



Introduction to the Assessment and Support Plan Process

Only Show this module if Participant met Level of Care eligibility in the Level of Care Screen. If response to Item "Participant met LOC" is Yes" OR if response to Item "Outcome of alternative LOC review" is "Approved" the individual has met LOC eligibility.

Key
Bold Blue Highlight: Module narrative and directions- assessment level instructions and/or help
Orange: Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green: Skip patterns
Red: Additional instructions for assessors- item level help
Purple: Section level help
Light Blue: Notes for automation and/or configuration
 Denotes a shared question with another module (one way only unless otherwise indicated)
Gray Highlight: Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight: populate and/or pull forward to the support plan from another module or section within the support plan itself
Green Highlight: Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
 Denotes mandatory item
 Item populates forward for Reassessment
Teal Highlight: Items only for Revision and CSR -Support Plan only
Italics: Items from FASI (CARE) – for Department use only

The purpose of this module is: 1) Assist the participant in establishing Assessment and Support Plan scheduling. 2) Provide the participant with information about his/her rights and responsibilities with regards to the Assessment and Support Plan Process. 3) Provide the participant with information about the Basic and Comprehensive assessment pathways so the he/she can make an informed decision about the appropriate assessment pathway for him/her.



1. ASSESSMENT AND SUPPORT PLAN SCHEDULING

1. What days of the week or times of the day are most convenient for you to meet? This includes your assessment and support planning meetings.   (This information will populate from the "Assessment and Support Plan Scheduling" Section to the Member Record and will be bi-directional)

1a. Days of week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

1b. Times of day:

- Morning
- Afternoon
- Evening
- Specific Time: _____

Indicate Specific Time: _____ (time/clock field)

2. ROLES AND RESPONSIBILITIES

This section includes information the assessor MUST review with the participant and/or legally recognized representative (if applicable). This review can occur in a variety of ways. For example, some individuals prefer to receive a written check list. Others may do better with an informal conversation. There is a notes/comments, open textbox included at the end of this section to allow the assessor to describe any additional information.

I. Participant and/or Legally Recognized Representative Roles and Responsibilities

Assessor must review the Participant and/or Legally Recognized Representative Roles and Responsibilities with participant and/or the legally recognized representative (if applicable.)

1. Participant and/or Legally Recognized Representative Roles and Responsibilities Review -



- Give accurate information to the case manager regarding the participant's ability to complete activities of daily living.
- Assist in promoting the participant's independence.
- Cooperate with the participant's providers and case management agency.
- Notify the case manager of changes in the participant's support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements, or Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) placements.
- Notify the case manager if the participant has not received Home and Community Based Services (HCBS) in accordance with the service plan.
- Notify the case manager of any changes in care needs and/or problems with services.
- Notify the case manager of any changes that may affect Medicaid eligibility.
- Notify the case manager of any critical incidents that the participant may experience or witness.
- Work with the case manager to ensure that responses and goals that are developed reflect the participant's preferences and objectives.
- Tell my case manager my preferences and goals.

2. Participant/legally recognized representative roles and responsibilities reviewed with participant and/or legally recognized representative? !

- Yes **(Yes will populate when all Participant/Legally Recognized Roles and Responsibilities responses are selected in item 1)**

II. Case Manager Roles and Responsibilities

Assessor must review the Case Manager Roles and Responsibilities with participant and/or the legally recognized representative (if applicable.)

1. Case Manager Roles and Responsibilities Review - !

- Coordinate needed services.
- Communicate with service providers regarding service delivery and concerns.
- Review and revise services, as necessary.
- Notify participants regarding any change in services.
- Notify participants when services are denied, suspended, terminated, or reduced.
- Document, report, and resolve participant complaints and concerns.



- Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.
- Notify participant of roles and responsibilities regarding the reporting of critical incidents.

2. Case Manager roles and responsibilities reviewed with participant and/or legally recognized representative? !

- Yes **(Yes will populate when all Case Manager Roles and Responsibilities responses are selected in item 1)**

3. Notes/Comments: Roles and Responsibilities

3. ASSESSMENT PROCESS AND CHOICE OF ASSESSMENT PATHWAY

This section is intended to provide the participant and legally recognized representative (if applicable) with enough information to determine if the Basic or Comprehensive Assessment pathway is more appropriate to meet his/her goals, preferences, and needs. The case manager should only present information; the case manager **should not** attempt to direct the participant to either Assessment

I. Assessment Process

Assessor must review the two types of items in the assessment: voluntary and mandatory

1. Assessment Voluntary vs. Mandatory Items Review - !

- As we go through the Assessment, many of the items will be voluntary. If an item makes you/your child uncomfortable or you/your child do not want to answer, just let me know.
- There are items that are mandatory that I will need you to answer so I can verify that you meet eligibility requirements for waivers, and to ensure the supports and services that provided to you meet your needs and assist you in achieving your personal goals. I can let you know what these required questions are as we move through the Assessment.

2. Assessment voluntary vs. mandatory items reviewed with participant and/or legally recognized representative? !



- Yes **(Yes will populate when all assessment voluntary versus mandatory responses are selected in item 1)**

3. Assessment Length Review - !

- The Assessment may take 1.5-3 hours to complete. It may be shorter or longer depending on our conversation.
- If you have any questions about anything that is asked during the assessment, let me know and I will do my best to clarify. If you have questions or want to provide additional information after the Assessment, you can contact me and provide that information to me.
- If at any point you would like to take a break or stop, please let me know. I am happy to come back at a different time to complete the Assessment if you cannot continue.

