

QIS Program Review Tool Training

July 2017



COLORADO

Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**






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Policy & Financing

Housekeeping

- We are recording this session
 - Available on our website in the coming days
 - www.colorado.gov/hcpf/long-term-services-and-supports-training#QIS
- Please use chat panel to enter your questions
- Files Panel
 - Click to download this presentation and handouts

Experience Level

-  A Rookie QIS Reviewer
-  B Veteran QIS Reviewer
-  C Just interested...

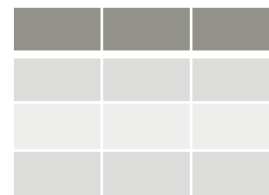
Today's Objectives



Background
Information



Tools of the
Trade



Program
Review Tool

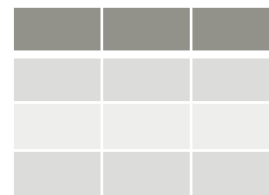
Today's Objectives



Background
Information



Tools of the
Trade



Program
Review Tool

Why are we doing this?

- Ensure participants are receiving the services and supports they need
- CMS requirement
 - Annual and periodic reports
- Guide training development



What are we looking for?

- Six Federal Assurances

- Level of Care
- Service Plan
- Health and Welfare
- Qualified Provider
- Administrative Authority
- Financial Accountability

Role of the QIS Reviewer

- QIS Reviewers **cannot** review his or her own work
 - Okay if the participant is or has been on the reviewer's caseload, as long as the reviewer is not case manager of record during the review period
- Review **only** the provided certification spans for the participant
- QIS Reviewers should **not** make **any** changes to participant records

What if I find something that needs to be changed?

- QIS Reviewers should **not** make **any** changes to participant records
- Note **minor** changes, **wait** for CSR or remediation
- For **major** concerns or unmet needs identified, do full Service Plan **Revision**

New for 2017

- Simplified Program Review Tool
 - Sample participants will be populated for you in the tool
 - Reviews for all sample participants will be done within one program review tool
- You will NOT have to create individual program review tools for each participant
- You will NOT have to copy and paste information into an Aggregation workbook



New for 2017

- Bridge Go Live Dates
 - March 1, 2017 - Community Centered Boards
 - April 17, 2017 - Single Entry Point Agencies
- When reviewing data:
 - Review participant information in the related system
 - Refer to the Data Source identified in the instruction manual for each section
 - Department will help identify participants in your sample that may have information in the Bridge

Row Number	Question/Task	Where can I locate this information?
26 – 27	SKIP - informational only	n/a
	<p>SP-SAA SP1</p> <p>Does the Service Plan appropriately align with the level of care identified in the ULTC 100.2 Assessment?</p> <ul style="list-style-type: none"> • Answer Yes if all needs identified in the 100.2 have been addressed. • Answer No if any need identified in the 100.2 is not addressed. 	<p>Data Source = BUS and Bridge</p> <ol style="list-style-type: none"> 1. Access participant's records in the BUS. 2. Select the Assessment 100.2 that matches the 100.2 Event Number provided in Row 6. 3. Select and review: <ol style="list-style-type: none"> a. ADLs b. Supervision c. Medical sections d. IADLs (EBD, BI, and MI only)

Process

Data Pull



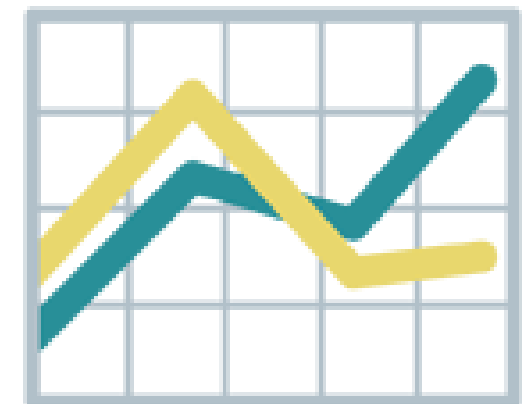
**Super
Aggregate**



**Super
Aggregate**

Analyze

**Trend
Report**



Questions



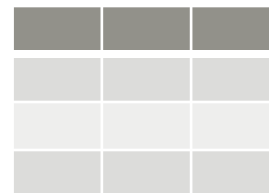
Today's Objectives



Background
Information



Tools of the
Trade



Program
Review Tool

What your agency receives

The image shows a screenshot of a data entry form titled "Participant Sample". The form is tilted and contains several sections and tables.

Top Section: "Case Management Agency" and "Clients in Sample" are on the left. "ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE" is on the right. The value "2" is entered in the "Clients in Sample" field.

Table 1:

Number	MEDICAID ID
1	G123456
2	Y987654

Table 2:


WAIVER	SERVICE PLAN EVENT NUMBER	SERVICE PLAN EVENT
		SR
		SR

Client Name		Medicaid ID		Waiver/Program		QIS assigned to:	
Current CM		CM during Cert Period being reviewed				LTC End Date	
Event #		LTC Certification Span Start Date		Was the client present		Yes / No	
Conducted in the client residence		Yes / No		Needs Identified		Contains HOW info obtained	
ADLs		Score		Comments Justify Score		Need addressed in SP?	
Bathing							
Dressing							
Toileting							
Mobility							
Transfer							
Eating							
Sup. Be							
Sup. M							
Mental							

Data Info Sheet
(optional)

Service Plan Event #		Guardian Identified		Yes / No		Name of Guardian	
Natural Supports		Yes / No		Third Party Resources		Yes / No	
State Plan Benefits		Yes / No		Home Health Benefits		Yes / No	
Service Goals: Individual services include service goals that are individualized and commensurate with ULTC Assessment							
Client's personal goal: Individualized and completed?							
Contingency plan: Individualized and addresses client's health and welfare when services are not available?							

[illegible]



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Instructions for the QIS Program Review Tool

The Quality Improvement Strategy (QIS) reviewer shall **review** the following for **each HCBS member in the sample** for the certification span/event number provided by the Department of Health Care Policy and Financing (Department):

QIS Program Review Tool Instructions

Who is responsible for reviewing what?

