follow Up Needed With
 - Follow Up Due Date
 - Report Disposition
 - Review Summary

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CIRS - Critical Incident Report - Figgy F Pudding

	HCPF Review									
Main Menu	Advisement Letter	Assessment - 100.2	Client Information	Transition Assessment & Planning	Risk Mitigation Plan	Critical Incident Reports	- Persons Involved	- Follow-Up	- HCPF Review	Assessment - HCA
	HCPF Review ID	CIRS Entry ID	Review Entered By	Review Date	Time	Follow up Needed With	Follow-Up Due Date			
	1	28518	Michael Pasillas 303-866-5564	12/08/2015	14:23 PM		01/01/1900			
	Report Disposition:									
	Report Complete - No Additional Follow-Up Necessary									
	Review Summary: This CIR has been reviewed by the BUS and further follow-up is not necessary.									

BUS GUIDE FOR RCCOS

Assessment – HCA

- The Home Care Allowance (HCA) is a special allowance for the purpose of securing services for a Client based on their Case Manager's assessment.
- Assessment - HCA screen shows a grid with details such as
 - Event Type
 - Final Date
 - Input Worker
 - Assessing Agency
 - Payment Effective
 - Assessment Date
 - Program Approval
 - Group



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Client - HCA - Figgy F Pudding

Main Menu	Event	Event Type	Final Date	Input Worker	Assessing Agency	Payment Effective	Assessment Date	Program Approval	Group
Advisement Letter	View	1	Initial						
Assessment - 100.2				Shannon Abood	Health Care Policy and Financing		10/08/2015	None	DD/MR
Client Information									
Transition Assessment &									

Click the **View** button for a detailed version of the Assessment – HCA.

BUS GUIDE FOR RCCOS

- The detailed view screen of the Assessment - HCA displays information regarding
 - Home Care Allowance/Adult Foster Care Eligibility Determination
 - General Information
 - Home Care Allowance/Adult Foster Care Computation and Approval

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Client - HCA - Figgy F Pudding

Main Menu	Home Care Allowance / Adult Foster Care Eligibility Determination			
Advisement Letter	Document due to type of impairment (why), client needs assistance with (what) by (whom) and how often (when). Indicate if the client uses adaptive equipment (i.e. wheelchair, cane, walker). Also use this space to justify the need care score for HCA/AFC.			
Assessment - 100.2				
Client Information				
Transition Assessment & Planning	General Information			
Risk Mitigation Plan	Event Number: 1			
Critical Incident Reports	Assessment Date: 10/08/2015			
Assessment - HCA	Event Type: Initial			
Case Management	Assessing Agency: Health Care Policy and Financing			
Case Status	Case Manager: Abood, Shannon			
IADL	Admission Source: ACF			
Log Notes	Final Date:			
LTC 803				
Program Area	Critical ADLs	Client Functional Capacity (Impairment)	Documentation	Need For Paid Care (Frequency HCA Only)
Referral				
Service Plan				
Service Plan DD Section	Transfers	1 (0) ▼	<input style="width: 100%; height: 40px;" type="text"/>	N (0) ▼
Administration				
Logout				
	Bladder Care	1 (0) ▼	<input style="width: 100%; height: 40px;" type="text"/>	N (0) ▼

BUS GUIDE FOR RCCOS

Case Management

- On the Case Management page, you will be able to view the Managing Agency Information which includes
 - Name of Agency
 - Case Manager
 - Covering Case Manager
 - CM Specialist
- You will also view the Secondary Managing Agency and Placed Agency information.
- If you are assigned as the RCCO Case Coordinator for this client, your information will show at the bottom of the page under RCCO information.

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Client - Case Management - Figgy F Pudding

Warning: This page will refresh when a Managing Agency or a Secondary Managing Agency is chosen. It is required to press the SAVE button in order to save your changes in the system.

Managing Agency Information - this agency is responsible for completing the assessment.

Agency	Health Care Policy and Financing - 303-866-2883
Case Manager	Russell, Laura - 303-866-4648 - laura.russell@state.co.us
Covering Case Manager :	Pasillas, Michael - 303-866-5564 - michael.pasillas@state.co.us
Case Management Specialist :	--

Secondary Managing Agency Information

Agency :	A Rise Above - 719-231-6041
Case Manager	
Covering Case Manager :	--
Case Management Specialist :	--

Placed Agency Information

Agency :	Aspen Center - 303-344-0636
----------	-----------------------------

Comment :

RCCO Information
Region : **RCCO 1**
RCCO Care Coordinator Name: **TestAdmin RCCO User**
Contact: **303-866-4925**
Email: **rcco.Test@state.co.us**

The RCCO Information including Care Coordinator will be displayed here.

