

Colorado
Accountable Care Collaborative

FY 2012–2013 SITE REVIEW REPORT
for
Colorado Access
(Region 5)

August 2013

This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy and Financing.



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016
Phone 602.264.6382 • Fax 602.241.0757

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Background

The Colorado Department of Health Care Policy and Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

In spring 2011, Health Services Advisory Group, Inc. (HSAG), performed a readiness review of each RCCO to assess the RCCO's ability to provide services to Medicaid clients and to identify any operational deficiencies. **Colorado Access** began operations as a RCCO in July 2011. The Department has requested that HSAG perform annual site visits to assess each RCCO's progress made during the previous year of operations toward implementing the ACC Program. HSAG was asked to identify successes and barriers encountered and make recommendations for improvement. This report documents the findings and recommendations as a result of the 2013 site review for **Colorado Access**.

Site Review Methodology

HSAG and the Department met on several occasions to discuss the site review process and finalize the standards for review. HSAG and the Department collaborated in the development of data collection tools that provided the parameters for the RCCO site review process. The site review process included a desk audit of specific key documents from the RCCO prior to the site visit, on-site review of care coordination records, and on-site interviews of key RCCO personnel related to care coordination and care management (Standard I) and continued progress made on improving access to care and medical home standards (Standard II).

To enhance the evaluation of Standard I—Care Coordination and Care Management, HSAG reviewed medical records for a random sample of 10 members identified by the Department as having complex medical and behavioral health needs.

The purpose of the site review was to evaluate the RCCO's progress toward implementation of the ACC model of patient care, explore barriers and opportunities for improvement, and identify opportunities for collaboration with the Department to ensure the success of the ACC Program. Key documents reviewed consisted of policies, procedures, status reports, and program plans submitted

by the RCCO. The majority of the evaluation of **Colorado Access** was based on data gathered on-site using a qualitative interview methodology. The qualitative interview process is the use of open-ended discussion that encourages interviewees to describe their experiences, processes, and perceptions. Qualitative interviewing is useful in analyzing systems issues and related desired or undesired outcomes. This technique is often used to identify strengths, evaluate performance differences, and conduct barrier analysis. Data gathered from the review of RCCO documents and on-site record reviews provided the catalyst for the open-ended discussions essential to the qualitative interview technique.

Overall Summary of Findings

Standard	Total Elements	Total Applicable Elements	# Met	# Substantially Met	# Partially Met	# Not Met	# Not Applicable	Score*
I Care Coordination/ Care Management	6	6	3	3	0	0	0	88%
II Follow-Up: Access to Care/Medical Home	4	4	4	0	0	0	0	100%
Record Reviews	99	85	56	13	8	8	14	80%
Overall Score	109	95	63	16	8	8	14	81%

*The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted score for the elements that received a score of *Substantially Met* (multiplied by 0.75) and the weighted score for the elements that received a score of *Partially Met* (multiplied by 0.50), then dividing this total by the total number of applicable elements.

Note: Because of time constraints and availability of data, HSAG was only able to complete nine record reviews for Region 5.

Summary of Findings by Standard

Standard I—Care Coordination/Care Management

Strengths

Colorado Access' active pursuit to implement integrated behavioral and physical health services in clinics, the development and accomplishment of data-sharing agreements with multiple provider entities, and facilitation of collaborative efforts to improve the provision of integrated care for members proved to be real strengths. **Colorado Access** staff stated that approximately 60 percent of PCMP practices across all three of **Colorado Access'** regions (Region 2, Region 3, and Region 5) have some form of integrated behavioral health, including all practices that are delegates for care management. Mental Health Center of Denver (MHCD), the primary provider of mental health services in Region 5, had a physical health practitioner integrated into the mental health center to provide services for members during a behavioral health visit. In addition, MHCD developed collaborative arrangements with several PCMPs in the region to provide on-site behavioral health services at PCMP clinics. **Colorado Access** continues to facilitate efforts to integrate behavioral health into PCMP practices. **Colorado Access** and Access Behavioral Care (ABC), the BHO for the region, exchanged common member information, enabling behavioral health providers to coordinate with medical providers. **Colorado Access** was working with county departments of human services (DHS) and social service agencies targeted at integrating care coordination for foster care children. Denver County DHS designated Denver Health's Eastside clinic as its primary practice for children in DHS custody. **Colorado Access** provides consultation and support to this clinic and was assisting with replicating this model in Region 3. **Colorado Access** had signed memorandum of understanding (MOU) data sharing agreements with the community centered boards (CCBs) in all regions. **Colorado Access** identified approximately 1,000 members who are common to the CCBs and RCCOs and began discussions with these agencies related to coordination of care management functions between the organizations.

Colorado Access staff described plans to facilitate care coordination across the continuum of physical health, behavioral health, long-term care, and community services. **Colorado Access** had data-sharing MOUs with provider and community entities to alleviate Health Insurance Portability and Accountability Act of 1996 (HIPAA) concerns, was sharing lists of RCCO clients to facilitate identification of shared members, designated a contact point person in all agencies, and organized a collaborative effort among care managers from various systems to better understand the various roles and levels of expertise offered by diverse care managers. **Colorado Access** is bringing parties together in a deliberate way to slowly redesign the care coordination system collectively.

Although a copy of the health risk assessment (HRA) screening tool is included in the Member Welcome Packet, the majority of members eligible for care management services were identified through data, followed by care manager outreach to complete the HRA. A more comprehensive assessment of member needs is intended to follow the HRA screening. Staff stated that approximately 50 percent of members were assigned to PCMPs delegated to perform care management services, including routine and intensive care management, and transitions of care. The remaining 50 percent are being supported through **Colorado Access** care managers, who are

assigned to support specific PCMP practices. Delegated PCMPs may define their own assessment processes and tools.

Staff stated that social and non-medical needs (particularly food, housing, and transportation) are prevalent, and often dominant, in high intensity care coordination cases. Region 5 had a high level of needs and corresponding high, yet insufficient, number of social services. Staff members stated that the RCCO noted a rise in the rate of medical complications in the homeless population.

Staff members stated that they were confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs that are highly experienced with serving the Medicaid population, as well as providers who target specific niche populations (e.g., refugees). **Colorado Access** implemented numerous initiatives and was engaged in systemwide planning related to care coordination for various special needs populations.

Staff stated that **Colorado Access** continues to work with hospitals to obtain real-time information concerning member discharge from the hospital in order to perform TOC management. **Colorado Access** was evaluating the best mechanisms and key performance indicator (KPI) metrics for tracking the outcomes of the TOC program, as well as the care management programs delivered through the delegated PCMPs.

Recommended Actions

HSAG provided on-site feedback to staff concerning observed inconsistency in HRA tools. HSAG recommended that **Colorado Access** review HRA questions for consistency, as appropriate, for the screening of essential health status, health behavior, and non-medical needs.

Colorado Access should ensure that follow-up comprehensive assessment of member needs is performed and documented to guide the interventions in the care coordination plan. Without a comprehensive assessment, the care plan interventions and goals risk becoming reactive to the “need of the moment,” rather than taking a proactive approach to meeting the member’s complex medical and non-medical needs.

HSAG encouraged **Colorado Access** to continue its efforts with hospitals and other entities to define mechanisms to timely identify members who are transitioning from one level of care to another. HSAG recommended that **Colorado Access** implement mechanisms to ensure that the transition of care plan is documented and communicated to the PCMP and other involved providers. HSAG recommended that staff continue to pursue meaningful measures regarding the effectiveness of transition of care management by both **Colorado Access** and delegated PCMPs.

HSAG recommended that care coordination assessments of member needs incorporate a broad assessment of the member’s cultural beliefs and values (i.e., beyond language) that may impact the member’s health or the care plan. Once assessed, identified cultural characteristics should be incorporated into the care plan interventions.

HSAG recommended that **Colorado Access** continue to pursue the development of meaningful metrics for monitoring the effectiveness of delegated care coordination functions. HSAG also recommended sharing the results of HSAG case reviews (included in this report) with appropriate

delegated entities to ensure that Department contract requirements related to care coordination are being incorporated into delegated PCMP care management processes.

Standard II—Follow-Up: Access to Care/Medical Home

Strengths

The network adequacy analysis report included all three **Colorado Access** RCCO regions (Region 2, Region 3, and Region 5). Staff stated that the report includes all three regions because members frequently seek PCMPs and specialists cross-regionally. **Colorado Access** reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership also expanded exponentially in the past year, with 142,000 members between the three **Colorado Access** regions, of which 22,000 reside within Region 5. **Colorado Access** analyzed that it has sufficient capacity in the existing PCMP network to integrate the expanding RCCO populations into the foreseeable future. **Colorado Access** is targeting recruitment toward dual-eligible providers and pediatric practices. Within Region 5, staff stated that members with Severe and Persistent Mental Illness (SPMI) consider the mental health center as their medical home, and **Colorado Access** has advocated for the Department to consider allowing community mental health centers to be designated as PCMPs. Staff continues to work with the Department to explore solutions to the legislatively mandated passive enrollment process, which automatically assigns Denver Medicaid enrollees to the Denver Health network upon enrollment or re-enrollment. Staff stated that PCMPs are reluctant to join the RCCO network due to the break in the continuity of care with members being treated in their practice.

Staff stated that RCCO relationships with specialists are primarily managed through the PCMPs using their pre-established referral networks. Staff explained that formal relationships with specialists through other **Colorado Access** lines of business overlap with the RCCO regions. Those relationships are used to supplement access to specialists in the RCCO when the PCMP or member is experiencing difficulty in obtaining timely access to a specialist. Staff stated that University Physicians, Inc. (UPI), Denver Health, and Kaiser have particularly good systems for access to specialists, but access is primarily limited to members who are assigned to those PCMPs. **Colorado Access** is working with the network PCMPs to explore methods of providing performance incentives to stimulate specialists and hospitals to respond to the needs of RCCO members. **Colorado Access** was also reinforcing processes and communications between PCMPs and specialists. HSAG acknowledged **Colorado Access**' sensitivity to preserving existing PCMP and specialist referral relationships, as well as efforts to create regional initiatives related to the provision of specialist services noted to be in shortage, such as pain management services. HSAG encouraged **Colorado Access** to pursue its proposed analysis of most frequently used specialists for RCCO members in anticipation of more direct relationships with those specialists in the future.

The member packet included information to encourage members to use urgent care instead of the emergency room (ER), and to call Customer Services or the Nurse Advice Line to find locations. Region 5 staff connected high-volume PCMPs to Metro Crisis Services (MCS), which is a 24-hour, 7-day-a-week behavioral health telephone triage service. Staff reported that this service was well received by PCMPs. **Colorado Access** was beginning to evaluate data concerning where PCMPs

direct members for after-hours care and the reasons that members seek after-hours care, in order to develop an effective initiative related to the provision of after-hours/urgent care.