- Each Community Centered Board (CCB), Children's Habilitation Residential Program (CHRP) agency, or Single Entry Point (SEP) will review the records selected for their agency.
- A QIS reviewer **cannot** review his or her own work. However, it is permitted as long as the QIS reviewer was not the case manager of record during the Certification Span being reviewed.

Participant Sample

Case Management Agency			ROCKY MOUNTAIN OPTIONS FOR LONG TERM CARE			
Clients in Sample			2			
Number	MEDICAID ID	WAIVER	SERVICE PLAN EVENT NUMBER	SERVICE PLAN EVENT TYPE	100.2 EVENT NUMBER	100.2 EVENT TYPE
1	Y123456	EBD	5	CSR	12	CSR
2	G654321	EBD	11	CSR	16	CSR

- Check for:
 - are the participants listed with your agency **currently**
 - are the participants listed on the correct waiver
- If not, notify Elaine Osbment or Emily Kelley immediately
- Confirm you have completed this basic review

Program Review Tool and Instructions

QIS Review Period 7/1/2016 - 6/30/2017	FY2016-17	FY2016-17	FY2016-17
Case Management Agency	CO BLUESKY	CO BLUESKY	CO BLUESKY
Member Name	Washington, George	Adams, John	Jefferson, Thomas
Medicaid ID	W111111	A111111	J111111
Program Area (Waiver)	DD	DD	DD
100.2 Event Number	1	2	2
Certification Start Date	7/27/2016	9/1/2016	10/8/2016
Certification End Date	6/30/2017	6/30/2017	8/31/2017
Reviewed By	Reviewer, QIS	Reviewer, QIS	Reviewer, QIS
Revised Date	8/1/2017	8/1/2017	8/1/2017
QIS - Program Review Tool			
Assurance: Level of Care (LOC)			
Sub-Assurance: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine member level of care.			
Performance Measure (LOC-SAC PM): Professional Medical Information Page (PMIP) was completed according to Department Rules and Regulations.			
Performance Measure (LOC-SAC PM2): The ULTC Assessment was appropriately applied (Assessment substantiates LOC determination)	No	No	No
1) The ULTC Assessment was completed face-to-face in the member's residence.			
2) All "Due To" scores are sufficiently justified in the comment section.	No	No	No
a) Bathing "Due To" score is sufficiently justified in the comment section.			
b) Dressing "Due To" score is sufficiently justified in the comment section.			
c) Toileting "Due To" score is sufficiently justified in the comment section.			
d) Mobility "Due To" is sufficiently justified in the comment section.			
e) Transferring "Due To" score is sufficiently justified in the comment section.			
f) Eating "Due To" score is sufficiently justified in the comment section.			
g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.			
h) Supervision Memory "Due To" score is sufficiently justified in the comment section.			
Assurance: Service Plan (SP)			
Sub Assurance: Service Plans address all member's assessed needs (including health and safety risk factors) and personal goals, either by provision of waiver services or through other means.			
Performance Measure (SP-SAA PM1): The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.			
Performance Measure (SP-SAA PM1): Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)	No	No	No
1) Natural Supports			



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Instructions for the QIS Program Review Tool

The Quality Improvement Strategy (QIS) reviewer shall **review** the following for **each HCBS member in the sample** for the certification span/event number provided by the Department of Health Care Policy and Financing (Department):

- ULTC 100.2 Assessment (100.2)
- Service Plan (SP)
- Any/all service plan revisions
- All log notes
- Any/all critical incident reports (CIRs)

Who is responsible for reviewing what?

- Each Community Centered Board (CCB), Children's Habilitation Residential Program (CHRP) agency, or Single Entry Point (SEP) will review the records selected for their agency.
- A QIS reviewer **cannot** review his or her own work. However, it is permitted as long as the QIS reviewer was not the case manager of record during the Certification Span being reviewed.
- Review **only** the certification spans provided in the member sample.
- QIS reviewers are **not** authorized to make changes to member records during review process.

What systems are needed?

- Benefits Utilization System (BUS)
- BRIDGE
- DDD Web Application Portal (CCBs)
- TRAILS (CHRP)



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Data Information Sheet

Optional!

Client Name		Medicaid ID		Waiver/Program	
Current CM		CM during Cert Period being reviewed		QIS assigned to:	

ULTC Assessment (100.2)	Event #		LTC Certification Span Start Date			LTC End Date		
	Conducted in the client residence		Yes / No		Was the client present		Yes / No	
	ADLs	Score	Comments Justify Score	Needs Identified			Contains HOW info obtained	Need addressed in SP?
	Bathing							
	Dressing							
	Toileting							
	Mobility							
	Transfers							
	Eating							
	Sup. Behavioral							
	Sup. Memory							
Mental Health Diagnosis:								