BUS GUIDE FOR RCCOS

Case Status

- The Case Status Screen displays all the client Case Statuses from the
 - Managing Agency
 - Secondary Agency
 - Other Agencies
- For each Case Status, you will be able to see the
 - Case Status Date
 - Status Code (Open, Pending, Appeal, Denial, Closed, etc.)
 - Input User (who entered the Case Status)
 - Input Agency
 - Date Entered

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Client - Case Status - Figgy F Pudding

Main Menu					
Advisement Letter	Managing Agency				
Assessment - 100.2	Case Status Date	Status Code	Input User	Input Agency	Date Entered
Client Information	There are no case status records for this agency				
Transition Assessment & Planning	Secondary Agency				
Risk Mitigation Plan	Case Status Date	Status Code	Input User	Input Agency	Date Entered
Critical Incident Reports	11/23/2014	Closed	Mike Kissinger	A Rise Above	11/25/2014 01:22:44 PM
Assessment - HCA	11/17/2014	Open	Terry Burnham	A Rise Above	11/25/2014 01:23:01 PM
Case Management	09/12/2014	Open	Mike Kissinger	A Rise Above	09/15/2014 11:29:06 AM
Case Status	08/01/2014	Appeal	Terry Burnham	A Rise Above	08/01/2014 08:04:39 AM
IADL	Other Agencies				
Log Notes	Case Status Date	Status Code	Input User	Input Agency	Date Entered
LTC 803	There are no case status records for this agency				

BUS GUIDE FOR RCCOS

IADL

- The Instrumental Activities of Daily Living (IADL) main screen shows
 - Assessment Date
 - Final Date
 - Input Worker
 - Input Agency



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Client - IADL - Figgy F Pudding

Main Menu	Event	Assessment Date	Final Date	Input Worker	Input Agency
Advisement Letter	View	1	11/06/2015	Terry Burnham	Health Care Policy and Financing
Assessment - 100.2					
Client Information					
Transition					

Click the **View** button for a detailed version of the IADL.

BUS GUIDE FOR RCCOS

- The detailed version of the IADL screen displays
 - LTC Assessment for Instrumental Activities of Daily Living
 - Date
 - Functional Deficits

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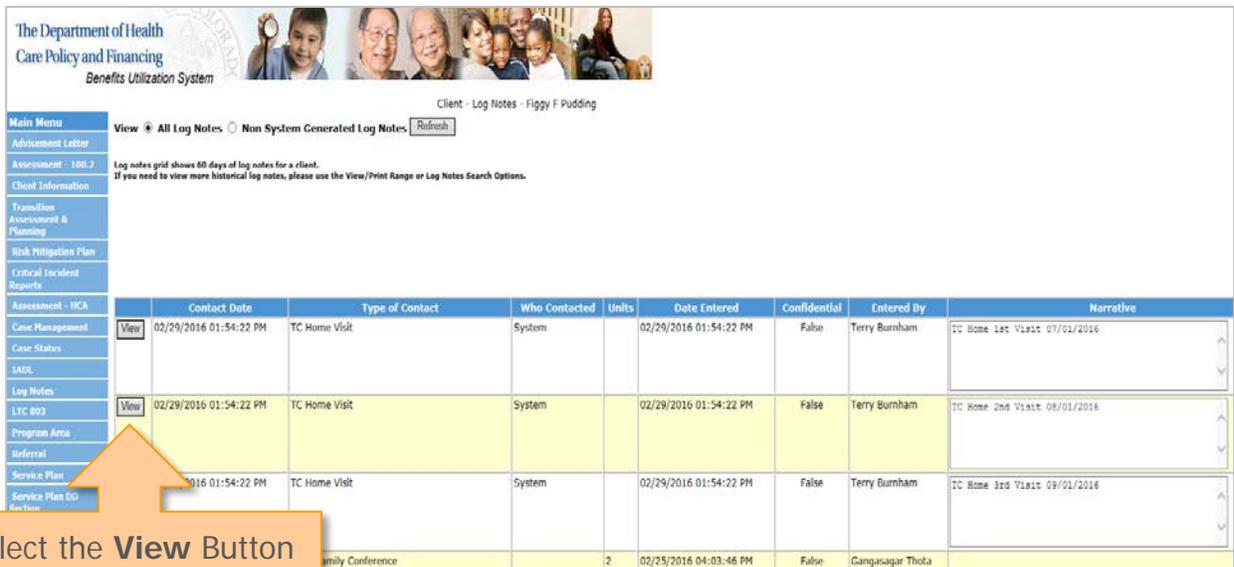
Client - IADL - Figgy F Pudding