PCMP care coordination capabilities have been the focus of PCMP practice assessments in order to determine the PCMP's ability to perform delegated care management. Approximately 50 percent of all RCCO members are receiving care through practices that have been delegated for care coordination. Through a close relationship between the RCCO contract manager and individual PCMPs, needs and PCMP readiness for practice assistance and transformation services are being identified, and the RCCO is providing resources accordingly. Staff anticipated that the RCCO will assist five to seven practices to transition to medical homes, and all but three to five currently contracted PCMPs in Region 5 will eventually be capable of performing as a medical home.

Recommended Actions

HSAG encouraged Region 5 to continue its network development efforts as described, and to monitor the expanding Medicaid membership over time to anticipate changing provider network needs. HSAG also encouraged the RCCO to continue to pursue strategies to stimulate access to specialists for RCCO members, including access to specialists through UPI and Denver Health.

HSAG recommended that the RCCO continue to pursue accessible alternatives for after-hours and urgent care in the region. HSAG supports **Colorado Access**' proposed analysis of data to pursue innovative solutions for the provision of increased access to after-hours and urgent care in the region.

HSAG recommended that, at some appropriate time in the future, **Colorado Access** consider performing a more formal assessment of PCMPs' medical home functions to ensure that all medical home standards outlined by the Department and by the RCCO are being met.

Summary of Record Reviews

Strengths

On-site case review of care coordination records (related to all regions) found that, in most cases, some form of a health risk screening was performed. Case files demonstrated that care managers did an excellent job, overall, of actively engaging the member and actively pursuing interventions with providers and community service agencies. The substantive content of the care plan was documented in care coordinator notes. Several records included documentation of multiple follow-up calls by the care coordinator to the member to ensure appointments were made and kept. Care coordinators also documented multiple calls to vendors to ensure the member followed up with all necessary information.

Recommended Actions

The HRA screening tools used by **Colorado Access** were not comprehensive, and in most cases, a comprehensive assessment of member needs did not follow the HRA. **Colorado Access** should enhance its assessments to ensure evaluation of the member's health, health behaviors risks, medical and non-medical needs, and determination of whether the member is receiving services

through other agencies. In instances where the member is receiving services through other agencies, **Colorado Access** care coordinators need to contact the other agency and coordinate efforts. Additionally, care coordinators must assess and document the member's cultural and/or linguistic needs, beliefs, and values.

While many of the records reviewed included care plans, these plans were system-generated and lacked substance. The Altruista system, in particular, documented care plan goals that were not related to member-specific assessed needs and interventions. In several cases, care coordination plans were noted to be episodic, addressing the immediate needs of the member but not addressing the member's needs on an ongoing basis. These observations related to both **Colorado Access** and delegated PCMP files. **Colorado Access** should be sure each member's record includes a care plan that reflects the member's assessed needs and appropriate interventions.

Finally, HSAG also recommends that **Colorado Access** communicate/educate delegated entities regarding the elements of the care management contract requirements and related observations and recommendations.

Appendix A. **Data Collection Tool**
for Colorado Access (Region 5)

The completed data collection tool for Region 5 follows this cover page.



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Data Collection Tool
for Colorado Access (Region 5)

Standard I—Care Coordination/Care Management		
Requirement	Desk Review/Discussion Items	Score
<p>1. Integrated Care Coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Ensuring that physical, behavioral, long-term care, social, and other services are continuous and comprehensive; and the service providers communicate with one another in order to effectively coordinate care. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.1</i></p>	<p>Documents:</p> <ul style="list-style-type: none"> ◆ Policies or procedures which address integration of services or communication among providers/entities ◆ Comprehensive needs assessment documents ◆ Written program plans, training materials, or other documents which address comprehensive and integrated care services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed ◆ Description of current status of processes and how behavioral, social service, and physical care entities are engaged in integrated care: <ul style="list-style-type: none"> • At the individual member level • At the delivery system level <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Discussion of continued challenges to sharing/communication of member information among providers. How is this being addressed? 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Findings:</p> <ul style="list-style-type: none"> ◆ Integration of Care Report Region 5: Described fully integrated on-site behavioral and physical health programs in the region, including: <ul style="list-style-type: none"> • Adult consumers in RCCO Region 5 were receiving behavioral health services through Mental Health Center of Denver (MHCD). Many of these members were receiving comprehensive services for a serious and persistent mental illness (SPMI) diagnosis and consider MHCD their Medical Home. MHCD collaborated with University Physicians, Inc. (UPI), to provide a nurse practitioner at an MHCD clinic to provide follow-up on medical conditions, wellness checks, and health education services during a behavioral health services visit. The nurse practitioner was fully integrated into the flow of services and provider communications. Behavioral health providers reinforced members’ compliance with medical appointments and managing their medical conditions, and coordinate with medical health providers. In addition, Colorado Access engaged MHCD to assist unattributed members in selecting a PCMP. • Bruner Family Medicine serves many complex-need Medicaid children and adolescents in metro-Denver, including many with serious mental illness (SMI). MHCD located a child and family behavioral health clinician on-site at Bruner to provide short-term focused behavioral health interventions 		



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Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
	<p>with members and consultation to Bruner medical providers. The behavioral health clinician was fully integrated into the workflow at Bruner. This program will be expanded to include adult behavioral health patients.</p> <ul style="list-style-type: none"> • A Behavioral Medicine Specialist (BMS) will be connected to the Kaiser primary care teams that serve Pediatrics, OB/GYN, Family Medicine, and Internal Medicine at 18 Boulder/Denver medical offices. The BMS will be readily available to provide behavioral health consultation to PCPs and staff, and will participate in mental health screenings for depression (estimated 3rd quarter, 2013). • A part-time behavioral health clinician was embedded at South Federal Family Medicine in May 2013. • Colorado Access provided best practices education to contracted PCMPs that requested information regarding how to integrate behavioral health services into their care of ACC enrolled members. • RCCO staff meets monthly with the integrated care team at MHCD to discuss coordination of care. • RCCO staff participates in meetings with several major providers and organizations regarding coordination of care for foster care children. <ul style="list-style-type: none"> ◆ Region 5 BHO Integration Report: Described activities related to behavioral health integration, including: <ul style="list-style-type: none"> • MHCD was the primary community mental health center (CMHC) for Denver residents. MHCD had established, robust, and innovative integrated care collaborations with contracted PCMPs, with plans to expand integrated care opportunities and capacity in the region. The report listed three large PCMPs with embedded or fully integrated MHCD services: UPI, Denver Health, and Rocky Mountain Youth. • Access Behavioral Care (ABC)—one of Colorado Access’ lines of business—was the behavioral health organization (BHO) for Region 5 Medicaid members. ABC staff and RCCO staff exchanged common member information, enabling behavioral health providers to coordinate with medical providers. The RCCO also sought the assistance of MHCD to help unattributed members in the mental health system select a PCMP. • Colorado Access engaged ABC and MHCD in helping to increase smaller PCMPs’ knowledge of available behavioral health services, and to streamline mechanisms for behavioral health referrals and communications. • Colorado Access identified Medicaid billing procedures as a barrier to expansion of integrated care initiatives. Medicaid members with SPMI with complex behavioral, medical, and psychosocial needs require more extended appointments than were allowed by the fee-for-service (FFS) reimbursement rates in place at the time of the site visit. • Colorado Access reported that some mental health consumers consider the CMHCs their medical home, particularly in integrated care settings and for SPMI. Colorado Access advocated for the Department to consider allowing CMHCs to be designated as PCMPs in the ACC program. ◆ Care Management Delegation Agreement: Described integrated care characteristics as defined in the requirement and that are not duplicative of other services provided. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed whether the PCMP program “ensures physical, behavioral, long-term, social, and other services are continuous, non-duplicative, and comprehensive, and they communicate with each other.” 	



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Data Collection Tool
 for Colorado Access (Region #5)*

Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
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Additional Discussion:

Colorado Access staff stated that approximately 60 percent of PCMP practices across all three of Colorado Access’ regions (Region 2, Region 3, and Region 5) have some form of integrated behavioral health, including all practices that are delegated for case management. The models of integrated behavioral health services vary from fully integrated (therapist is part of the health care team for brief therapy sessions in conjunction with physical health appointments [generally depressive disorders]) to colocated (behavioral health therapist on-site, but operating independent scheduling and record-keeping). Colorado Access continued to assist PCMPs to integrate behavioral health into their practices. In addition, several mental health centers have physical health practitioners embedded on-site at the mental health facility. MHCD integrated a physical health practitioner into the mental health center to provide services for members during a behavioral health visit. In addition, MHCD developed collaborative arrangements with several PCMPs in the region to provide on-site behavioral health services at PCMP clinics. Staff stated that SMI patients consider the mental health facility their medical home. The Behavioral Health Care Council submitted a position paper to the Department to advocate that CMHCs with embedded physical health practitioners be designated as PCMPs. Staff stated that hospice/palliative care providers and other special services providers also expressed interest in being designated as the member’s medical home. At the time of the site review, the Department was still considering these concepts.

Colorado Access was working with county departments of human services (DHS) and social service agencies to integrate care coordination for foster care children. The RCCO was working on attributing foster care children to Denver Health as a designated magnet practice for foster care children. Foster care children are now assigned to PCPs throughout the region. Colorado Access designated specific case management staff to focus on partnering with the DHS foster care program personnel and resolve systems issues.

Staff stated that Colorado Access had signed memorandum of understanding (MOU) data sharing agreements with community care boards (CCB) in all regions. Colorado Access identified approximately 1,000 members who are common to the CCBs and RCCOs, and began discussions with the CCBs related to coordination of care management functions between the organizations. Colorado Access had unsuccessfully pursued an MOU with the single access point (SEP) for Region 5. However, Colorado Access expected that the Department would be awarding the SEP contract for this region to Colorado Access, effective July 2013. Colorado Access had signed MOUs with four of five CMHCs and two of three BHOs across its three regions. Colorado Access viewed data sharing to support care coordination as evolving into delegated case management agreements with the BHOs and CMHCs.

Staff stated that hospital executives were confused about the relationship with the RCCO, because there is no specific financial agreement related to RCCO members (i.e., payment remains Medicaid FFS). However, case managers at the hospitals recognize the need for attention to transition of care (TOC) and emergency room (ER) diversion of Medicaid clients. Centura Health System was considering participation in a pilot program with the RCCO to incent members to connect to a PCMP rather than using the ER for non-emergent care.

Colorado Access noticed that employees in social service agencies were unaware of the RCCO program and were developing an educational Webinar for these employees, to be completed by July 2013.