4. Assessment length reviewed with participant and/or legally recognized representative? !

- Yes **(Yes will populate when all assessment length responses are selected in item 3)**

5. Notes/Comments: Roles and Responsibilities

II. Assessment Pathway

Assessor must review the two assessment pathways with the participant and/or legally recognized representative (if applicable) There are two types of assessments that you may choose from. I will provide you with information about both assessments, however, you must make the choice about which will best allow you to meet your preferences, needs, and goals. Participants who may be appropriate to forego the Comprehensive assessment include: 1) Participants who are currently receiving services and are very familiar with the spectrum of LTSS offered in Colorado. 2) Participants who are only looking for specific services and are not interested in any additional supports.

1. Comprehensive Assessment Pathway Review - !

- The Comprehensive Assessment is an in-depth assessment of a variety of areas of your life that will help me better understand what your goals, preferences, and strengths are.



- It allows us to examine areas that are not usually covered in a traditional assessment, such as employment, volunteering, and training; your preferences for how services to support your activities of daily living (e.g., bathing, dressing, eating) should be performed; your interest in becoming a self-advocate; how to help your caregiver; and many more.
- Many of the items within the Comprehensive Assessment are voluntary. If you do not wish to complete a module, section, or specific item, tell me and I will let you know if it is mandatory so we can determine your eligibility for services or if it is voluntary and we can skip the item.
- The Comprehensive Assessment will help us develop a comprehensive Support Plan that covers many of your personal goals in addition to goals related to health and safety. We may discuss areas that you were not aware could be supported by State or local funds.
- The Comprehensive Assessment is recommended for people who are new to the Long-Term Services and Supports (LTSS) system and those who have more complex medical, behavioral, or other needs that would benefit from a careful examination of all relevant support areas.

2. Comprehensive Assessment pathway reviewed with participant and/or legally recognized representative? !

- Yes **(Yes will populate when all Comprehensive Assessment pathway responses are selected in item 1)**

3. Basic Assessment Pathway Review - !

- Basic Assessment will go over only the items that are mandatory for us to discuss to determine your eligibility for services and develop your Support Plan.
- While this is a shorter assessment, we will not discuss in-depth your preferences for how services are delivered or talk about other areas that LTSS supports are available beyond those areas that address your personal goals and health and safety needs.
- The Basic Assessment will still result in a comprehensive Support Plan; however, it will be limited to the topics that we cover within the mandatory items and information you choose to share.

4. Basic Assessment pathway reviewed with participant and/or legally recognized representative? !

- Yes **(Yes will populate when all Basic Assessment pathway responses are selected in items 1 and 2)**



5. Do you understand the objectives of the Assessment process? 

- Yes
- No

Describe any questions/concerns about the assessment process:

6. PARTICIPANT’S decision about what assessment pathway to take. 

- Comprehensive Assessment
- Basic Assessment

7. Briefly describe the reason the participant chose the assessment pathway: 

4. MY SUPPORT PLANNING MEETING

The Support Planning Meeting is an essential part of identifying how needs and preferences for supports/services will occur. Federal requirements for Home and Community Based Services (HCBS) require that the following:

1. The meeting must be held at a time and a location convenient for the participant.
2. The participant should lead or be assisted to lead the meeting as much as possible.
3. The meeting will include individuals identified by the participant.

This will be a meeting that includes you, people important to you, and your case manager. You and/or parents/guardians can lead this meeting. Help will be provided if you would like. You can also ask someone else to lead the meeting. It is important that you feel your needs and preferences are being heard and that the plan supports your goals for services. The items included in this section provide logistical information so that a meeting can be arranged, including information about special arrangements, individuals needing reasonable accommodations to participate in the meeting, and individuals who may have customs or traditions that will impact their participation.



1. Where would you prefer to hold your Support Plan meeting? It can be held in your home or at another place convenient for you. 📄 ⚠️

Preferred location(s): _____

2. Do you want to invite anyone to this meeting? You may want to invite someone you trust to assist you, or you can decide not to invite anyone else. ⚠️ (A legal guardian/parent must attend if applicable.)

- Yes
- No

3. Do you or any of the people attending the meeting need a reasonable accommodation to fully engage in the meeting? 📄 ⚠️

- Yes
- No

Name	Accommodation Needed	Who Will Follow Up

4. It is important that the support plan meeting be led by you (parent/guardian) as much as possible and as much as you want. The participant’s case manager will be at the meeting to record information and to help explain the purpose of the meeting. What help would you like to have in leading the meeting? ⚠️ (Discuss help that can be provided by case manager or others the person wants at the meeting.) 📄

- I and/or parent/guardian will lead meeting without assistance.
- I and/or parent/guardian want some assistance to lead the meeting.
Describe assistance needed to lead meeting: _____
- I and/or parent/guardian want someone else to lead meeting.
Describe who you would like to lead the meeting: _____

5. Do you or anyone else who will be attending the meeting have special traditions or cultural practices that should be kept in mind? 📄 ⚠️

- No
- Yes
Describe traditions or cultural practices: _____



6. Is there anything else you want others to know before your meeting?  

- No
- Yes

Describe what you want others to know before your meeting: _____

5. CONFIRMATION OF INTRODUCTION TO THE ASSESSMENT & SUPPORT PLAN COMPLETED 

The case manager and participant and/or legally recognized representative must sign this document, ensuring that the following discussions occurred: 1) Roles and Responsibilities 2) Assessment process and choice of assessment pathway 3) Support Plan meeting

- Signature of Case Manager: _____
Date: _____
- Signature of Participant: _____
Date: _____
- Signature of Parent: _____
Date: _____
- Signature of Guardian: _____
Date: _____
- Signature of Legal Representative: _____
Date: _____