Main Menu	LTC Assessment for Instrumental Activities of Daily Living					
Advisement Letter	None: The client is independent in completing activity safely					
Assessment - 100.2	Minimal Assistance: The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands on assistance					
Client Information	Moderate Assistance: The client regularly requires verbal and/or hands on assistance with IADL task.					
Transition Assessment & Planning	Maximum Assistance: The client is dependent on others to perform or complete the IADL task.					
Risk Mitigation Plan	Date					
Critical Incident Reports	Date: 11/06/2015					
Assessment - HCA	Functional Deficits					
Case Management	Physical Impairments		Supervision		Mental Health	
Case Status	<input checked="" type="checkbox"/> Pain		<input type="checkbox"/> Cognitive Impairment		<input type="checkbox"/> Lack of Motivation / Apathy	
IADL	<input type="checkbox"/> Visually Impaired		<input type="checkbox"/> Memory Impairment		<input type="checkbox"/> Delusional	
Log Notes	<input type="checkbox"/> Limited Range Of Motion		<input type="checkbox"/> Behavior Issues		<input type="checkbox"/> Hallucinations	
LTC 803	<input type="checkbox"/> Weakness		<input type="checkbox"/> Lack of Awareness		<input type="checkbox"/> Paranoia	
Program Area	<input type="checkbox"/> Balance Problems		<input type="checkbox"/> Difficulty Learning			
Referral	<input type="checkbox"/> Shortness of Breath		<input type="checkbox"/> Seizures			
Service Plan	<input type="checkbox"/> Decreased Endurance					
Service Plan DD Section	<input type="checkbox"/> Falls					
Administration	<input type="checkbox"/> Paralysis					
Logout	<input type="checkbox"/> Neurological Impairment					
	<input type="checkbox"/> Oxygen Use					
	<input type="checkbox"/> Muscle Tone					
	<input type="checkbox"/> Amputation					
	<input type="checkbox"/> Open Wound					
	<input type="checkbox"/> Stoma Site					
	IADL Task	NEED FOR ASSISTANCE				COMMENTS
		None	Minimal	Moderate	Maximum	
	HYGIENE: The ability to perform grooming, shaving, nail care, body care, oral care or hair care for the purpose of	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

BUS GUIDE FOR RCCOS

Log Notes

- The Log Notes page displays the log notes grid, which displays 60 days of log notes for the client. This grid automatically defaults to display all log notes.
- Here you find the details of each log note such as
 - Contact Date
 - Type of Contact
 - Who Was Contacted



The screenshot shows the Log Notes page for a client named Figgy F. Pudding. The page includes a navigation menu on the left and a table of log notes. An orange callout box points to the 'View' button in the first column of the table.

	Contact Date	Type of Contact	Who Contacted	Units	Date Entered	Confidential	Entered By	Narrative
View	02/29/2016 01:54:22 PM	TC Home Visit	System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 1st Visit 07/01/2016
View	02/29/2016 01:54:22 PM	TC Home Visit	System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 2nd Visit 08/01/2016
	02/29/2016 01:54:22 PM	TC Home Visit	System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 3rd Visit 09/01/2016
		Family Conference		2	02/25/2016 04:03:46 PM	False	Gangasagar Thota	

Select the **View** Button for a detailed view of the Log Note.

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- In the Detailed View of the Log Note, you can find additional details such as the time of contact

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LogNotes Record View Page

Main Menu	Date Entered: 08/12/2015
Advisement Letter	Date of Contact: 08/12/2015
Assessment - 100.2	Time of Contact: 11:56:15 AM
Client Information	Person Contacted: Adult Protection Worker
Transition Assessment & Planning	Log Note Unit: 0
Risk Mitigation Plan	Type of Contact: Summary Report - CDAS Reassessment
Critical Incident Reports	Confidential: No
Assessment - HCA	Entered By: Gangasagar Thota
Case Management	Narrative: test cfm file to find
Case Status	
IADL	

Exit

- If you want to only view the Non System Generated Log Notes (log notes that are manually entered by the client's Case Manager), select the Non System Generated Log Notes button and hit refresh.