*Appendix A. Colorado Department of Health Care Policy and Financing
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Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
<p>2. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Assessing the member’s health and health behavior risks and medical and non-medical needs ◆ Determining if a care plan exists and creating a care plan if one does not exist and is needed. ◆ The ability to link members both to medical services and to non-medical, community-based services, such as child care, food assistance, services supporting elders, housing, utilities assistance, and other non-medical supports. This ability to link may range from being able to provide members with the necessary contact information for the service to arranging the services and acting as a liaison between medical providers, non-medical providers, and the member. <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1 Regions 2, 3, 5: Exhibit A—6.4.5.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ How members are assessed to identify needs ◆ Policies and procedures regarding stratification/tier levels for care coordination ◆ Care Coordination Plan ◆ Tracking referrals to non-medical services <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Examples. ◆ Information collected on-site from Care Coordination File Reviews. ◆ The process for identifying members appropriate for care coordination services. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ How PCMPs identify members appropriate for complex care management. ◆ Whether the RCCO staff or PCMPs perform the assessment. ◆ Explore the role of non-medical services in providing care coordination to the RCCO’s population. 	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable </p>

Findings:

- ◆ RCCO Formal System of Care Coordination Program Description(4/2012): Described the components of member-focused medical management, which included establishing a primary medical home, ensuring appropriate and timely referrals, establishing care plans to improve access to services (medical, social, community) for members with complex needs, facilitating communication across all providers, monitoring, and follow-up. The program description stated that Colorado Access care managers collaborate with care managers from other programs to ensure there is no duplication of services. The program description stated that all members will receive a health risk assessment (HRA) upon enrollment and annually thereafter. The program description described the role of the care manager as determining if additional assessments are needed, documenting an individualized care plan, coordinating services based on assessed needs, and linking members with community resources

Standard I—Care Coordination/Care Management

Requirement	Desk Review/Discussion Items	Score
<ul style="list-style-type: none"> ◆ Adult Health Risk Assessment and the Child Health Risk Assessment: A brief screening tool sent to members to ask questions regarding the health status of the member related to medical and mental health needs and pregnancy. The adult assessment also screens for activities of daily living (ADL) needs and depression. The child assessment screens for immunization status, transportation needs, disabilities, and health habits. Both assessments are member self-administered or may be completed through an outreach call to the member. ◆ Coordination of Care policy (CCS305—applicable to all lines of business): Stated that Colorado Access has processes specific to each line of business to identify and screen members for health care needs. Members with complex health care needs may be referred to care coordination. The policy described examples of services that may be included in the care plan (e.g., provider referrals, community resource referrals, home and community based services [HCBS], transportation). ◆ The Care Management Desktop Procedure (applicable to all Colorado Access lines of business): Outlined the specific processes for completing care management functions. (The procedure did not specify care coordination services in the level of detail outlined in the requirement.) ◆ Care Management Delegation Agreement template: A comprehensive description of the responsibilities delegated to PCMPs for care management and/or transitions of care. The agreement outlined responsibilities for completing health risk screenings on all new enrollees, completing an individual health needs assessment, and completing a care plan, as needed, that addresses the coordination of medical, psychosocial, and community support services. The agreement defined these functions as outlined in the requirement. The agreement also defined monthly reporting requirements to measure ongoing care management activities, and stated that Colorado Access may audit the delegate every six months to assess how requirements are being performed. PCMPs are reimbursed a per-member-per-month (PMPM) fee for performance of care management. The agreement described support services that may be provided to the PCMP to support delegated care management activities (e.g., Altruista software system, interactive voice response [IVR] messaging, care management consultation, Statewide Data Analytics Contract [SDAC] data). ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the presence of components essential to providing care management including care management software system, integration of care, identification of barriers to care, special population needs, cultural values, assignment of a care manager to every member, care planning, involvement of family supports, and health risk assessments. 		

Additional Discussion:

Staff stated that member welcome packets for new members included a copy of the initial HRA for members to complete and return. Staff stated that the return rate is approximately 20 percent. In addition, IVR calls and customer service onboarding calls are placed to members after enrollment to obtain a completed HRA. IVR success rates were approximately 7 percent. Staff stated that Adults without Dependent Children (AwDC) members were more receptive to “cold calls” from care managers, and these members are prioritized for quick contact, considering this population’s frequent changes of address and contact information. The purpose of HRA screening is to identify members with possible care management needs as early after enrollment as possible and before claims data are available to identify high-risk members. However, the majority of members eligible for care management services were identified through data. Staff stated that a more a comprehensive assessment of member needs is intended to follow the HRA screening. Delegated PCMPs may define their own assessment processes and tools.



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Requirement	Desk Review/Discussion Items	Score
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Staff stated that Colorado Access care managers did not have a good mechanism to identify whether other care managers were involved in the member’s care. The process of identifying involvement of other care managers may begin with the member assessment of needs or may be triggered through informal discussion with the member. However, the Colorado Access HRA tool did not address this question, and staff stated that members are often not a reliable source for this information. In addition, some care managers in other agencies are very protective of their patients and do not always want to share information. Staff stated that some providers are also concerned about patient stealing between specialists and PCMPs. Colorado Access has been positioning to coordinate care across the continuum of physical health, behavioral health, long-term care, and community services by signing data-sharing agreements (MOUs) with all related entities to alleviate HIPAA concerns, sharing lists of RCCO clients to facilitate identification of shared members, designating a contact point person in all agencies, and organizing a collaboration among care managers from various systems to better understand the various roles and levels of expertise offered by diverse care managers and minimize political/competitive concerns. Colorado Access will also enter the shared client list into Altruista to enable coordination of care managers at the member level. Staff stated that the immediate goal is to “coordinate the coordinators” to work together effectively, with the eventual possibility of designing a shared care plan. Colorado Access was bringing parties together in a deliberate way to slowly redesign the care coordination system collectively. Staff stated that organization of care management on a systemwide basis is a long-term, evolving process. Staff stated that community care board (CCB) representatives will be joining the Colorado Access meeting of delegated PCMPs to discuss cooperative care management operations. In addition, CCBs were sharing their database of care managers in social service entities to assist Colorado Access in identifying and sharing information with other care managers.

Staff stated that social and non-medical needs (particularly food, housing, and transportation) are prevalent and often dominant in high-intensity care coordination cases. Overall, Region 5 had a high level of needs with a corresponding high, yet insufficient, number of social services. Homelessness resulted in a rise in medical complications among this population.



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Standard I—Care Coordination/Care Management		
Requirement	Desk Review/Discussion Items	Score
<p>3. Comprehensive care coordination characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing assistance during care transitions from hospitals or other care institutions to home- or community-based settings or during other transitions, such as the transition from children’s health services to adult health services or from hospital or home care to care in a nursing facility. This assistance shall promote continuity of care and prevent unnecessary re-hospitalizations and document and communicate necessary information about the member to the providers, institutions, and individuals involved in the transition. 	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Transition of Care policies and procedures or Plans ◆ Examples of “transition of care” cases <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How are “transition of care” members identified? ◆ How is the transition plan (or processes) communicated to providers and all individuals/entities involved in the transition of members between levels of care? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What is the status of access to real-time data for care coordination follow-up? (hospitalizations, ED visits) ◆ Do you track/evaluate the impact of transition management on readmissions? 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>Findings:</p> <ul style="list-style-type: none"> ◆ RCCO Formal System of Care Coordination: Described the Colorado Access Transition Access Program (TAP) designed to assist members with complex needs to transition from one level of care to another. The program description delineated the TOC process as defined in the requirement, and stated that the process may be delegated to providers as a component of care management. TAP provides patients with the tools and support that promote self-management of their condition. Components of the program included medication management, follow-up visits with providers, and member understanding of “red flags” of their condition. The program description stated the role of the TAP care manager is to assist the member with setting appointments, scheduling transportation, and communicating with providers. ◆ Continuity and Transitions of Care policy: Described methods to ensure continuity of care for members transitioning into or out of the plan or from one network provider to another. It did not address TOC from one care setting to another. ◆ Care Management Delegation Agreement: The agreement stated that the delegate must have a process for assisting with transitions. The agreement required delegates to implement a TAP program and described components of program as including coordinating access to community services, home visits for non-hospital transitions, management of medical conditions to prevent relapse, and assistance with referrals for members with behavioral or developmental disabilities. 		



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◆ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Included assessment of the specific components the TAP program outlined in the delegation agreement.

Additional Discussion:
 Staff stated that Colorado Access continued to work with hospitals to obtain real-time information concerning member discharge from the hospital in order to perform TOC management. Staff reported that it is difficult for hospitals to differentiate RCCO members from other Medicaid populations. Children’s Hospital and Centura Health hospitals have the ability to identify RCCO members and have agreed to notify Colorado Access if a member is admitted to one of their hospitals. Colorado Access staff anticipated being linked to the Colorado Regional Health Information Organization (CORHIO) health information exchange within six months, which will greatly improve access to real-time information. Some hospital social workers indicated willingness to participate in a pilot project to provide manual information to the RCCO to facilitate the TOC process. University Hospital, MCPN, and Aurora Mental Health Center collaborated on the Bridges to Care program, in which care managers engage the member prior to discharge from the ER. Some PCMPs were electronically connected to hospitals through the electronic health record (EHR) or Web portals. Pre-delegation audits included an assessment of the PCMP’s TOC process. Staff acknowledged that communication of member information concerning the TOC plan may not be consistently shared with the PCMP. Colorado Access was evaluating the best mechanisms and metrics (e.g., readmissions) for tracking the outcomes of the TOC program.

<p>4. Client/Family-Centered characteristics include:</p> <ul style="list-style-type: none"> ◆ Providing care and care coordination activities that are linguistically appropriate to the member and are consistent with the member’s cultural beliefs and values. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2 Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures ◆ Training materials ◆ Evidence of training individuals responsible for care coordination <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Processes for telephone translation and translation during care coordination activities. ◆ How the RCCO ensures that care is culturally sensitive. ◆ How the RCCO includes deaf and hard of hearing as a culture and training or case examples that demonstrate. 	<p> <input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable </p>
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Findings:

◆ RCCO Formal System of Care Coordination: Stated that care coordination focuses on a holistic approach and is client/family centered, integrated, culturally competent, and linguistically sensitive. The member or member’s family may be involved in the development of the care plan.