Submit Completed Program Review Tool

QIS Review Period 7/1/2016 - 6/30/2017	FY2016-17	FY2016-17	FY2016-17
Case Management Agency	CO BLUESKY	CO BLUESKY	CO BLUESKY
Member Name	Washington, George	Adams, John	Jefferson, Thomas
Medicaid ID	W111111	A111111	J111111
Program Area (Waiver)	DD	DD	DD
100.2 Event Number	1	2	2
Certification Start Date	7/27/2016	9/1/2016	10/8/2016
Certification End Date	6/30/2017	6/30/2017	8/31/2017
Reviewed By	Reviewer, QIS	Reviewer, QIS	Reviewer, QIS
Reviewed Date	8/1/2017	8/1/2017	8/1/2017
QIS - Program Review Tool			
Assurance: Level of Care (LOC)			
Sub-Assurance: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine member level of care.			
Performance Measure (LOC-SAC PM): Professional Medical Information Page (PMIP) was completed according to Department Rules and Regulations.	Yes	Yes	Yes
Performance Measure (LOC-SAC PM2): The ULTC Assessment was appropriately applied (Assessment substantiates LOC determination)	No	Yes	No
1) The ULTC Assessment was completed face-to-face in the member's residence.	Yes	Yes	Yes
2) All "Due To" scores are sufficiently justified in the comment section.	No	Yes	No
a) Bathing "Due To" score is sufficiently justified in the comment section.	Yes	Yes	No
b) Dressing "Due To" score is sufficiently justified in the comment section.	No	Yes	No
c) Toileting "Due To" score is sufficiently justified in the comment section.	Yes	Yes	Yes
d) Mobility "Due To" is sufficiently justified in the comment section.	Yes	Yes	Yes
e) Transferring "Due To" score is sufficiently justified in the comment section.	Yes	Yes	No
f) Eating "Due To" score is sufficiently justified in the comment section.	Yes	Yes	Yes
g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.	Yes	Yes	No
h) Supervision Memory "Due To" score is sufficiently justified in the comment section.	Yes	Yes	No
Assurance: Service Plan (SP)			
Sub Assurance: Service Plans address all member's assessed needs and personal goals, either by provision of waiver services or by other means.			
Performance Measure (SP-SAA PM1): The Service Plan addresses identified needs in the ULTC Assessment.	Yes	Yes	No
Performance Measure (SP-SAA PM1): Identified needs are addressed by waiver services, third party payers and/or State Plan benefits prior to HCBS enrollment to ensure that HCBS is the payer of last resort.)	Yes	Yes	Yes
1) Natural Supports	Yes	Yes	No

Due by
September
8th!

Timeline

- Receive sample
 - Confirm receipt of the sample via email
- Confirm all participants in your sample are **currently being served** by your agency and are on correct waiver
 - contact Elaine or Emily either way –
 - no changes after that
- Receive Program Review Tool
- September 8th – One completed Program Review Tool due back to the Department

Contacts

Elaine Osbment	Emily Kelley	Nancy Harris
<p>Long-Term Services and Supports Waivers</p> <ul style="list-style-type: none">• Brain Injury Waiver (BI)• Children's Home and Community Based Services Waiver (CHCBS)• Children With Life-Limiting Illness (CLLI)• Community Mental Health Services Waiver (CMHS)• Elderly, Blind or Disabled Waiver (EBD)• Spinal Cord Injury Waiver (SCI) <p>Elaine.Osbment@state.co.us</p>	<p>Division for Intellectual and Developmental Disabilities</p> <ul style="list-style-type: none">• Children's Extensive Supports Waiver (CES)• Persons with Developmental Disabilities Waiver (DD)• Supported Living Services Waiver (SLS) <p>Emily.Kelley@state.co.us</p>	<p>Department of Human Services</p> <ul style="list-style-type: none">• Children's Habilitation Residential Program Waiver (CHRP) <p>Nancy.Harris1@state.co.us</p>

Find Tools Online

www.colorado.gov/hcpf/long-term-services-and-supports-training#QIS

For Our Providers

Provider Services

Training

Long-Term Services and Supports Training

QIS Heading



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Questions



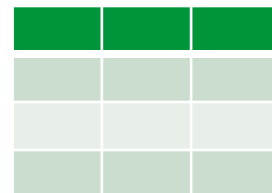
Today's Objectives



Background
Information



Tools of the
Trade



Program
Review Tool

Program Review Tool

- One tool...
...many participants
- Participant information is populated for you
- Participant information is locked

QIS Review Period 7/1/2016 - 6/30/2017				FY2016-17	FY2016-17	FY2016-17
Case Management Agency				CO BLUESKY	CO BLUESKY	CO BLUESKY
Member Name				Washington, George	Adams, John	Jefferson, Thomas
Medicaid ID				W111111	A111111	J111111
Program Area (Waiver)				DD	DD	DD
100.2 Event Number				1	2	2
Certification Start Date				7/27/2016	9/1/2016	10/8/2016
Certification End Date				6/30/2017	6/30/2017	8/31/2017
Reviewed By				Reviewer, QIS	Reviewer, QIS	Reviewer, QIS
Reviewed Date				8/1/2017	8/1/2017	8/1/2017

QIS - Program Review Tool						
Assur	FY2016-17	FY2016-17	FY2016-17	FY2016-17	FY2016-17	FY2016-17
Sub-	CO BLUESKY	CO BLUESKY	CO BLUESKY	CO BLUESKY	CO BLUESKY	CO BLUESKY
appr	Washington, George	Adams, John	Jefferson, Thomas	Dandridge, Martha	Smith, Abigail	Wayles, Martha
Perfo	W111111	A111111	J111111	D111111	S111111	W222222
Depr	DD	DD	DD	SLS	SLS	SLS
Perfo	1	2	2	5	2	1
subst	7/27/2016	9/1/2016	10/8/2016	11/1/2016	7/27/2016	9/1/2016
1)	6/30/2017	6/30/2017	8/31/2017	10/31/2017	6/30/2017	6/30/2017
2)	c) Toileting "Due To" score is sufficiently justified in the comment section.					
a)	d) Mobility "Due To" is sufficiently justified in the comment section.					
b)	e) Transferring "Due To" score is sufficiently justified in the comment section.					
	f) Eating "Due To" score is sufficiently justified in the comment section.					
	g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.					
	h) Supervision Memory "Due To" score is sufficiently justified in the comment section.					
Assurance: Service Plan (SP)						
Sub Assurance: Service Plans address all member's assessed needs (including health and safety risk factors) and personal goals, either by provision of waiver services or through other means.						
Performance Measure (SP-SAA PM1): The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.						
Performance Measure (SP-SAA PM1): Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)						
1) Natural Supports						