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Client - Log Notes - Figgy F Pudding

View All Log Notes Non System Generated Log Notes

Log notes grid shows 60 records for a client. If you need to view more records, please use the View/Print Range or Log Notes Search Options.

Who Contacted	Units	Date Entered	Confidential	Entered By	Narrative
System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 1st Visit 07/02/2016
System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 2nd Visit 08/01/2016
System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 3rd Visit 09/01/2016
System	2	02/25/2016 04:03:46 PM	False	Gangasagar Thota	Case/Family Conference

First, select the Non System Generated Log Notes button and click Refresh.

BUS GUIDE FOR RCCOS

LTC 803

- The main LTC 803 screen shows the LTC 803 letters in a grid with details such as
 - Date and Time Entered
 - Effective Date
 - Final Date
 - Case Manager
 - Notification Type

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Client - LTC 803 - Figgy F Pudding

Main Menu		Entered	Effective	Final	Case Manager	Notification Type
Advisement Letter	View	10/06/2014 03:17:45 PM	11/01/2014	10/06/2014	Terry Burnham	Eligible to receive services
Assessment - 100.2						
Client Information						
Transition						

Click the **View** button for a detailed version of the LTC 803.

BUS GUIDE FOR RCCOS

- The detailed view of the LTC 803 Letter will display
 - Long Term Care 803 General Information
 - Long Term Care Program
 - Mailed Date
 - Effective Date of Change
 - Date Client Must Respond By
 - Type of Notification
 - Case Manager

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Client - LTC 803 - Figgy F Pudding

	Long Term Care 803 General Information	
Main Menu Advisement Letter Assessment - 100.2 Client Information Transition Assessment & Planning Risk Mitigation Plan Critical Incident Reports Assessment - HCA Case Management Case Status IADL Log Notes LTC 803 Program Area Referral Service Plan Service Plan DD Section Administration Logout	<p>Refers to Following Long Term Care Program</p> <ul style="list-style-type: none"> <input type="checkbox"/> HCBS/Consumer Directed Care for the Elderly <input type="checkbox"/> HCBS-Brain Injury <input type="checkbox"/> HCBS-Community Mental Health Supports <input type="checkbox"/> HCBS-Developmental Disabilities <input type="checkbox"/> HCBS-Elderly, Blind, Disabled <input type="checkbox"/> HCBS-Persons Living with AIDS <input type="checkbox"/> HCBS-Spinal Cord Injury - LTCO, JEFFCO Only <input type="checkbox"/> HCBS-Supported Living Services <input type="checkbox"/> HCBS-Childrens Waiver <input type="checkbox"/> HCBS-Children with Autism <input type="checkbox"/> HCBS-Children with Life Limiting Illness <input checked="" type="checkbox"/> HCBS-Childrens Extensive Support <input type="checkbox"/> HCBS-Childrens Habilitation Residential Program <input type="checkbox"/> Colorado Choice Transitions - HCBS-BI <input type="checkbox"/> Colorado Choice Transitions - HCBS-CMHS <input type="checkbox"/> Colorado Choice Transitions - HCBS-DD <input type="checkbox"/> Colorado Choice Transitions - HCBS-EBD/18-64 	<p>General Information</p> <p><i>Mailed Date</i> 10/01/2014 (mm/dd/yyyy)</p> <p><i>Effective Date of Change</i> 11/01/2014</p> <p><i>Date Client Must Respond By</i> 10/31/2014</p> <p>Type of Notification</p> <p>*(complete Denial Reason)</p> <p><input checked="" type="radio"/> Eligible to receive services</p> <p>*(complete Denial Reason)</p> <p><input type="radio"/> Eligible to receive services - Waitlist</p> <p>*(complete Denial Reason)</p> <p><input type="radio"/> Not eligible for waitlist or not eligible or no longer eligible to receive services</p> <hr/> <p>*(complete Service Change)</p> <p><input type="radio"/> Service(s) is/are denied</p> <p>*(complete Service Change)</p> <p><input type="radio"/> Services are being decreased or changed</p> <p><input type="radio"/> Clear Answer</p> <p><i>Case Manager</i> Aceves, Roberta</p> <p><i>Phone Number</i> 303-866-0987</p>

BUS GUIDE FOR RCCOS

Program Area

- The Program Area page shows a summary grid of Program Areas under the
 - Managing Agency
 - Secondary Agency
 - Other Agencies
- Each of these categories displays
 - Program Area
 - Open Date
 - Closed Date
 - Closure Reason
 - Input User
 - Input Agency

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Client - Program Area - Figgy F Pudding

Main Menu	Managing Agency						
Advisement Letter	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Assessment - 100.2	There are no Program Area records for this agency						
Client Information							
Transition Assessment & Planning							
	Secondary Agency						
	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Risk Mitigation Plan							
Critical Incident Reports	View	HCBS-Brain Injury - LTHH - AFC	11/04/2015			Mike Kissinger A Rise Above	
Assessment - HCA							
Case Management							
	Other Agencies						
	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Case Status	There are no records for other agencies						

Click the **View** button for a detailed version of the Program Area.