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<ul style="list-style-type: none"> ◆ Care Management Delegation Agreement Template: The template stated that the member/family was active participants in the member’s care, and that care management must be linguistically appropriate and consistent with the member’s cultural beliefs. ◆ The Pre-delegation Audit tool: Assessed whether the practice has procedures to consider cultural beliefs and values and language barriers in the development of the care plan. ◆ Adult HRA and Child HRA: The tools were available in Spanish; however, they did not include an assessment of the member’s cultural characteristics, values, beliefs, or spiritual needs. ◆ Colorado Cross-Disability Coalition (CCDC) Webinar: Educated providers on how to improve communication with persons with disabilities. ◆ The Colorado Access Web site: Provider pages included a link to cultural competency training. Also provided several additional links to resources regarding cultural competency. The Web information stated that Colorado Access offers free, individually scheduled cultural competency training for providers. 		
<p>Additional Discussion:</p> <p>Staff stated that all Colorado Access staff members received formal cultural competency training and that training modules were offered online to all providers. Many larger PCMPs, such as the federally qualified health centers (FQHCs), Children’s Hospital providers, and Kaiser, conduct their own cultural competency training. Staff stated that they are confident in the general level of cultural competency in the provider network, particularly in the larger PCMPs who are highly experienced with serving the Medicaid population, as well as with providers who target specific niche populations (e.g., refugees, Spanish-speaking populations).</p> <p>On-site case reviews of care coordination cases found that broad cultural beliefs and values were not being formally assessed or documented for individual members and were not consistently addressed in care plans. In specific cases, provision of care management was responsive to the member’s specific cultural and linguistic needs.</p>		



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<p>5. Client/Family-Centered characteristics include</p> <ul style="list-style-type: none"> ◆ Providing care coordination that is responsive to the needs of special populations, including: <ul style="list-style-type: none"> • The physically or developmentally disabled. • Children and children in foster care. • Adults and older adults. • Non-English speakers. • All expansion populations, as defined in Colorado House Bill 09-1293, the Colorado Health Care Affordability Act. • Members in need of assistance with medical transitions. • Members with complex behavioral or physical health needs. • Transitional aged youth. <p align="right"><i>Regions 1, 4, 6: Exhibit A—6.4.3.2 Regions 2, 3, 5: Exhibit A—6.4.5.2</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Applicable policies and procedures or plans <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How special populations are identified and served. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Explore how foster children, AwDC, and dual eligible populations are impacting the system. ◆ Describe unique needs or approaches used. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings:

- ◆ The Care Management Desktop Procedure and the RCCO Formal System of Care Coordination: Stated that care managers consider the following when developing a care plan:
 - Age-specific needs and abilities (newborn through gerontological)
 - Literacy level
 - Hearing and/or visual impairment and needs
 - Cultural, psychosocial, and socioeconomic needs
 - Developmental disability
 - Primary language, linguistic preferences, and ability to communicate effectively
 - Motivation to commit to changes



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<ul style="list-style-type: none"> • Complex medical and/or behavioral health diagnoses, clinical history, and medications • Evaluation of caregiver resources <ul style="list-style-type: none"> ◆ The Care Management Delegation Agreement: The agreement stated that the delegate must provide care management that is responsive to the needs of special populations, including those specifically outlined in the requirement. ◆ The Pre-delegation Questionnaire and Pre-delegation Audit tool: Assessed the PCMP’s ability to link members from particular populations (physically/developmentally disabled, children/foster children, adults/aged, and members with complex physical and/or behavioral health needs) to medical and non-medical services, including community-based services. ◆ Colorado Cross-Disability Coalition (CCDC) Webinar: Educated providers on how to improve communication with persons with disabilities ◆ Integration of Care Report Region 5: Described RCCO participation in meetings with Eastside Clinic, Denver Department of Human Services, the Kempe Center, and MHCD regarding coordination of care for foster care children. 		
<p>Additional Discussion:</p> <p>Colorado Access assigned a full-time care manager to facilitate partnering with DHS foster care program personnel and resolve complex systems and communication issues. The RCCO began identifying PCMPs that provide on-site integrated behavioral health and that have significant experience with the foster care children population to serve as magnet practices for foster care children. Colorado Access was analyzing data to determine additional practices that are effective with foster care children.</p> <p>In January 2013, Medicaid members who were previously care managed through the Colorado Alliance for Health and Independence (CAHI) were transitioned into the Colorado Access care management programs. This population (approximately 200 members with disabilities and complex needs) was primarily transitioned into delegated PCMP practices. Colorado Access assigned all members to intensive care management during the transition process until their needs could be properly evaluated.</p> <p>Colorado Access began working with Family Voices of Colorado (representing children and youth with developmental disabilities) to produce educational Webinars for providers/health care professionals, as well as for families/patients regarding how the social services system interfaces with members “transitioning into adulthood.” Colorado Access was exploring ways to help practices maximize efforts to ensure that healthy children receive preventive and wellness services (e.g., immunizations). Colorado Access will also coordinate efforts with Colorado Children’s Healthcare Access Program (CCHAP) and the Healthy Communities programs in the region.</p> <p>Colorado Access was monitoring the key performance indicators (KPI) within special population groups, such as children 0 to 4 and females 20–40 with high ED utilization, to identify contributing factors and determine problem-solving approaches for these groups.</p>		



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<p>6. The Contractor ensures (and may allow its PCMPs or other subcontractors to provide) care coordination for its members, necessary for the members to achieve their desired health outcomes in an efficient and responsible manner.</p> <p><i>Exhibit A—6.4.1</i></p> <p>The Contractor assesses current care coordination services provided to each of its members to determine if the providers involved in each member’s care are providing necessary care coordination services and which care coordination services are insufficient or are not provided.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.4.1</i></p> <p><i>42CFR438.6(l)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tools used for assessing care coordination capabilities of PCMP practices ◆ Communications to PCMPs regarding care coordination requirements ◆ PCMP care coordination oversight tools ◆ Policies and procedures regarding assessment of PCMP or delegation oversight <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Description of who provides care coordination and how care coordination is shared between the PCMPs and the Contractor. ◆ Does the oversight of care coordination include the elements of comprehensive care coordination as outlined in requirements #2 and #3? ◆ How is oversight performed (e.g., is the PCMP care plan documented in a system accessible to the RCCO? Is an on-site audit being performed?) ◆ How does the RCCO know if the delegated care coordination services are sufficient and consistently provided? <p>Additional Discussion May include:</p> <ul style="list-style-type: none"> ◆ What is the status of assessing PCMP capabilities for performing care coordination functions? <ul style="list-style-type: none"> • How many have been completed? • What are the results? i.e., network capability? ◆ How are you balancing the efforts to minimize requirements of PCMPs with the need to oversee whether assessments, care 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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	<p>plans, and coordination of care are being performed?</p> <ul style="list-style-type: none"> ◆ As the RCCO prepares to expand the provider/PCMP network to incorporate smaller or less sophisticated practices, is the degree of care coordination support required from the RCCO anticipated to increase? Describe a comparison of activities between the first year of operations and current activities. 	
<p>Findings:</p> <ul style="list-style-type: none"> ◆ RCCO Formal System of Care Coordination (June 2011) Program Description: Described two levels of care management activity: (1) RCCO–based care management for practices without resources to support care management, and (2) supportive care management for practices where integrated care management is readily available. The plan stated that all or portions of care management would be delegated to PCMPs that have the ability and desire to provide RCCO care management functions. PCMPs who desired delegation of care management were assessed with a pre-delegation questionnaire, followed by a pre-delegation audit. All delegated PCMP care management programs were required to meet Department-RCCO contractual obligations. The program description stated that Colorado Access may delegate routine and intensive care management services or TOC services, or both. The program description also listed specific Colorado Access support services to be provided for care coordination staff at PCMPs. ◆ The Care Management Delegation Agreement Template: Outlined in detail the requirements for program components and functions for delegation of either care management or TOC, or both. Care management responsibilities included performing HRAs, risk stratification, assistance with access to care (transportation, referrals), referral to community resources, coordination with multiple providers, release of member information as appropriate, and a single assigned care manager. TOC services included access to community services, home visits for non-hospital transitions, management of medical conditions to prevent relapse, and assistance with appointments for members with behavioral or developmental disabilities. The program description also defined requirements for program infrastructure such as data management, staffing, and evaluation metrics reporting. The program described Colorado Access’ monitoring and auditing obligations. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the specific components of care management and transitions of care, as outlined in the Care Management Delegation Agreement. The audit tool also assessed the PCMP risk stratification methods, care management staff training, and the ability to deliver reports. The tool stated that follow-up review and confirmation of the reported processes would be performed by the RCCO. ◆ CCHAP Amendment: Subcontractor agreement with the CCHAP to provide training to pediatric practices to prepare them for delegation of care management by the RCCO. 		
<p>Additional Discussion:</p> <p>Staff stated that approximately 50 percent of members were assigned to PCMPs delegated to perform care management services. The remaining 50 percent were being supported through Colorado Access case managers, who are assigned to support specific PCMP practices. All delegated PCMPs were fully delegated for</p>		



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	<p>care management services, including routine and intensive case management, TOC, and assessments. Staff reported initial resistance of PCMPs to interfacing with external care managers. Colorado Access developed a work group for PCPs with a significant number of high-intensity members and was meeting one-on-one with providers to engage PCMPs in care management. Staff stated the performance incentive dollars and the model of assigning Colorado Access care managers to specific PCMPs were positively impacting care manager relationships with PCMPs.</p> <p>Staff stated that delegated PCMPs must provide monthly reporting metrics to Colorado Access (e.g., volume of assessments, volume of care plans, number of TOC participants). Colorado Access used these reports to trend the level of care coordination activity at the PCMP. Narrative updates provided information on care management processes, changes in procedures, etc. In addition, Colorado Access held monthly meetings of all delegated care managers to facilitate sharing of best practices. Colorado Access staff felt that this process diminished the sense of competition between PCMP care management programs. Colorado Access produced a short video concerning member perceptions of RCCO care coordination processes.</p> <p>Colorado Access had not conducted follow-up on-site audits to determine the adequacy of the care management processes in delegated practices due to the administrative burden of auditing many practices, and the desire to remain hands-off with delegated PCMPs. Staff stated that Colorado Access is more interested in defining meaningful member outcome measures to monitor effectiveness of the delegated care management functions. PCMP expressed feeling that existing measures are “widget counting,” and that more KPI-driven measures should be defined. Colorado Access recently hired a staff analyst to monitor KPI trends for all contracted practices. Colorado Access explored care manager perceptions of “how things are going” through the delegated care manager meetings, resulting in a variety of responses regarding effectiveness of care management efforts. Care managers reported that the inability to contact members is very frustrating, and that new Medicaid recipients are more receptive to care coordination than “seasoned” Medicaid members. Colorado Access used care management-defined challenges, such as access to pain management services, to generate focused improvement projects.</p> <p>Colorado Access established a contract with CCHAP to train and prepare pediatric practices to assume delegated care management. CCHAP was also consulting with practices with high ED utilization profiles, to assist them in managing ED utilization by members.</p>	



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Recommended Actions:

HSAG recommended that Colorado Access review HRA questions for consistency, as appropriate, for the screening of essential health status, health behavior, and non-medical needs. Colorado Access should also ensure that follow-up comprehensive assessment of member needs is performed and documented to guide the interventions in the care coordination plan. Without a comprehensive assessment, the care plan interventions and goals risk becoming reactive to the “need of the moment,” rather than taking a proactive approach to meeting the member’s complex medical and non-medical needs.