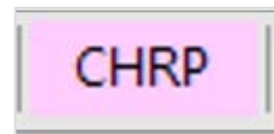
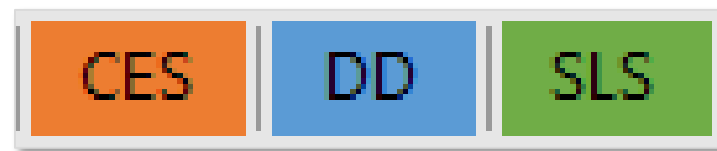
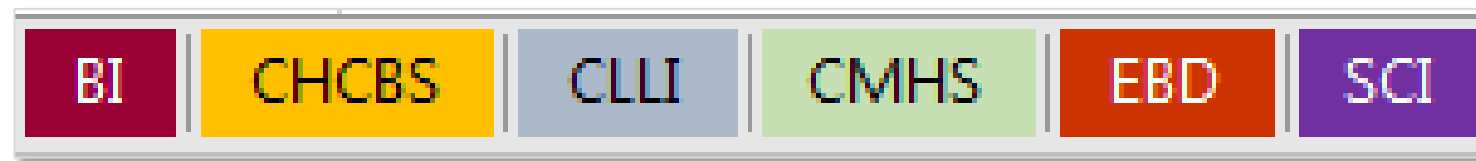


Program Review Tool

QIS Review Period 7/1/2016 - 6/30/2017		FY2016-17	FY2016-17	FY2016-17
Case Management Agency		CO BLUESKY	CO BLUESKY	CO BLUESKY
Member Name		Washington, George	Adams, John	Jefferson, Thomas
Medicaid ID		W111111	A111111	J111111
Program Area (Waiver)		DD	DD	DD
100.2 Event Number		1	2	2
Certification Start Date		7/27/2016	9/1/2016	10/8/2016
Certification End Date		6/30/2017	6/30/2017	8/31/2017
Reviewed By		Reviewer, QIS	Reviewer, QIS	Reviewer, QIS
Reviewed Date		8/1/2017	8/1/2017	8/1/2017
Assurance: Level of				
Sub-Assurance: The				
and according to the				
Performance Measure				
Department Rules and				
Performance Measure				
(LOC determination)				
1) The ULTC Assessment was completed face-to-face in the member's residence.		Yes	Yes	Yes
2) All "Due To" scores are sufficiently justified in the comment section.		No	Yes	No
a) Bathing "Due To" score is sufficiently justified in the comment section.		Yes	Yes	No
b) Dressing "Due To" score is sufficiently justified in the comment section.		No	Yes	No
c) Toileting "Due To" score is sufficiently justified in the comment section.		Yes	Yes	Yes
d) Mobility "Due To" is sufficiently justified in the comment section.		Yes	Yes	Yes
e) Transferring "Due To" score is sufficiently justified in the comment section.		Yes	Yes	No
f) Eating "Due To" score is sufficiently justified in the comment section.		Yes	Yes	Yes
g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.		Yes	Yes	No
h) Supervision Memory "Due To" score is sufficiently justified in the comment section.		Yes	Yes	No
Assurance: Service Plan (SP)				
Sub Assurance: Service Plans address all member's assessed needs (including health and safety risk factors) and personal goals, either by provision of waiver services or through other means.				
Performance Measure (SP-SAA PM1): The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.		Yes	Yes	No
Performance Measure (SP-SAA PM1): Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)		Yes	Yes	Yes
1) Natural Supports		Yes	Yes	No

One column for each participant

Program Review Tool



- Tabs for each waiver
- Participants listed within each tab

Other Changes

Before

9	<p>Assurance: Level of Care (LOC)</p> <p>Evaluation of need: The State must provide for an initial evaluation (and periodic re-evaluation) of the need for the level of care furnished in a Nursing Facility/hospital/ICF/MR when there is an indication that service may be needed in the future. The assessment itself must be used to determine level of care for Nursing Facility/hospital/ICF-MR and the performing assessments must be as high as those assessing need for Nursing Facility/MR.</p>
13	<p>LOC Sub assurance 3: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine client level of care.</p>
22	<p>2) The ULTC Assessment was completed face-to-face in the client's residence.</p>
23	<p>Instructions for line 22: Mark "Yes" if 1) the assessment was completed in the client's present at the interview. The client's residence is defined as where the client currently resides, the client's private residence, or their parent's home if this is where the client lives, an Alternate Residence (e.g., a Nursing Facility, etc.).</p>
26	<p>A) All "Due To" scores are sufficiently justified in the comment section.</p>

After

Assurance: Level of Care (LOC)
Sub-Assurance: The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine member level of care.
Performance Measure (LOC-SAC PM): Professional Medical Information Page (PMIP) was completed according to Department Rules and Regulations.
Performance Measure (LOC-SAC PM2): The ULTC Assessment was appropriately applied (Assessment substantiates LOC determination)
1) The ULTC Assessment was completed face-to-face in the member's residence.
2) All "Due To" scores are sufficiently justified in the comment section.
a) Bathing "Due To" score is sufficiently justified in the comment section.
b) Dressing "Due To" score is sufficiently justified in the comment section.
c) Toileting "Due To" score is sufficiently justified in the comment section.
d) Mobility "Due To" is sufficiently justified in the comment section.
e) Transferring "Due To" score is sufficiently justified in the comment section.
f) Eating "Due To" score is sufficiently justified in the comment section.
g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.
h) Supervision Memory deficit "Due To" score is sufficiently justified in the comment section.

Participant/Agency Information


Rows 1-10

1	QIS Review Period 7/1/2016 - 6/30/2017	FY2016-17	FY2016-17	FY2016-17	FY2016-17
2	Case Management Agency	CO BLUESKY	CO BLUESKY	CO BLUESKY	CO BLUESKY
3	Member Name	Washington, George	Adams, John	Jefferson, Thomas	Dandridge, Martha
4	Medicaid ID	W111111	A111111	J111111	D111111
5	Program Area (Waiver)	DD	DD	DD	SLS
6	100.2 Event Number	1	2	2	5
7	Certification Start Date	7/27/2016	9/1/2016	10/8/2016	11/1/2016
8	Certification End Date	6/30/2017	6/30/2017	8/31/2017	10/31/2017
9	Reviewed By	Reviewer, QIS	Reviewer, QIS	Reviewer, QIS	Reviewer, QIS
10	Reviewed Date	8/1/2017	8/1/2017	8/1/2017	8/5/2017