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- The Detailed View of the Program Area will show additional details about the Program Area

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Client - Program Area - Figgy F Pudding

 Please note that a Program Area can only be added with an Approved certification.

Program Area : **HCBS-Brain Injury**

Long Term Home Health:
Adult Foster Care:
Home Care Allowance:
Consumer Directed Attendant Support Services:

Agency:

Open Date: **11/04/2015**

Closed Date: --

Closure Reason: --

Main Menu
Advisement Letter
Assessment - 100.2
Client Information
Transition Assessment & Planning
Risk Mitigation Plan
Critical Incident Reports
Assessment - HCA
Case Management
Case Status
IADL
Log Notes

BUS GUIDE FOR RCCOS

Referral

- The Referral main page displays a summary grid of all Referrals for the client including
 - Referral Entry Date
 - Date Referral Completed
 - Date Referral Received
 - Date Final
 - Screener Name
 - Screener Agency
 - Assigned Worker
 - If there are Urgent Services
 - Disposition

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Client - Referral - Figgy F Pudding

	Referral Entry Date	Date Referral Completed	Date Referral Received	Date Final	Screener	Screener Agency	Assigned Worker	Urgent Services	Disposition
View	08/20/2015				Terry Burnham	Health Care Policy and Financing			
			7/03/2014	08/01/2014	Terry Burnham	Health Care Policy and Financing	Terry Burnham	True	Inquiry
			7/10/2014		Samantha Saxe	Health Care Policy and Financing	Tiffani Rathbun	False	PendingMedApp

Click the **View** button for a detailed version of the Referral.



TIP

Click the Referral Draft User Guide link for tips on this page

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- In the Detailed View, there is additional information displayed about the Referral Contact such as
 - Referral Contact's Relationship
 - Referral Contact's Organization
 - Referral Contact's Address
 - Referral Contact's Phone Number

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Client - Referral - Figgy F Pudding

Main Menu	
Advisement Letter	
Assessment - 100.2	Referral Contact
Client Information	Copy client contact information for Referral Information? <input type="radio"/> Yes <input type="radio"/> No
Transition Assessment & Planning	NOTE: You will need to fill out all items on the client contact information page to move that information to the referral. See the mandatory fields below for reference.
Risk Mitigation Plan	
Critical Incident Reports	Name *: Rhiannon Burnham
Assessment - HCA	Relationship *: Other Family
Case Management	Organization:
Case Status	Address *: 6666 Xmas Drive
IADL	City *: Broomfield State *: CO Zip Code *: 80020
Log Notes	Phone *: 123-456-8888

BUS GUIDE FOR RCCOS

Service Plan

- On the Service Plan screen, you will be able to see all of the Service Plans entered and some basic details such as:
 - Date the Service Plan was Finalized
 - Case Manager
 - Service Plan Agency
 - Start Date
 - End Date

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Client - Service Plan - Figgy F Pudding

Main Menu	Event	Event Type	Final	Verify	Case Manager	Service Plan Agency	Staff Date	Start Date	End Date	
Advisement Letter	* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.									
Assessment - 100.2	<input type="button" value="View"/>	3	Continued Stay Review			Terry Burnham	Health Care Policy and Financing	07/09/2014	07/10/2014	04/30/2015
Client Information	<input type="button" value="View"/>	2	Continued Stay Review			Tiffani Rathbun	Health Care Policy and Financing	05/14/2014	05/01/2014	04/30/2015
Transition Assessment & Planning	<input type="button" value="View"/>	1	Initial/Enrollment	02/04/2014		Terry Burnham	Health Care Policy and Financing	02/04/2014	05/01/2014	04/30/2015
Risk Mitigation Plan										
Critical Incident Reports										
Assessment - HCA										
Case Management										
Case Status										

Click the **View** button for a detailed version of the Service Plan.