HSAG encouraged Colorado Access to continue its efforts with hospitals and other entities to define mechanisms to timely identify members who are transitioning from one level of care to another. HSAG recommended that Colorado Access implement mechanisms to ensure that the TOC plan is documented and communicated to the PCMP and other involved providers. HSAG recommended that staff continue to pursue meaningful measures of the effectiveness of TOC management by both Colorado Access and delegated PCMPs.

HSAG recommended that care coordination assessments of member needs incorporate a broad assessment of the member’s cultural beliefs and values (i.e., beyond language) that may impact the member’s health or the care plan for the member. Once assessed, identified cultural characteristics should be incorporated into the care plan interventions.

HSAG recommended that Colorado Access continue to pursue the development of meaningful metrics for monitoring the effectiveness of delegated care coordination functions. HSAG also recommends sharing the results of HSAG case reviews (included in this report) with appropriate delegated entities to ensure that Department contract requirements related to care coordination are being incorporated into delegated PCMP care management processes.

Results for Standard I—Care Coordination/Care Management					
Total	Met	=	<u>3</u>	X	1.00 = <u>3</u>
	Substantially Met	=	<u>3</u>	X	.75 = <u>2.25</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>6</u>	Total Score	= <u>5.25</u>

Total Score ÷ Total Applicable	=	<u>88%</u>
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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>1. The Contractor’s PCMP Network has a sufficient number of PCMPs so that each member has a choice of at least 2 providers within his or her zip code or within 30 minutes of driving time, whichever area is larger. (If there are less than two medical providers qualified to be a PCMP within the area defined above, for a specific member, then the requirements shall not apply to that member).</p> <p align="right"><i>Exhibit A—4.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Network adequacy report ◆ Targeted Provider Recruitment list ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Anticipated geographic or capacity issues. <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Explore status of PCMP network development and provider recruitment within the entire region. ◆ How are gaps being identified? ◆ Unique recruitment strategies; responses from targeted providers? 	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>

Findings:

- ◆ Network Adequacy Report (FY 2013, 2nd quarter): The combined Region 2, Region 3, and Region 5 report demonstrates reasonable distribution of primary care specialties (family practitioner [FP], internal medicine [IM], pediatrics, nurse practitioner [NP], physician assistant [PA]) concentrated in highest population counties—Adams, Arapahoe/Douglas, Denver, Weld. Analysis stated that the network strategy is to continue to pursue contracts with providers in these areas, contract with high-volume Medicare/Medicaid Eligible Beneficiary providers, and move existing providers from closed panel to open panel for Medicaid.
- ◆ Integration of Care Report Region 5: Stated that adult consumers in Region 5 are receiving behavioral health services through MHCD. In general, many members receiving treatment for a SPMI considered MHCD their medical home.
- ◆ Region 5 BHO Integration Report: Stated that mental health consumers often consider the CMHC as their medical home, particularly in integrated care settings and for members with SPMI. Colorado Access advocated for the Department to consider allowing CMHCs to be designated as PCMPs in the ACC program.
- ◆ Duals Non-Contracted Spreadsheet: Listed Medicare/Medicaid providers targeted for recruitment in all three regions.
- ◆ Department of Health Care Policy and Financing Recruitment Brochure: Explained the various Colorado Medical Assistance Programs to providers, why practitioners should consider becoming a Medicaid provider, and how to apply for enrollment as a Medicaid provider



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Requirement	Desk Review/Discussion Items	Score
<ul style="list-style-type: none"> ◆ Sales Pitch Letter: A letter from Colorado Access to providers to invite their participation as a PCMP in the RCCO. The letter emphasized benefits of care management support, availability of SDAC claims data, and participation in Medicaid reform. ◆ CCS310—Access to Primary and Specialty Care: Stated that the PCP serves as medical home and is responsible for providing all routine care services, coordinating specialist referrals, and maintaining continuity of care for the member. 	<p>Additional Discussion:</p> <p>Staff reported that the network adequacy analysis report included all three Colorado Access RCCO regions because members frequently seek PCMPs and specialists cross-regionally. Colorado Access experienced rapid growth in the PCMP network, as well as in membership within the past year. Colorado Access reported nearly 1,900 individual PCMPs within the three regions, including 1,500 with open practices for RCCO enrollees, compared to 748 PCMPs and 581 open practices in the previous year. RCCO membership also expanded exponentially in the past year, with 142,000 members between the three Colorado Access regions, of which 22,000 reside within Region 5. Staff reported that 75 percent of members were attributed to a medical home at the time of review, and that the number of unattributed had temporarily increased due to the addition of 10,000 members in May 2013, many of whom have not yet been attributed. The overall member population was 65 percent adult and 35 percent children. Seventy-five percent of the members were affiliated with Aid to Families with Dependent Children (AFDC).</p> <p>Staff stated that Colorado Access obtained MOUs that outline the relationship and responsibilities of the parties with many of the CMHCs, hospitals, and CCBs that provide services to members. Colorado Access was actively working on relationships with nursing homes, hospice, and palliative care providers. Colorado Access recently initiated a monthly e-mail newsletter to maintain regular communications and RCCO visibility with 800 to 900 PCMP locations; 300 specialists, hospitals, mental health facilities, home health organizations, and nursing facilities; and approximately 400 community-based organizations. Colorado Access anticipated it has sufficient capacity in the existing PCMP network to integrate the expanding RCCO populations into the foreseeable future. Staff stated that continuous contact with the PCMP community and monitoring of member requests for select PCMPs help identify network gaps and target additional PCMPs for recruitment.</p> <p>With the exception of the select targeted provider list, Colorado Access temporarily suspended recruitment of non-contracted PCMPs to allow resources to be applied to proper orientation of the large number of PCMPs added over the past year. Staff stated that effective orientation of PCMPs must be done face-to-face by RCCO contract managers. In all three regions, the targeted recruitment was directed at a listing of dual-eligible providers (provided by the Department), and pediatric practices. Staff reported that approximately 55 percent of pediatric practices were already in the RCCO. Colorado Access engaged CCHAP to convert its member practices to the RCCO, which was enhanced by elimination of the Medicaid reimbursement favorability previously offered through CCHAP. Staff stated that attempts to recruit the targeted dual-eligible providers have been difficult, as many of these providers desire to reduce Medicaid members in their practices and have previously declined to join the RCCO network. The overall strategy of Colorado Access was to increase the number of practices open to new Medicaid enrollees. Staff stated this is accomplished primarily through education regarding the evolving environment of health reform in Colorado (i.e., expansion of Medicaid populations). In addition, Colorado Access offers to assist practices to minimize the undesirable characteristics of the Medicaid</p>	



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population, such as “no-show” rates. Staff stated that as long as there is at least one selection of a PCMP practice in geographic proximity to members, Colorado Access is continuing to be selective about the types of providers that are appropriate for the RCCO network, citing that some providers are not willing or able to perform as medical homes.

Within Region 5, there was continuing concern about the passive enrollment process, legislatively mandated, which requires that Denver Medicaid enrollees be automatically assigned to the Denver Health network upon enrollment, including each time that a member must re-enroll due to temporary loss of eligibility. Staff described multiple negative ramifications of this requirement for the RCCO, including:

- ◆ Members who are already engaged with a PCMP find themselves assigned to Denver Health until the process of reassignment is completed, which is very confusing to members. In addition, during the reassignment period, PCMPs were refusing to see patients who have been enrolled/re-enrolled through Denver Health, since Denver Health must authorize payments for any services delivered outside of Denver Health. Furthermore, members who choose Denver Health as their PCMP were having difficulty getting timely appointments.
- ◆ PCMPs were reluctant to join the RCCO network due to this break in the continuity of care with members being treated in their practice.

Staff stated that Colorado Access and stakeholder feedback notified the Department of this issue. The RCCO recognized that solutions may be complex and involve actions at the legislative level. In the meantime, this issue affects the willingness of PCMPs in Region 5 to join the RCCO network.

<p>2. The Contractor reasonably ensures that members in the Contractor’s region have access to specialists and other Medicaid providers promptly, without compromising the member’s quality of care or health.</p> <p align="right"><i>Exhibit A—4.2.5 42CFR438.6(k)(3)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Tracking documents for referrals to specialists/other providers ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ How does the RCCO monitor access to specialists? ◆ What is the RCCO’s assessment of the availability of specialists for RCCO members? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ What are the barriers or challenges you have encountered and what responses/approaches have been implemented? ◆ Is there a mechanism to assess whether access to specialists or other providers (or lack thereof) compromises the member’s quality of care or health? 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
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Requirement	Desk Review/Discussion Items	Score
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Findings:

- ◆ Network Adequacy Report (FY 2013, 2nd quarter): Described hospitals and specialist relationships of PCMPs as the informal network. Support systems provided to date included assisting specialists and hospitals to understand referral and contracting requirements for participation in the ACC. The report stated that many specialists and hospitals participate in community meetings. A provider newsletter will be sent to Colorado Access’ managed care network of specialists and hospitals to broaden outreach efforts concerning the RCCO. Several large hospital systems were engaged in discussions with RCCOs regarding data sharing needs.
- ◆ Region 5 BHO Integration Report: Stated that access to specialty medical care is a particular challenge for members who have SPMI. A significant number of these members have medical problems requiring specialty medical care (cardiology, endocrinology, etc.). The report stated that specialists are reluctant to provide care for this population due to high no-show rates, their complex psychosocial needs, and the need for significant care management services to ensure appointment follow-through and treatment compliance. Colorado Access was making efforts to educate specialists about how the ACC program care management services can reduce high no-show rates and enhance care coordination between providers.
- ◆ Sample RCCO Specialist News Flash: Monthly electronic newsletter geared toward hospitals and specialists. The purpose of this newsletter was to provide information about the ACC Program and Colorado Access’ RCCOs.
- ◆ ACC Provider Manual: Included a statement from the Department that administrative referral from a PCMP is not required for specialists to be paid, and that PCMPs and specialists would establish protocols that would ensure there is coordination and an appropriate exchange of information between specialists and PCMPs.

Additional Discussion:

Staff stated that RCCO relationships with specialists were primarily managed through the PCMPs using their pre-established referral networks. Colorado Access did not anticipate formalizing the relationships between the RCCO and specialists in the near future, due to the need to respect the individual referral relationships of PCMPs with select specialists. In addition, PCMPs expressed concerns that the RCCO will refer a disproportionate number of Medicaid clients to specialists and further diminish the specialists’ interest in accepting any Medicaid members.

Staff explained that formal relationships with specialists through other Colorado Access lines of business overlap with the RCCO regions. Those relationships were used to supplement access to specialists in the RCCO when the PCMP or member is experiencing difficulty in obtaining timely access to a specialist. Staff stated that Colorado Access employed an analyst to begin tracking high-volume specialists used within the RCCO to further target efforts at developing specialist relationships with the RCCO.