- Rows 1-8
 - Contain participant information from your agency's sample
 - Populated by the Department
 - Agency cannot make changes in this section
- Rows 9-10
 - Agency reports QIS Reviewer name for that participant and Review Date

Level of Care

Rows 14-25

14	Performance Measure (LOC-SAC PM): Professional Medical Information Page (PMIP) was completed according to Department Rules and Regulations.	Yes	<input type="checkbox"/>	Yes	Yes
15	Performance Measure (LOC-SAC PM2): The ULTC Assessment was appropriately applied (Assessment substantiates LOC determination)	No		Yes	No
16	1) The ULTC Assessment was completed face-to-face in the member's residence.	Yes		Yes	Yes
17	2) All "Due To" scores are sufficiently justified in the comment section.	No		Yes	No
18	a) Bathing "Due To" score is sufficiently justified in the comment section.	Yes		Yes	No
19	b) Dressing "Due To" score is sufficiently justified in the comment section.	No		Yes	No
20	c) Toileting "Due To" score is sufficiently justified in the comment section.	Yes		Yes	Yes
21	d) Mobility "Due To" is sufficiently justified in the comment section.	Yes		Yes	Yes
22	e) Transferring "Due To" score is sufficiently justified in the comment section.	Yes		Yes	No
23	f) Eating "Due To" score is sufficiently justified in the comment section.	Yes		Yes	Yes
24	g) Supervision Behavior "Due To" score is sufficiently justified in the comment section.	Yes		Yes	No
25	h) Supervision Memory "Due To" score is sufficiently justified in the comment section.	Yes		Yes	No

0 ADL score = YES

Participant's Residence = where the participant currently resides, which may include: the participant's private home or their parent's home if this is where the participant lives; an Alternative Care Facility; a Hospital; a Nursing Facility; etc.

Where to Find on the BUS

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Assessment - Banana pudding - ***-**-2121

Main Menu Advisement Letter Assessment - 100.2 - Info - ADL - Medical - Assessment Demographic ~ Info ~ AP Risk - LOC Certification - Print - Verify - Finalize Client Information Transition Assessment & Planning Risk Mitigation Plan Assessment - HCA Case Management Case Status Critical Incident Reports IADL Log Notes LTC 803 Program Area Referral Service Plan Service Plan DD	*Location of Assessment <input checked="" type="radio"/> Applicants Private Residence/Home <input type="radio"/> Nursing Home <input type="radio"/> Hospital/Other Health Care Facility <input type="radio"/> Assisted Living <input type="radio"/> Agency Office <input type="radio"/> Relatives Home <input type="radio"/> Telephone <input type="radio"/> Other <input type="text"/>	*Present at Interview <input type="radio"/> Applicant Only <input type="radio"/> Caregiver(s) Only <input checked="" type="radio"/> Applicant and Caregiver(s) <input type="radio"/> Applicant and Others <input type="radio"/> Other <input type="text"/>
	*Most of the interview information was provided by <input checked="" type="radio"/> Applicant <input type="radio"/> Caregiver <input type="radio"/> Medical Record <input type="radio"/> Facility Staff <input type="radio"/> All of the Above <input type="radio"/> Other <input type="text"/>	*Living Environment <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Safe with feasible modifications <input type="checkbox"/> Services can not be delivered here <input type="checkbox"/> Client needs to move so services can be delivered <input type="checkbox"/> Client needs to move to a safer environment <input type="checkbox"/> Special home assessment needed <input type="checkbox"/> Unknown
	*Eligibility Assessment Summary <div> ULTC 100.2 assessment held at Banana's apartment. Present at the assessment were both Banana and his mother. Banana was dressed appropriately for both the situation and the weather. His apartment appeared neat and well-kempt. The majority of the information was provided by Banana with some clarification being supplied by his mother. Banana requires support with Bathing and Eating. He requires significant support with Supervision / Memory - specifically with all aspects of money management, health and medication management, major decision-making, and prevention from exploitation and mistreatment. Without the necessary supports being in place </div> <div> <input type="button" value="Save"/> <input type="button" value="Clear"/> </div>	

ADL Example

Mobility:

Physical Impairment:

- ☐ Amputation
- ☒ Balance Problems
- ☒ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Gross Motor Impairment
- ☒ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☒ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☒ Shortness of Breath
- ☐ Weakness

Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☒ History of Falls
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

Comments Example: Follows best practices and provides explanation of “due to” checkboxes

Daughter reports Anna has a diagnosis of diabetes and osteoporosis. Anna is full weight bearing and is able to ambulate 500 feet with use of front-wheel walker. Anna uses front-wheel walker for all mobility to help with balance problems, decreased endurance and limited range of motion. Anna has a fallen three times in the last year. Her most recent fall occurred at home on 2/8/14 in which she fractured her left hip and required hospitalization and short rehab stay. Anna is now at home and requires front-wheel walker and stand-by assistance while ambulating inside/outside home. Anna is unable to use stairs due to above reasons, however daughter reports there are no stairs in Anna’s home. Anna requires 2L of continuous oxygen due to shortness of breath.