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- After clicking on the View button, you will be brought to a more detailed version of the Service Plan. This includes additional information such as
 - Medicaid Long Term Care Disclosures
 - Choice Statements
 - Program Area
 - Service Planning
 - Client Roles and Responsibilities
 - Case Manager Roles and Responsibilities
 - Plan Participants
 - Natural Supports
 - Third Party Resources

Click the yellow sub menus to navigate to the subpages.

Health Financing Utilization System

Client - Service Plan - Figgy F Pudding

Long Term Care Service Planning Information

Service Plan Number: 3

Service Plan Type:*

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

Staffing Date:* - 07/09/2014 (mm/dd/yyyy)

Select Assessment Certification:*

--Select One--

* (100.2 Assessment certification page completion required for final date stamp)

Medicaid Long Term Care Disclosures

Choice Statements

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

Client has been informed of the following Home and Community Based Service (HCBS) Waivers they may be eligible for

- Brain Injury (BI)
- Community Mental Health Supports (CMHS)
- Developmental Disabilities (DD)
- Elderly, Blind, and Disabled (EBD)

BUS GUIDE FOR RCCOS

Service Plan: Service Plan Information

- The Service Plan: Service Plan Information subpage is the same information displayed on the Detailed View page.

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Client - Service Plan - Figgy F Pudding

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan Information
- Home/HCBS/State Health Benefits
- Contingency Plan
- Service Plan DD Section
- Administration
- Logout

Long Term Care Service Planning Information

Service Plan Number: 3

Service Plan Type:*

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

Staffing Date:* - 07/09/2014 (mm/dd/yyyy)

Select Assessment Certification:*

---Select One---

* (100.2 Assessment certification page completion required for final date stamp)

Medicaid Long Term Care Disclosures

Choice Statements

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

Client has been informed of the following Home and Community Based Service (HCBS) Waivers they may be eligible for

- Brain Injury (BI)
- Community Mental Health Supports (CMHS)
- Developmental Disabilities (DD)
- Elderly, Blind, and Disabled (EBD)

BUS GUIDE FOR RCCOS

Service Plan: Home/HCBS/State Health Benefits

- The Service Plan: Home/HCBS/State Health Benefits subpage displays a summary of
 - Home Health
 - Home Community Based Services
 - State Plan Benefits
- Each of these categories shows
 - Service
 - Start Date
 - End Date
 - Frequency
 - Provider
 - Service Goal

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Client - Service Plan - Figgy F Pudding

	Home Health					
	Service	Start Date	End Date	Frequency	Provider	Service Goal
Main Menu	No Home Health					
Advisement Letter						
Assessment - 100.2						
Client Information						
Transition Assessment & Planning						
Risk Mitigation Plan						
Critical Incident Reports						
Assessment - HCA						
Case Management	*If client enrolled in an HCBS Waiver program a Home Health service must be added or NO HOME HEALTH must be selected.					
Case Status						
Home Community Based Services (HCBS)						
	Service	Start Date	End Date	Frequency	Provider	Service Goal
Log Notes	Adult Day Services Basic	02/01/2016	02/29/2016	5 Days/Week	Provider: Home Health Inc.	To recover from recent fall.
LTC 803				4 Weeks/Year		
Program Area						
Referral						
Service Plan						
- Service Plan Information						
- Home/HCBS/State Health Benefits						
- Contingency Plan						
Service Plan DD Section						
Administration						
				Total Units: 40		

BUS GUIDE FOR RCCOS

Service Plan: Contingency Plan

- The Service Plan: Contingency Plan subpage shows the Contingency Plan to address situations that put a participant's health and welfare at risk
- This page also displays the Personal Goal of the Client for this year.

The screenshot displays the Department of Health Care Policy and Financing website interface. At the top, there is a header with the department name and a "Benefits Utilization System" logo. Below the header, a navigation menu is visible on the left side, listing various services and information. The main content area is divided into two sections: "Contingency Plan" and "Personal Goal".

Client - Service Plan - Figgy F Pudding

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.

Back up plan includes support from family and close friends.

* You must complete the contingency plan.

Personal Goal

My personal goal(s) for this year is:

Personal goal is to walk unaided before the end of 2016.

* You must address the client's personal goals.

The left navigation menu includes: Main Menu, Advisement Letter, Assessment - 100.2, Client Information, Transition Assessment & Planning, Risk Mitigation Plan, Critical Incident Reports, Assessment - HCA, Case Management, Case Status, IADL, Log Notes, LTC 803, Program Area, Referral, Service Plan, Service Plan Information, Home/HCOs/State Health Benefits, Contingency Plan, Service Plan DD Section, Administration, RCCO Help Guide, and Logout.

