



BUS Update Memorandum

TO: All Benefits Utilization System (BUS) Users
FROM: Terry Burnham - BUS Analyst
DATE: October 1, 2015
RE: Program Fact Sheet Checkbox Section Added to BUS

What is changing?

On July 20, 2015 the Department added a verification checkbox section to the Medicaid Long Term Care Disclosures section located in the Home and Community Based Services (HCBS) waiver Service Plan record in the BUS. These changes caused an unintended issue with entering information into the Service Plan for nursing facility and other non-waiver clients.

This section should be completed to verify whether an HCBS waiver client has been provided with program information related to each waiver that they may be eligible to participate in. This section does not need to be completed for clients not eligible for a waiver.

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)
- Spinal Cord Injury (SCI) LTCO and JEFFCO Only
- Supported Living Services
- Children's Home and Community Based Services Waiver
- Children With Autism (CWA)
- Children with Life Limiting Illness (CLLI)
- Children's Extensive Supports (CES)
- Children's Habilitation Residential Program (CHRP)
- Colorado Choice Transitions - HCBS-BI
- Colorado Choice Transitions - HCBS-CMHS
- Colorado Choice Transitions - HCBS-DD
- Colorado Choice Transitions - HCBS-EBD/18-64
- Colorado Choice Transitions - HCBS-EBD/65+
- Colorado Choice Transitions - HCBS-SLS

Check all waivers client MAY be eligible for.

Clients must be allowed to make an informed choice.

This section gives the case manager a way to document all information provided to client.

Skip this section if it does not pertain to client.

Was the client provided with fact sheets for the waivers checked above? Yes No



The next section of the Medicaid Long Term Care Disclosures section is the Program Area. The Program Area section has not changed. Continue to use this section to verify that a client has been offered and has chosen one waiver to enroll in, and/or services/placement in various programs or facilities.

Program Area

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

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

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

This section has not changed

If appropriate, check the one waiver the client has chosen.

AND/OR

Services/placement in the following programs or facilities

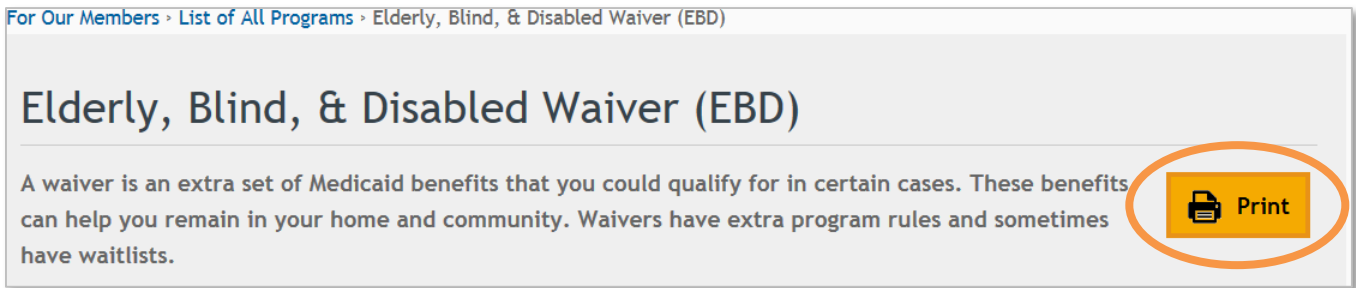
Client has been offered services and/or placement in the following programs:

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



Where do we get Program Fact Sheets?

On the Department’s external website at www.colorado.gov/hcpf/program-list, select a waiver. This will take you to a website with fact sheet information about the selected waiver. Click the print button to print the information on screen in a fact sheet format.



Why is this important?

It is important for HCBS waiver clients to make an informed decision regarding their choices of waiver programs they may qualify for. Case managers must provide clients with this information prior to waiver enrollment.

To meet this requirement the Department has created easy access to program fact sheets on the Department website www.colorado.gov/hcpf/program-list, as well as this process for case managers to document in the BUS that they have shared this information with clients.

Why is this changing now?

This change is mandated by the Centers for Medicare and Medicaid Services (CMS). The annual Quality Improvement Strategy (QIS) report to CMS includes a performance measure that requires fact sheets be provided to all HCBS waiver clients to ensure they are informed of all programs they may qualify to participate in. This new process further automates the QIS process allowing the Department to pull data from the BUS. This will decrease the burden on Case Management Agencies who currently perform this review manually. Because this change did not take effect until July 2015 it will not have an impact on the 2014-15 QIS review, however it will be effective for the 2015-16 QIS review process and going forward.

When was this change effective?

On July 20, 2015 the new section appeared on the Medicaid Long Term Care Disclosures section of new Service Plans/Continued Stay Reviews (CSRs). The correction to address the issue occurring in this section of the service plan for non-waiver clients will be effective October 5, 2015.

Questions/Feedback?

Contact Elaine.Osbment@state.co.us

Quality Assurance Coordinator

Long-Term Services and Supports Division

BUS Stop Website - www.colorado.gov/hcpf/benefits-utilization-system-bus-updates