Colorado Access stated that ANY access to specialists is considered adequate access, given the reluctance of many specialists to accept Medicaid members. Staff stated that recent feedback from the Denver Medical Society indicated that many specialists are hesitant to schedule Medicaid members based on the high



Appendix A. Colorado Department of Health Care Policy and Financing
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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>“no-show” rates and the high incidence of non-compliance with recommended treatment. Colorado Access began working with the network PCMPs to explore methods of providing performance incentives to stimulate specialists and hospitals to respond to the needs of RCCO members. Colorado Access was also reinforcing processes and communications between PCMPs and specialists.</p> <p>Staff stated that the rotating eligibility of Medicaid members on a month-to-month basis impacts access to care, since members may become ineligible between the time a specialist appointment is scheduled and the date of the appointment or completion of a specialist’s plan of care. Staff stated that the recently enrolled AwDC population have particular difficulty getting access to specialists and frequently have complex medical needs. Colorado Access identified a general shortage of the following specialists within the three regions: pain management, pediatric neurology, pediatric urology, hand surgery, dermatology, and bariatric surgery.</p> <p>Staff stated that UPI, Denver Health, and Kaiser have particularly good systems for access to specialists, but access is primarily limited to those members who are assigned to their PCMPs. Members and network PCMPs are aware that a visit to the ER is sometimes the best mechanism for members to obtain timely access to specialist care.</p>		
<p>3. The Contractor’s PCMP network provides for extended hours on evenings and weekends and alternatives for emergency room visits for after-hours urgent care.</p> <ul style="list-style-type: none"> ◆ At a minimum, the Contractor’s PCMP network provides for 24-hour-a-day availability of information, referral, and treatment of emergency conditions. ◆ The PCMP provides triage by a clinician 24 hours per day, seven days per week (to meet access to care standards). <p align="right"><i>Exhibit A—4.2.2, Exhibit B—2a 42CFR438.6(k)(1)</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Lists of emergency, urgent care, and after-hours care facilities available to members ◆ Applicable policies and procedures ◆ Provider communications regarding 24/7 access to after-hours clinicians ◆ Results of assessment/monitoring of availability of 24/7 triage by clinician <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ Progress obtained/status in after-hours and urgent care availability since previous review? ◆ How is availability of urgent care/after-hours communicated to members? ◆ What proportion of RCCO members have access to after- 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
	<p>hours care (i.e., if PCMPs have after-hours care only for their own patients)?</p> <ul style="list-style-type: none"> ◆ How is after-hours care availability monitored? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Discuss innovative approaches/continuing challenges in provision of urgent/after-hours care. 	

Findings:

- ◆ CCS310—Access to Primary and Specialty Care: Defined urgent care services and stated that prior authorization is not required for urgent care services received in or out of network.
- ◆ Urgent Care Facilities list: Lists urgent/after-hours facilities along Front Range that accept Medicaid.
- ◆ Urgent Care provider letter from the Department: Clarified that ACC members receive the same benefits as Medicaid fee-for-service members and do not require a referral for payment for services.
- ◆ Network Adequacy Report: Listed six provider locations in Region 5 that have evening or weekend hours.
- ◆ ACC Provider Manual: Stated that PCMPs should be able to provide access to care such as after-hours triage services and appointment availability.
- ◆ RCCO Summary—Access to Care: Summarized the multi-year trends in overall compliance rates with access to care requirements conducted through secret shopper calls for high volume and low volume PCMPs. The summary indicated that compliance in high-volume practices diminished.
- ◆ Sample secret shopper reports: Documented monitoring results of routine and symptomatic appointment availability. Access for non-urgent symptomatic appointments performed below standard. The reports noted that many clinics with larger RCCO membership had waiting times of many months or were not taking new patients.

Additional Discussion:

Staff stated that the urgent care facility list was provided to some PCMPs and was being used to guide individual outreach efforts with each urgent care facility to ensure their understanding of the RCCO program. The member packet included information to encourage members to use urgent care instead of the ER, and to call Customer Services or the Nurse Advice Line to find locations. Colorado Access had not distributed a list of urgent care facilities to members via mailings, newsletters, or the member handbook. Staff stated during the on-site interview that urgent care facility locations were being provided to members upon request through Customer Services. Colorado Access stated that members are encouraged to see the PCMP first. In addition, Colorado Access stated that it feels that PCMPs are reluctant to refer a member to an urgent care facility due to concerns that many urgent care facilities are also PCMPs, and the member may then change PCMPs following the urgent care visit. Other concerns expressed by PCMPs, as reported by Colorado Access staff members, were liability and quality concerns regarding directing the patient to receive care from an unfamiliar provider. RCCO staff was also aware of concerns regarding the coding of some urgent care visits as ER visits, which would negatively impact the RCCO’s performance outcome measures. Colorado Access was beginning to evaluate data



Appendix A. Colorado Department of Health Care Policy and Financing
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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
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concerning where PCMPs direct members for after-hours care and the reasons that members seek after-hours care, in order to develop an effective initiative related to the provision of after-hours/urgent care.

Colorado Access had been participating with Metro Crisis Services to develop a 24/7 urgent care hotline for after-hours behavioral health needs, which gives PCMPs one number to call to obtain a referral to the appropriate BHO or triage the member to the ER. This service was well received by PCMPs in Region 5.

Colorado Access surveys PCMPs related to after-hours triage messaging, as well as appointment access standards, as part of secret shopper surveys applicable to all lines of business. The most stringent access standards from any line of business were used as the standard. Staff stated that results of surveys are reviewed with PCMPs to explore why standards were not met and whether the RCCO can offer any assistance to improve performance.

<p>4. Transition to Medical Home:</p> <p>The contractor has a Practice Support Plan, describing its annual activities. These practice support activities shall be directed at a majority of the PCMPs in the Contractor’s region and may range from disseminating a practice support resource to its PCMP network to conducting formal training classes for PCMPs relating to practice support. These activities shall include at least one activity relating to each of the following topics:</p> <ul style="list-style-type: none"> ◆ Operational practice support ◆ Clinical tools ◆ Client or member materials <p align="right"><i>Exhibit A—5.2.1</i></p>	<p>Desk Review:</p> <ul style="list-style-type: none"> ◆ Practice Support Plan ◆ Practice Assessments for Medical Home Capabilities ◆ Applicable policies and procedures <p>Discussion/Findings Will Include:</p> <ul style="list-style-type: none"> ◆ Documents reviewed. ◆ What is the overall network capacity for medical home functions? What are practice assessments results? ◆ How are practice assessments translated into a Support Plan? (Individual/system-wide)? ◆ What has been provided to practices regarding the Medical Home model? <p>Additional Discussion May Include:</p> <ul style="list-style-type: none"> ◆ Innovative approaches/significant achievements? ◆ What are foreseeable objectives/achievements in PCMP medical home performance? ◆ How have practice transformation efforts and activities impacted the organization’s resources? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
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for Colorado Access (Region #5)

Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>Findings:</p> <ul style="list-style-type: none"> ◆ Practice Support Plan: General Description of resources available or in development to support PCMPs, including operational and clinical practice support tools, and member communications. Each PCMP has unique capabilities and needs; tools are applied to practices based on identified needs. Resources available included: <ul style="list-style-type: none"> ● RCCO personnel: Senior medical directors, professional, and support staff. ● Annual assessment of PCMP needs related to medical home capabilities. ● Risk stratification for care management in PCMP practices. ● Practice coaching: HealthTeamWorks or CCHAP (pediatrics). ● Leadership forums for provider participation in RCCO processes. ● New practice orientation to RCCO processes. ● Guiding Care Altruista portal for care management in PCMPs: <ul style="list-style-type: none"> ▪ Centralized care management support or delegation to PCMP. ▪ SDAC dashboard training. ▪ PCMP-specific reports: Claims-based, HRA results, SDAC. ▪ RCCO Web site: Provider pages and login portal. ▪ Provider Newsletter: Updates related to RCCO programs and resources. ▪ Member Communications: IVR messages, member newsletters, health risk assessment, and member selection of PCMP. ◆ ACC Provider Manual: Included information describing the ACC program, member attribution and enrollment process, SDAC dashboard, medical home principles, care management processes and delegation to PCMPs, contact information, Department provider bulletins, and Web site provider portal. <p>Examples of Provider Support Services:</p> <ul style="list-style-type: none"> ◆ Provider Training Programs: <ul style="list-style-type: none"> ● Cultural Competency training: Cross-cultural training for clinicians available on-site at provider office or online. ● Colorado Cross-Disability Coalition (CCDC) Webinar: Addressed how to effectively communicate and work with members with disabilities. ● RCCO orientation. ◆ Colorado Access Provider Web site: <ul style="list-style-type: none"> ● Tools (not specific to RCCO): Administrative tools (e.g., claims status, eligibility); information on authorizations and referrals; and clinical practice 		



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Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>guidelines for behavioral health, physical health, and preventive care.</p> <ul style="list-style-type: none"> • RCCO-specific: Numerous links to State Medicaid information, SDAC clinic data (login), Medical Home training module, provider manual, and “weCare” Community Resource listing. ◆ Provider News Flash: Electronic provider bulletin emailed monthly to participating PCMPs. Colorado Access also had monthly News Flash to specialists and community organizations. ◆ Samples of member communications included HRA, onboarding calls for PCMP selection and HRA completion, incentives to see PCMP for wellness exam, flyer to call Nurse Advice Line for urgent care needs, IVR messages on various subjects, and a “Tips for staying healthy” flyer. ◆ Care Management Delegation Agreement: Outlined support services that may be provided to the PCMP to support delegated care management activities, such as Altruista case management software, IVR messaging, care management consultation and training, and provision of SDAC data. ◆ Pre-delegation Questionnaire and Pre-delegation Audit tool: PCMP self-assessment tools for the specific components of care management and TOC, as outlined in the Care Management Delegation Agreement. The audit tool also assessed the PCMP risk stratification methods, care manager staff training, and ability to deliver reports. The tool described that follow-up review and confirmation of the reported processes would be performed by the RCCO. ◆ CCHAP Amendment: Agreement with CCHAP to provide coaching and training to pediatric practices to prepare them for delegation of care management. 		
<p>Additional Discussion:</p> <p>Staff stated that the RCCO had not completed a formal assessment of the complete listing of medical home functions (described in the Department’s medical home principles) performed by PCMP practices. Colorado Access focused its assessments on coordination capabilities in order to determine the PCMPs’ ability to perform delegated care management. PCMPs who were delegated for care coordination serve approximately 50 percent of the RCCO population across all regions. The regional contract managers review the comprehensive medical home principles and discuss the PCMPs’ activities related to these functions during each new PCMP orientation. Results of these interviews are retained in provider files. Colorado Access has positioned contract managers to be in continuous communication with PCMPs to determine practice needs and organize appropriate responses/resources on an individual practices basis. In addition, Colorado Access assigned care managers to be associated with each PCMP practice to assist with member care coordination and help transition practices to medical home care coordination functions. Staff stated that HealthTeamWorks resources were offered to any practice that desires assistance with medical home transition, but that there was little interest from providers in this resource. Colorado Access was hosting best practice discussions related to medical home functions across all PCMPs.</p> <p>Staff described the practice tiering system used to define PCMP potential for medical home functions: Tier 1—already performing as medical home; Tier 2—are willing and able to transition to medical home; Tier 3—will never be capable of performing as medical home. Staff stated that higher-volume practices are better positioned to perform as medical homes and are either already performing at that level or willing to transition. Overall, staff estimated that the majority of members are or will be able to be served through medical homes.</p>		



Appendix A. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region #5)

Standard II—Follow-Up : Access to Care/Medical Home

Requirement	Desk Review/Discussion Items	Score
<p>Staff reported that the status of medical home performance in Region 5 is as follows:</p> <ul style="list-style-type: none"> ◆ Many large practices were already performing as medical homes. ◆ The RCCO will assist five to seven practices to transition to medical homes. ◆ Three to five practices will never transition to medical homes. 		