BUS GUIDE FOR RCCOS

Service Plan DD Section

- The Service Plan DD Section is similar to the Service Plan section. The main page displays all of the Service Plans entered and some basic details such as
 - Event Type
 - Case Manager
 - Service Plan Agency
 - Date Entered
 - Final Date

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Client - DD Section Service Plan - Figgy F Pudding

Main Menu	Managing Agency					
	Event	Event Type	Case Manager	Service Plan Agency	Date	Final Date
Advisement Letter	There are no DD Service Plans entered for this agency.					
Assessment - 100.2	There are no DD Service Plans entered for this agency.					
Client Information	Secondary Agency					
Transition Assessment & Planning	There are no DD Service Plans entered for this agency.					
Risk Mitigation Plan	Other Agencies					
Critical Incident Reports	View	1	INAS	Glen Weyant	EASTERN COLORADO SERVICES FOR THE DD	05/05/2015
Assessment - HCA						

Click the **View** button for a detailed version of the DD Service Plan.

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- The Detailed View of the DD Service Plan shows additional information such as
 - Program Area
 - Staffing Date
 - Start Cover Date
 - End Cover Date

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Client - DD Section Service Plan - Figgy F Pudding

Main Menu **DD Section Service Plan Information**

Advisement Letter

Assessment - 100.2 Client - Service Plan DD Section- Figgy F Pudding

Client Information

Event number: 1

Event Type: INAS

Initial Review

Continued Stay Review

Revision

Program Area:

DD

CES

SLS

Date Entered: 05/05/2015

Staffing Date: (mm/dd/yyyy)

04/24/2015

Start Cover Date: (mm/dd/yyyy)

05/01/2015

End Cover Date: (mm/dd/yyyy)

05/29/2015

Log

LTC

Program Area

Reassessment

Service Plan

Service Plan DD Section

- Preferences

- Human Rights Committee

- Risk Management Plan Part 1 & 2

- Service Plan Participants

Administration

Logout

Click the yellow sub menus to navigate to subpages.

BUS GUIDE FOR RCCOS

Service Plan DD Section: Preferences

- The Service Plan DD Section: Preferences subpage shows the preferences for the following categories
 - Home
 - Community
- This page also displays summaries for
 - Environment
 - Assessments
 - Professional Evaluations
 - Other Assessments

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Client - DD Section Service Plan - Figgy F Pudding

Main Menu	Preferences - Things that are going ok
Advisement Letter	Preferences Instructions
Assessment - 100.2	HOME
Client Information	<input checked="" type="checkbox"/> Lives With family <input type="checkbox"/> Owns Home <input type="checkbox"/> Lives in Someone else's home, but it's ok <input type="checkbox"/> Likes roomates <input type="checkbox"/> Has own bedroom <input type="checkbox"/> Can be alone when desired <input type="checkbox"/> Can come and go without restrictions <input type="checkbox"/> Has personal choice of foods to eat <input type="checkbox"/> Feels safe at home <input type="checkbox"/> Home is in good repair <input type="checkbox"/> Can go to bed when he/she wants to <input type="checkbox"/> Can choose when & what to watch on television <input type="checkbox"/> Likes service provider(s) <input type="checkbox"/> Home - Other
Transition Assessment & Planning	
Risk Mitigation Plan	
Critical Incident Reports	
Assessment - HCA	
Case Management	
Case Status	
IADL	
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	Community
- Preferences	
- Human Rights Committee	<input type="checkbox"/> Has a job and likes job <input type="checkbox"/> Does not work but has enough money <input type="checkbox"/> Work is not a priority at this time <input type="checkbox"/> Chooses community activities to do <input type="checkbox"/> Accesses community by self <input checked="" type="checkbox"/> Gets around community safely <input type="checkbox"/> Uses public transportation <input type="checkbox"/> Supported to participate in recreational activities <input type="checkbox"/> Likes Service Provider (s)
- Risk Management Plan Part 1 & 2	
- Service Plan Participants	
Administration	
Logout	

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Service Plan DD Section: Human Rights Committee

- On the Service Plan DD Section: Human Rights Committee subpage, you will find
 - Summary of the Human Rights Committee
 - Human Rights Committee Comments
 - Home Living
 - Social and Community Life
 - Health and Safety
 - Day Habilitation
 - Supported / Integrated Employment

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Client - Service Plan - Figgy F Pudding