Good narrative statements include the following information:

- Person-centered language
 - Use names, person first language
 - Information about person’s abilities instead of only what services are needed
- How information was obtained
- Who is providing assistance
- Frequency, scope and duration of assistance needed
- Assistive devices or Durable Medical Equipment (DME) used
- AVOID vague words

For more visit - www.colorado.gov/hcpf/long-term-services-and-supports-training - Under BUS Heading



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Service Plan

Rows 28-33

28	Performance Measure (SP-SAA PM1): The Service Plan appropriately aligns with the level of care as identified in the ULTC Assessment.	Yes	Yes	No
29	Performance Measure (SP-SAA PM1): Identified needs are addressed through non-waiver services including natural supports, third party payers and/or State Plan benefits prior to accessing waiver services. (Resources were reviewed to ensure that HCBS is the payer of last resort.)	Yes	Yes	Yes
30	1) Natural Supports	Yes	Yes	No
31	2) Third Party Resources (Non-HCBS, Non-Medical Community Resources, Other Insurance)	No	No	Yes
32	3) State Plan Benefits	Yes	Yes	No
33	4) Home Health Benefits (Long-Term Home Health)	Yes	No	Yes

No supports = No

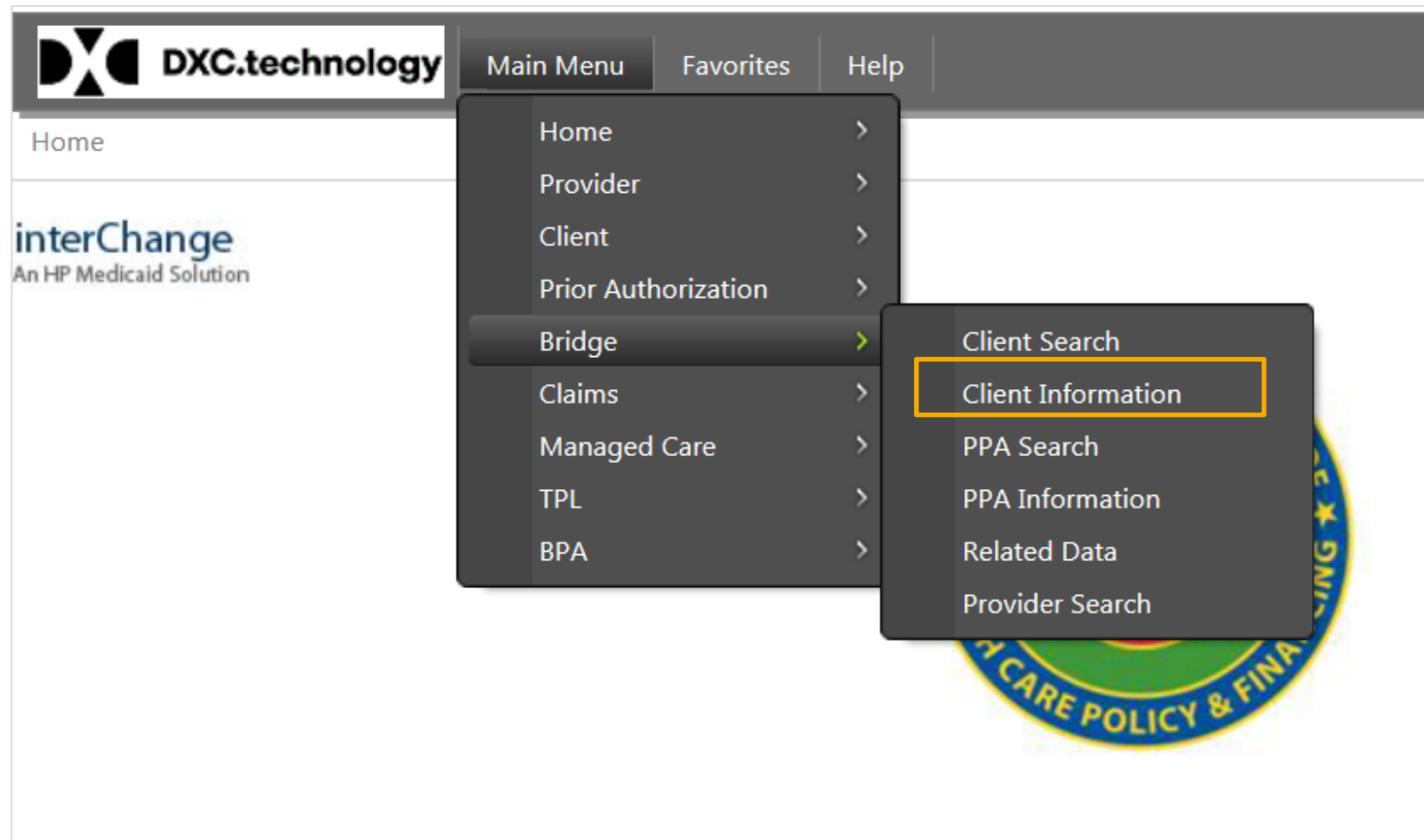


Where to Find on the BUS

- Under Service Plan Menu
- Review Service

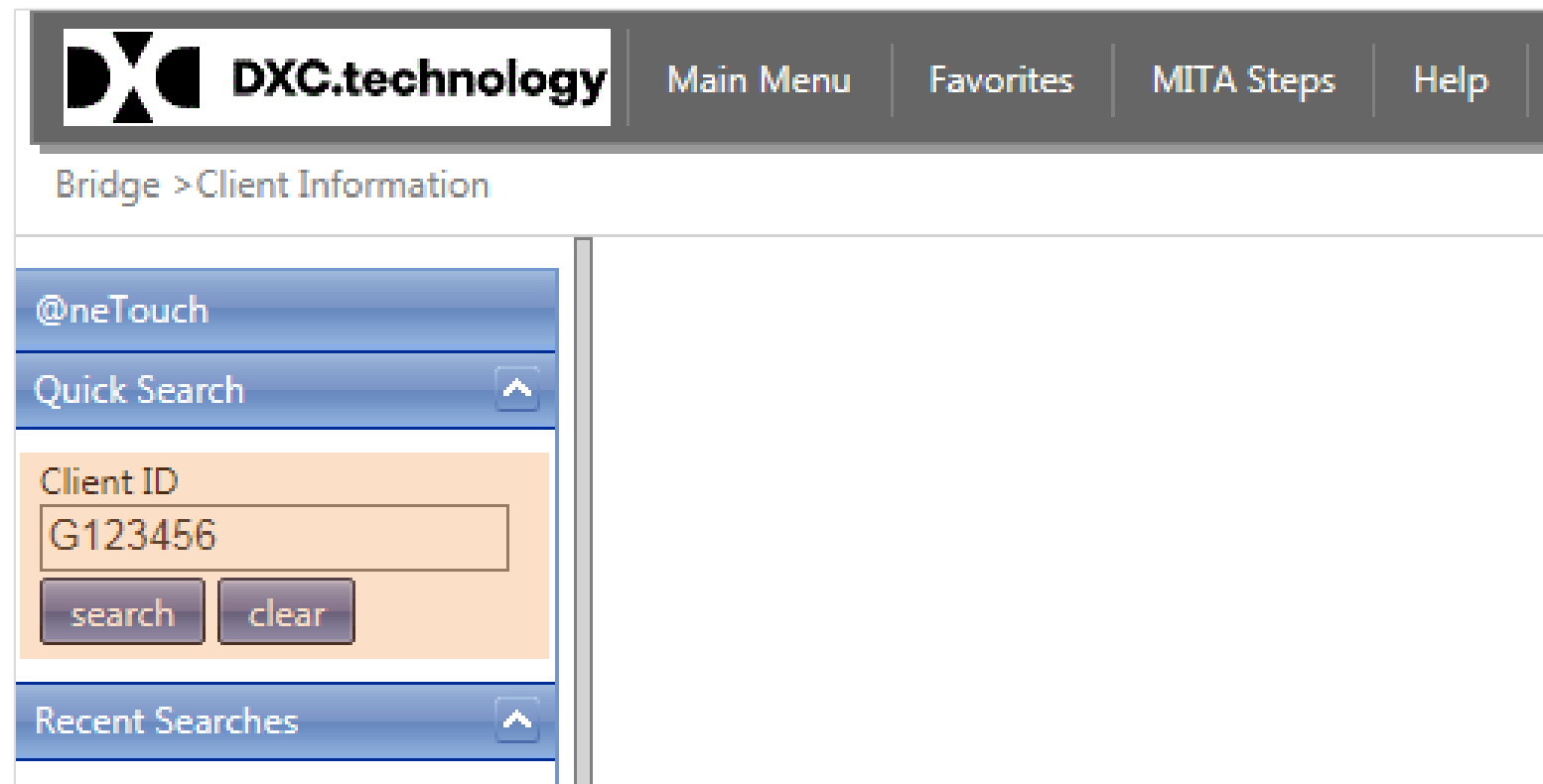
- Natural Supports
- Third Party Resources
- State Plan Benefits
- Home Health
- HCBS Services

Where to Find on the Bridge



- From Main Menu click on Bridge
- Click on Client Information

Where to Find on the Bridge



The screenshot shows the DXC technology Bridge interface. At the top is a dark navigation bar with the DXC logo and the text "DXC.technology". To the right of the logo are four links: "Main Menu", "Favorites", "MITA Steps", and "Help". Below the navigation bar, the breadcrumb "Bridge > Client Information" is displayed. The main content area is divided into a left sidebar and a right pane. The sidebar contains several sections: a blue header "@neTouch", a "Quick Search" section with an upward arrow, a "Client ID" section with a text input field containing "G123456" and two buttons labeled "search" and "clear", and a "Recent Searches" section with an upward arrow. The right pane is currently empty.

- Type in Client ID
- Click Search

Where to Find on the Bridge

The screenshot displays the Bridge software interface. At the top is a menu bar with options: Open Tab, save, cancel, help, Audit, and Show All. Below the menu bar is a large form area divided into three main sections. The left section contains a list of client attributes: Client ID, SSN, Gender, Birth Date, Death Date, Age, Race, Ethnicity, Language, and County. The middle section contains a list of address and contact information: Name, Address, Address 2, Address 3, City, State, ZIP, ZIP+4, Phone, Phone Type, Add Phone, and Add Type. The right section contains a list of scores and dates: Active, Benefit Plan, Home Lvg Score, Comm Lvg Score, Hlth & Safety Score, Med Needs Score, Behavioral Needs Score, SIS Survey Date, Calc DD Level, and Calc SLS Level. Below the form area is a tabbed interface with the following tabs: Base Information (selected), Agency, CDASS TASK WS, Goals, Inventory Needs, Override, PETI, and Risk. At the bottom of the interface is a summary bar with the following fields: Last Name, Gender, Address1, First Name, SSN, Address2, Birth Date, Phone Number, and City.