Recommendations:
 HSAG encouraged Region 5 to continue its network development efforts as described, and to monitor the expanding Medicaid membership over time to anticipate changing provider network needs. Colorado Access should continue working with the Department to explore potential solutions for the Denver Health passive enrollment requirements applied in the region.

HSAG acknowledged Colorado Access’ sensitivity to preserving existing PCMP and specialist referral relationships, as well as efforts to create regional initiatives related to the provision of specialist services noted to be in shortage, such as pain management services. HSAG encouraged Colorado Access to pursue its proposed analysis of most frequently used specialists for RCCO members in anticipation of more direct relationships with those specialists in the future. Colorado access should continue to pursue innovative strategies to stimulate access to specialists for RCCO members, as well as to open access to specialists through UPI and Denver Health. Colorado Access should also continue collaborative initiatives to address areas of specialist shortages (e.g., pain management), and consider developing a pilot program to engage select specialists to provide care to the SPMI population. HSAG recommended that Colorado Access clarify the Access to Primary and Specialty Care policy (applicable to all lines of business) to accurately represent the specialist referral process for RCCO members.

HSAG recommended that the RCCO continue to pursue accessible alternatives for after-hours and urgent care in the region. HSAG supports Colorado Access’ proposed analysis of more detailed reasons that members seek after-hours, emergency, and urgent care, and encouraged Colorado Access to use the data to pursue innovative solutions, which are acceptable to PCMPs, for the provision of increased access to after-hours and urgent care in the region.

Colorado Access focused on PCMP self-assessment of care coordination capabilities and developing sufficient performance and outcome measures to evaluate the performance of PCMP medical home functions across all regions. Through a close monitoring relationship between the RCCO contract managers and individual PCMPs, needs and PCMP readiness for practice assistance and transformation services were being identified, and the RCCO is providing resources accordingly. HSAG recommended that Colorado Access consider performing a more formal assessment of PCMPs’ medical home functions to ensure that all medical home standards outlined by the Department and by the RCCO are being met.



Appendix A. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region #5)

Results for Standard II—Follow-Up: Access to Care/Medical Home

Total	Met	=	<u>4</u>	X	1.00	=	<u>4</u>
	Substantially Met	=	<u>0</u>	X	.75	=	<u>0</u>
	Partially Met	=	<u>0</u>	X	.50	=	<u>0</u>
	Not Met	=	<u>0</u>	X	0.0	=	<u>0</u>
	Not Applicable	=	<u>0</u>	X	NA	=	<u>0</u>
Total Applicable		=	<u>4</u>	Total Score	=	<u>4</u>	

Total Score ÷ Total Applicable		=	<u>100%</u>
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Appendix B. **Record Review Tools**
for Colorado Access (Region 5)

The record review tools for Region 5 follow this cover page.



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: A5***** (1)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified for the intensive care program after multiple emergency department (ED) visits and hospital admissions.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was homeless, so the care coordinator at Colorado Access had much difficulty contacting the member. The file included documentation that, at one point, the care coordinator was aware that the member was in jail and did not document any attempt to contact the member. The care coordinator also documented that he was aware that the member was hospitalized and he did not document any attempt to visit the member in the hospital. The care coordinator called the contact telephone number in the member’s record and spoke to the member’s sister. The member’s sister said she is not the member’s caregiver and asked that the member’s contact information be changed to Mental Health Center of Denver (MHCD). The		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review	Score
Identification	
<p>sister said that sometimes the member stays at her house. The care coordinator mailed his contact information to the sister, asked that she pass the information along to the member the next time she sees him.</p> <p>The care coordinator assigned to this member was told during a discharge call that the member was associated with a care manager at MHCD. The care coordinator called the care manager at MHCD numerous times and left voice mail messages explaining his role as the member’s care coordinator and expressed a desire to coordinate efforts. Although the MHCD care manager left messages for the Colorado Access care coordinator, at the time of the site review, the two coordinators had not talked with each other.</p>	



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no assessment or care plan included in the record.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: There was no assessment in the record.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: There was no care plan included in the record.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator had not made contact with the member. However, the care coordinator learned during a post discharge call that the member needed housing. The care coordinator documented an attempt to obtain a list of available housing options.</p>		



*Appendix B. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Record Review Tool
 for Colorado Access (Region 5)*

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <div align="right"> <i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: There was no assessment or care plan included in the record.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <div align="right"> <i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i> </div>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: While the care coordinator had not yet connected with the member, the coordinator had identified a barrier to housing. The member is a convicted sex offender with a history of child and animal abuse. The care coordinator began researching housing options before speaking with the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was not able to connect with the member.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator was not able to connect with the member or with the member’s MHCD care manager, and was unable to determine the member’s needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Although the care coordinator had not yet connected with the member, the coordinator made numerous attempts to contact the member both through the member’s sister and through the member’s care manager at MHCD.		

Results for Care Management Record Review					
Total	Met	=	<u>2</u>	X	1.00 = <u>2</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>.75</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>2</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>6</u>	X	NA = <u>0</u>
Total Applicable		=	<u>5</u>	Total Score	= <u>2.75</u>
Total Score ÷ Total Applicable				=	<u>55%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Sample Number: D9**** (4)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator called the member, introduced himself, and explained his role as care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a health risk assessment (HRA); however, the HRA did not assess whether the member was working with or receiving services from any other agencies.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment asked the member to evaluate his health status and medical and non-medical needs, but it did not assess if any health risks were present.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a care plan.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The member’s mother told the care coordinator that the member was receiving care coordination services from Rocky Mountain Human Services (RMHS). The member and the member’s mother both told the Colorado Access care coordinator that all of the member’s needs were being met.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include any documentation showing that the member’s cultural and/or linguistic needs, beliefs, and values had been evaluated.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers to care were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The member was active in his care and attested to working with regular providers to address behavioral and physical health needs. Although the member was an adult and legally responsible for himself, his parents lived in the same building and were available to support the member in any way.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>Both the member and the member’s mother reported that all of the member’s needs were being met. The Colorado Access care coordinator mailed his information to the member and the mother and made it clear that he was available if any needs arise.</p> <p>Although the member’s mother reported that the member was working with a care coordinator at RMHS and identified the coordinator by name, the Colorado Access care coordinator did not document any effort to contact the care coordinator from RMHS.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member did not request any services. The Colorado Access care coordinator sent the member his contact information and noted in the file to follow up again in three months.		

Results for Care Management Record Review					
Total	Met	=	<u>5</u>	X	1.00 = <u>5</u>
	Substantially Met	=	<u>2</u>	X	.75 = <u>1.5</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>2</u>	X	NA = <u>0</u>
Total Applicable		=	<u>9</u>	Total Score	= <u>7</u>
Total Score ÷ Total Applicable					= <u>78%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: U6**** (5)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member, diagnosed as HIV positive with substance abuse issues, was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator called the member, introduced himself, and explained his role as care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>While the record did not include a formal care plan, progress notes included in the record indicated the care coordinator had a plan to coordinate services. The progress notes also identified efforts by the care coordinator to contact multiple providers and coordinate services and treatment for the member.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator completed a health risk assessment (HRA). The risk assessment did not identify health behavior/risks. The member stated he went to the emergency room 10 times in the last 6 months for pain. The member also stated he was receiving mental health counseling services for symptoms of depression.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included a system-generated care plan that was supplemented by progress notes and the HRA.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator linked the member to a PCMP and followed up with the mental health clinic. The record did not include a comprehensive assessment to evaluate all the member's needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: An evaluation of the member’s cultural and/or linguistic needs, beliefs, and values was not included in the record.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers to care were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was involved in his care and responsive to the care coordinator’s calls.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Although there was no comprehensive assessment performed, the care coordinator was attempting to organize pre-existing providers and connect the member into the Colorado Access system (the member was transferred from CAHI).</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes?</p> <p align="right"><i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator made follow-up calls to the member with frequency ranging from a few days to several weeks. The record indicated that the member’s goal of “achieving desired health outcomes” was in process.</p>		