Main Menu	Human Rights Committee(HRC)
Advisement Letter	
Assessment - 100.2	<input type="checkbox"/> Referral Needed
Client Information	<input checked="" type="checkbox"/> Not Required
Transition Assessment & Planning	<input type="checkbox"/> Most Recent Review Date --
Risk Mitigation Plan	Reviewed regularly by the Human Rights Committee due to:
Critical Incident Reports	<input type="checkbox"/> Psychotropic Medications (refer to Medical Information section)
Assessment - HCA	<input type="checkbox"/> Restrictive Procedure:
Case Management	The specific procedure is
Case Status	<input type="text"/>
IADL	The restrictive procedure is necessary because
Log Notes	<input type="text"/>
LTC 803	The behavior the procedure is addressing is
Program Area	<input type="text"/>
Referral	The ISSP in place is
Service Plan	<input type="text"/>
Service Plan DD Section	Was Functional Analysis completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
- Preferences	Informed Consent was signed on
- Human Rights Committee	<input type="text"/>
- Risk Management Plan Part 1 & 2	<input type="checkbox"/> Safety Control Procedure:
- Service Plan Participants	The Safety control procedure is in place because
Administration	<input type="text"/>
Logout	

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Service Plan DD Section: Risk Management Plan Part 1 & 2

- The Service Plan DD Section: Risk Management Plan Part 1 & 2 shows
 - Risk Management Plan Part 1 Summary
 - Respiratory Care
 - Skin Care
 - Feeding Assistance
 - Other Exceptional Medical Care
 - Externally Directed Destructiveness
 - Risk Management Plan Part 2 Summary
 - Externally Directed Destructiveness
 - Self-Directed destructiveness
 - Sexual Risks
 - Other Risks

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Client - Service Plan - Figgy F Pudding

Main Menu

**Risk Management Plan - Part 1 of 2
(Not Required for CES)**

Assessment - 100.2

The information for this assessment must be obtained from Section 3A - 3B of the Support Intensity Scale (SIS) Interview and Profile form.

Client Information

Date of most current Support Intensity Scale (SIS) **02/01/2016**

Have other risk assessments been completed? Yes No

Critical Incident Reports

SIS - Section 3A - Exceptional Medical Support Needs - IDENTIFY EACH CATEGORY RATED 2 - Extensive Support Needs Service and/or Risk Management Plan:

(If any category is marked, a comment, Service or Plan is required)

Respiratory Care

Respiratory Care

Comments:

Trouble breathing

Service and/or Risk Management Plan:

Service Plan

Inhalation or Oxygen Therapy

Postural drainage

Chest PT

Suctioning

Skin Care

Skin Care

Comments:

Open wound on right leg.

Service and/or Risk Management Plan:

Service Plan

Turning or positioning

Dressing of open wound(s)

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Service Plan DD Section: Service Plan Participants

- The Service Plan DD Section: Service Plan Participants screen will display
 - The name of the individuals who participated in the development of this plan
 - The title of the individuals who participated in the development of this plan
 - Revisions

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Client - Service Plan - Figgy F Pudding

Main Menu	Service Plan Participants	
Advisement Letter	The following individuals participated in the development of this plan:)	
Assessment - 100.2	NAME	TITLE
Client Information	Joe Smith	Case Manager
Transition Assessment & Planning	Jane Doe	Case Manager
Risk Mitigation Plan	Fred Brown	Parent
Critical Incident Reports	--	--
Assessment - HCA	--	--
Case Management	--	--
Case Status	--	--
IADL	--	--
Log Notes		
LTC 803		
Program Area	This is not a Revision Type Service Plan	
Referral	(Required Fields)	
Service Plan	Revisions:	
Service Plan DD Section	Please note: Any changes to the individual's services that will result in a change to the individuals Medical Waiver Services	
- Preferences	<input type="checkbox"/> DD Section Revisions - I have participated in the development of this plan and I agree with the services outlined.	
- Human Rights Committee		
- Risk Management Plan Part 1 & 2	<input checked="" type="checkbox"/> Clients Signature on file. 02/02/2016	
- Service Plan Participants	<input checked="" type="checkbox"/> Case Manager Signature on file. 02/02/2016	
Administration	<input checked="" type="checkbox"/> Legal Guardian Signature on file. 02/02/2016	
RCCO Help Guide	<input checked="" type="checkbox"/> Additional Legal Guardian Signature on file. 02/02/2016	
Logout		

BUS GUIDE FOR RCCOS

Contact Us

- If you have any questions or feedback about this BUS Guide for RCCO Users, please send us an email at BUS@state.co.us

Thank you!