Client ID	Name	Active
SSN	Address	Benefit Plan
Gender	Address 2	Home Lvg Score
Birth Date	Address 3	Comm Lvg Score
Death Date	City	Hlth & Safety Score
Age	State	Med Needs Score
Race	ZIP	Behavioral Needs Score
Ethnicity	ZIP+4	SIS Survey Date
Language	Phone	Calc DD Level
County	Phone Type	Calc SLS Level
	Add Phone	
	Add Type	

Last Name	First Name	Birth Date
Gender	SSN	Phone Number
Address1	Address2	City

- View client information
- Open tabs as needed

Bridge Tip



- Click Show All Button to see all tabs on screen
- Click Hide All to hide all tabs
- Must do this each time you click on an item in the tabs

Bridge - Inventory of Needs

Inventory Needs											
Inventory Num	UserID	Date Entered									
1											
			Activities of daily living*	HCBS	Non-HCBS	Long-Term Home Health	Natural Supports	Non-Medical Community Resources	Other Insurance	State Plan Benefits	Support Details
			Bathing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse and dtr assist with bathing.
			Dressing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family assists as needed.
			Toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family tries to assist as needed.
			Mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Transferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family assist as needed.
			Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Memory/Cognition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dtr reports that she fills the med machine for her each week.
			Instrumental Activities of daily living*								
			Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Medication Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dtr reports that she fills the med machine for her each week.
			Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family provides all rides and arranges them for her when needed.
			Money Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse pays all bills monthly and dtr watches their credit card/bank account to make sure they stay within their
			Shopping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family assist as needed.
			Meal Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family assist as needed.
			Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Accessing Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dtr or spouse take care of this for her when needed.
			Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Goals and Contingency Plan

Rows 34-38

34	Performance Measure (SP-SAA PM2): All Service Plan(s) applicable during the review period appropriately address personal goals as identified in the Service Goals and Personal Goals section of the Service Plan. (Service Plans adequately addresses the member's desired outcomes as identified in the HCBS Service Section and Personal Goals sections.)	No	Yes	No
35	1) Service Goals under "HCBS Services" have been completed.	Yes	Yes	No
36	2) Personal Goal (member's goal for this certification span) has been documented.	No	Yes	No
37	Sub Assurance: The State monitors Service Plan development in accordance with its policies and procedures.			
38	Performance Measure (SP-SAA PM3): The Service Plan addresses health and safety risks through the Contingency Plan.	Yes	Yes	Yes

- Participant's service goals are complete
- Personal goal has been documented and is individualized
- Contingency plan is individualized and provides details of what the participant will do in the event of an emergency. Need to have more than just call 911.