Results for Care Management Record Review					
Total	Met	=	<u>5</u>	X	1.00 = <u>5</u>
	Substantially Met	=	<u>4</u>	X	.75 = <u>3</u>
	Partially Met	=	<u>0</u>	X	.50 = <u>0</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8</u>
Total Score ÷ Total Applicable				=	<u>80%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: JO**** (6)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was assigned to a Colorado Access care coordinator. The member was also working with a care coordinator from the Mental Health Center of Denver (MHCD). The MHCD care coordinator facilitated the introduction of the member to the Colorado Access care coordinator. The member’s record indicated that the member would only speak with her care coordinator at MHCD, so after the initial introduction, the Colorado Access care coordinator only communicated with the MHCD care coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member’s record included a health risk assessment (HRA). The HRA did not assess whether the member had a care plan with any other agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA addressed the member’s health status as well as medical and non-medical needs; however, the assessment did not evaluate any health behavior/risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a care plan.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The Colorado Access care coordinator worked with the MHCD coordinator to address issues with the member’s PCP assignment—a process that required several telephone calls. Although the Colorado Access care manager made it clear to the MHCD care manager that she was available to assist with other needs, none were requested.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include any assessment of the member’s cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record indicated that the member had daily contact with the MHCD care coordinator.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member indicated that all of her needs were being addressed by the MHCD care coordinator. The Colorado Access coordinator had regular and frequent contact with the MHCD coordinator to ensure all of the member’s needs continued to be addressed and to offer additional assistance, if needed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Colorado Access coordinator had regular and frequent contact with the MHCD coordinator to ensure all of the member’s needs continued to be addressed and to offer additional assistance, if needed.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable				=	<u>83%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: J3**** (7)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Colorado Access care coordinator called the member three times and left messages introducing himself and explaining his role as care manager. The member spoke to a different care coordinator at Colorado Access who also gave the member her care coordinator’s name and contact information.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>There was no official health assessment in the record. There were several transition of care scripts that only assessed needs related to the member’s most recent hospital discharge. These assessments did not indicate if the member was receiving services from any other agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The only assessments included in the record were transition of care scripts. These scripts assessed whether the member understood discharge instructions and medication requirements, and whether the member had a follow-up appointment with her PCP. The assessments did not address non-medical needs.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A care plan was included in the record.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator gave the member a telephone number for the ask-a-nurse line. The member did not request information for any other services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The transition of care assessments indicated that the member spoke English. The record did not include any other assessment of cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Progress notes in the record indicated that the member was an active participant in her care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record identified numerous physical health needs. The member stated she had a home health nurse who came daily and that the home health nurse addressed all of the member’s needs. The progress notes documented that the care coordinator followed up with the member regularly to ensure all needs were being addressed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member called the care coordinator to complain of vomiting and headache. She said she had left a message for her PCP but wanted to know what she should do. The care coordinator instructed the member to wait one more hour to hear from her PCP. If after one hour the member had not heard from her PCP, she should call the nurse advice line (the coordinator provided the member that telephone number). The care coordinator called the member after five days to ensure the episode was addressed.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>2</u>	X	.50 = <u>1</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.75</u>
Total Score ÷ Total Applicable				=	<u>88%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: K6***** (8)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was identified through data.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member is identified in the file as being non-verbal. The member’s mother is his caregiver and guardian. The care coordinator called the member’s mother, introduced himself, and explained his role as care coordinator. After a new care coordinator was assigned, she also called the mother and introduced herself and offered her services.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment was included in the record. The assessment did not evaluate if the member was working with any other agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The assessment did not evaluate any risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A care plan was included in the record.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator made numerous telephone calls to durable medical equipment (DME) vendors to arrange an assessment for new equipment. The care coordinator also called pharmacies and agencies to inquire about prices the member is being charged for various medications. The coordinator also spoke to doctors to assist with appointments and questions regarding medications.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The progress notes specified that the coordinator left messages for the caregivers in Spanish. The care coordinator made arrangements for a Spanish-speaking DME vendor to contact the family. The coordinator also gave the caregiver the names and telephone numbers for Spanish-speaking eye doctors and dentists.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator did not identify any barriers to care.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was non-verbal. Progress notes in the file indicated that both the mother and father (with whom the member lived) were active participants in the member’s care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: During the care coordinator’s introductory call, the member’s mother indicated she needed help with getting a new/larger wheelchair and needed modifications to the bed. The mother also stated she felt she was being charged too much for medications. The care coordinator made numerous telephone calls to pharmacies and doctors to research and address issues with medications. The care coordinator also made arrangements with DME vendors to visit the family home. The care coordinator followed up with the DME vendors several times to ensure all required information was received and that the vendor was able to connect with the family. The care coordinator also referred the member to Spanish-speaking eye doctors and dentists.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div style="text-align: right;"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Progress notes in the record indicated that the care coordinator was very responsive and thorough to every request made by the member’s caregivers. The care coordinator made several follow-up telephone calls to vendors, doctors, and to the member’s caregivers to ensure all processes and investigations remained on track.		

Results for Care Management Record Review					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>0</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>9.25</u>

Total Score ÷ Total Applicable		=	<u>93%</u>
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Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: N5**** (9)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was transferred to Colorado Access from CAHI. The CAHI care coordinator met with the Colorado Access care coordinator to review the record. The two coordinators called the member to introduce to new Colorado Access coordinator. The Colorado Access coordinator also mailed contact information to the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) was included in the file, but the assessment did not evaluate whether the member had care plans with other agencies.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The HRA addressed all of the requirements except health risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A care plan was included in the file.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member called the care coordinator after the oxygen vendor showed up at her house demanding payment. At the member’s request, the care coordinator provided the member with the vendor’s Bill of Rights and Patient Responsibility policy. The coordinator offered additional services, but was denied.</p> <p>The member called the coordinator a second time to report that, while at the hospital, her service dog was attacked by a second dog. The member asked the coordinator with help locating the hospital’s policy and procedure for pet and service animals. The coordinator called the member to report she was unable to locate the policy and procedure and the member indicated the incident had been addressed to her satisfaction.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include any indication that the member’s cultural and/or linguistic needs, beliefs, and values had been assessed.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
<p>Observations: No barriers were identified.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
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Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: Progress notes in the file indicated that the member was very engaged with her care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care managed identified the member’s special needs; however, the member was insistent that she had all the help she needed. On the two occasions during which the member reached out for assistance, the care coordinator was very responsive.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
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for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: Regarding the two instances in which the member requested help, the member called the care coordinator back regularly with updates. The progress notes indicate the care coordinator planned to remain in regular contact with the member.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable					= <u>83%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: R7**** (10)

Reviewer: Rachel Henrichs

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: This member was identified after multiple emergency department visits.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"><i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator made numerous, unsuccessful attempts to contact the member. However, the member’s care coordinator from Mental Health Center of Denver (MHCD) called the Colorado Access coordinator to introduce the member to the Colorado Access coordinator.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The record included an HRA that was completed in 2011. The record indicated that a newer HRA was completed by the MHCD care coordinator and sent to Colorado Access; however, Colorado Access was not able to confirm the second HRA was received. The actual assessment in the file did not address whether the member had care plans with any other agency.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The HRA did not include an assessment of risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A care plan was included in the file.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was very active with MHCD and the care coordinator located there. The Colorado Access care coordinator contacted the MHCD coordinator frequently to check on the member and offer services; however, no services or assistance were requested.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values? <p align="center"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record did not include any documentation that the member’s cultural and/or linguistic needs, beliefs, and values were assessed.		
4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member? <p align="center"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	
Observations: No barriers to care were identified.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was very engaged with her care coordinator from MHCD.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: It appeared that MHCD was addressing all of the member’s needs. The Colorado Access coordinator called the MHCD coordinator regularly to check on the member and to offer assistance.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The Colorado Access coordinator called the MHCD coordinator regularly to check on the member and to offer assistance.		

Results for Care Management Record Review					
Total	Met	=	<u>7</u>	X	1.00 = <u>7</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>1</u>	X	NA = <u>0</u>
Total Applicable		=	<u>10</u>	Total Score	= <u>8.25</u>
Total Score ÷ Total Applicable					= <u>83%</u>



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Sample Number: H1**** (O-1)

Reviewer: Kathy Bartilotta

Care Management Program Record Review		Score
Identification		
1. What event(s) or condition(s) triggered the member’s identification/referral to receive intensive care/case management services? <div align="right"><i>Exhibit A—6.4</i></div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The member was transferred from CAHI.		
2. Was the member assigned an individual to be a care coordinator, and was the member made aware of that assignment? <div align="right"> <i>Region 1: Exhibit A—6.4.8</i> <i>Regions 2, 3, 4, 5: Exhibit A—6.4.3</i> <i>(Not in R6, R7)</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The care coordinator contacted the member and sent contact information to the member.		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Assessment		
<p>1. Was there an assessment present in the Contractor’s care management documentation system that assessed current care coordination services provided to the member and the sufficiency of those services? Did the assessment address whether a care plan exists (from another agency)?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.2.1 and 6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1 and 6.4.4.1</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record included a health risk assessment (HRA). The assessment did not determine whether the member was working with other agencies.</p>		
<p>2. Did the assessment address the member’s:</p> <ul style="list-style-type: none"> ◆ Health status? ◆ Health behavior/risks? ◆ Medical and non-medical needs? <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: A health risk assessment (HRA) was mailed to the member. The assessment did not include risks.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>1. Does a care plan exist, whether developed by the Contractor, a PCMP, or community agency?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>A formal care plan that included goals was generated by the Altruista system.</p>		
<p>2. Did the care coordinator link members to medical services and to non-medical, community-based supports? This may include acting as a liaison between medical and non-medical service providers.</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.1.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.1.2</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations:</p> <p>The care coordinator assisted the member with PCMP selection and identified specialists involved with the member’s care. The care coordinator also sent the member application information for needed services.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Development of a Care Treatment Plan		
<p>3. Do the care plan interventions reflect the member’s cultural and/or linguistic needs, beliefs, and values?</p> <p align="right"><i>Regions 1, 6, 7: Exhibit A—6.4.3.2.2</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.2</i> <i>Regions 4: Exhibit A—6.4.3.1.2</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The record did not include an assessment of the member’s cultural and/or linguistic needs, beliefs, and values.</p>		
<p>4. Did the Contractor identify barriers to the member’s health that exist in the Contractor’s region and address those barriers for the member?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.3.3.4</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.3.3.4</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The only barrier to care that was identified in the record (transportation) was adequately addressed.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
<p>1. Were the member and the member’s family, if applicable, active participants in the member’s care, to the extent the member/family were willing and able?</p> <p align="right"><i>Regions 1, 4, 6, 7: Exhibit A—6.4.3.2.1</i> <i>Regions 2, 3, 5: Exhibit A—6.4.5.2.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The member was an active participant in her care.</p>		
<p>2. If the member had any of the following special needs, was the provision of care coordination services responsive to those needs?</p> <ul style="list-style-type: none"> ◆ Complex behavioral or physical health needs ◆ The member has physical or developmental disabilities ◆ The member is a child or foster child ◆ The member is an adult or is aged ◆ The member is non-English-speaking ◆ The member was in need of assistance with medical transitions <p align="right"><i>Regions 1, 4, 7: Exhibit A—6.4.3.2.3</i> <i>Regions 2, 3: Exhibit A—6.4.5.2.3</i> <i>Regions 6: Exhibit A—6.4.3.2.3.1</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
<p>Observations: The care coordinator coordinated multidisciplinary staffing to address primary and secondary medical needs, psychiatric treatment, care management, and care plan goals.</p>		



Appendix B. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Record Review Tool
for Colorado Access (Region 5)

Care Management Program Record Review		Score
Provision of Care/Case Management Services		
3. Did the Contractor follow up with the member to assess whether the member has received the services needed and if the member is on track to reach his or her desired health outcomes? <div align="right"> <i>Regions 1, 4, 5, 6, 7: Exhibit A—6.4.3.1.6</i> <i>Region 2: Exhibit A—6.4.5.1.6</i> <i>Region 3: Exhibit A—6.4.5.1.7</i> </div>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
Observations: The record documented a plan to follow-up with the member regarding transportation information that was sent to the member.		

Results for Care Management Record Review					
Total	Met	=	<u>8</u>	X	1.00 = <u>8</u>
	Substantially Met	=	<u>1</u>	X	.75 = <u>0.75</u>
	Partially Met	=	<u>1</u>	X	.50 = <u>0.5</u>
	Not Met	=	<u>1</u>	X	0.0 = <u>0</u>
	Not Applicable	=	<u>0</u>	X	NA = <u>0</u>
Total Applicable		=	<u>11</u>	Total Score	= <u>9.25</u>
Total Score ÷ Total Applicable					= <u>84%</u>