BUS - Goals

- Service Plan
 - HCBS Services Goals

Current				3 Hours/Day 3 Days/Week 3 Weeks/Year		
Edit	Personal Care	07/01/2011	07/18/2011		Provider: XYZ	Chocolate would like to remain in his apartment with support in the following areas. He requires assistance with money
				Total Travel Units: 1		
				Total Units: 109		

BUS - Goals

- Service Plan
 - Personal Goal

Personal Goal

My personal goal(s) for this year is:

Butterscotch wants to expand her circle of friends and wants to be involved in regular activities with those friends.

Bridge - Goals

Goals

Line Item	Text	Active	User ID	HCBS	Non HCBS	Other Insurance	State Ben Plan	Natural Support	Long Term Home	Non Medicaid Community Resources
1	██████ wishes to help with ci	Y		Y	N	N	N	N	N	N
2	██████ states that tries to c	Y		N	N	N	Y	Y	N	N

Goal

██████ wishes to help with circulation and improvement in functioning.

Active ☒

Support Type

HCBS ☒

Non HCBS ☐

Long Term Home Health ☐

Natural Support ☐

Non Medicaid Community Resources ☐

Other Insurance ☐

State Benefit Plan ☐

Support Detail

Massage Therapy Chandra Plan 51wks.

- Goals in the Bridge represent both Service and Personal Goals
- Goals should be tied to services
- Can see more detail in services section

BUS - Contingency Plan

Client - Service Plan - chocolate p pudding - ***-**-2222

Contingency Plan

Identify a back-up plan to address contingencies such as "emergencies" that put a participant's health and welfare at risk.

Emergencies include the failure of a family member, support worker, or caregiver to appear when scheduled to provide necessary services when the absence of the services presents a risk to the participant.

In the event that Chocolate were to arrive home from Day Program services and his mother was not home at the time, he knows the combination to let himself into the house and can remain at home alone safely for up to 2 hours. He also has the telephone numbers for his mother, his sister, other family members, and his case manager programmed into his phone and he would be able to call for assistance, as needed. In the event that Chocolate's mother is unable to continue to provide the needed supports for Chocolate, he and his family have agreed that Chocolate will receive the necessary support from his sister, Vanilla who can be reached at (720) 555-5555. In addition, Chocolate is on the waiting list for DD Waiver services and would request an enrollment in the event no other supports are available to him.


* You must complete the contingency plan.

Save

Save and Continue

Service Plan Revisions


Rows 40-44

40	Performance Measure (SP-SAC PM1): Review of record indicated the Service Plan required revision.	Yes		Yes
41	1) Revisions to the Service Plan were completed in the BUS/Bridge.	No	N/A	No
42	2) Revisions are justified by documentation and address all service changes in accordance with Department policy.	Yes	N/A	No
43	3) Service Plan Revision was delivered to member/representative/legal guardian.	No	N/A	No
44	4) Service Plan Revision is signed by member or legal guardian as appropriate for each waiver.	Yes	N/A	No

- First question is key to whether you will need to complete the other four questions in this section
- If a revision appeared necessary - answer Yes on row 40 and then continue answering the next four questions
 - If a revision appeared necessary after the Bridge Go Live date for your agency - contact Elaine or Emily for further instructions
- If a revision did not appear to be necessary - answer No on row 40 and mark N/A for rows 41-44

Critical Incidents

Rows 47-48

47	Performance Measure (H&W-SAA PM1): Review indicates the member experienced a Critical Incident during the certification span provided.	Yes		Yes
48	Any and all Critical Incidents involving abuse, death, exploitation, or neglect were reported in CIRS.	Yes	N/A	No

- Row 47 is the key question of this section
- If anything in the review indicates that a Critical Incident either was or should have been reported – answer Yes and move on to row 48
- However, if there was no need for a critical incident report during the review period, then you can answer No for 47 and not applicable (N/A) for row 48

Questions



Timeline

- Receive sample
 - Confirm receipt of the sample via email
- Confirm all participants in your sample are **currently being served** by your agency and are on correct waiver
 - contact Elaine or Emily either way –
 - no changes after that
- Receive Program Review Tool
- September 8th – One completed Program Review Tool due back to the Department

Contacts

Elaine Osbment	Emily Kelley	Nancy Harris
<p>Long-Term Services and Supports Waivers</p> <ul style="list-style-type: none"> • Brain Injury Waiver (BI) • Children's Home and Community Based Services Waiver (CHCBS) • Children With Life-Limiting Illness (CLLI) • Community Mental Health Services Waiver (CMHS) • Elderly, Blind or Disabled Waiver (EBD) • Spinal Cord Injury Waiver (SCI) <p>Elaine.Osbment@state.co.us</p>	<p>Division for Intellectual and Developmental Disabilities</p> <ul style="list-style-type: none"> • Children's Extensive Supports Waiver (CES) • Persons with Developmental Disabilities Waiver (DD) • Supported Living Services Waiver (SLS) <p>Emily.Kelley@state.co.us</p>	<p>Department of Human Services</p> <ul style="list-style-type: none"> • Children's Habilitation Residential Program Waiver (CHRP) <p>Nancy.Harris1@state.co.us</p>

www.colorado.gov/hcpf/long-term-services-and-supports-training#QIS



*Thank You for
attending!*



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