



COLORADO
CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

The Transition Coordinator's Guide to the BUS

Version 2.0



INTRODUCTION

The Benefit Utilization System (BUS) is a case management software system used by Case Managers to enter and update client service plans. ULTC 100.2 Assessments, and to report critical incidents.

The Department of Health Care Policy and Financing has been working in collaboration with the Office of Information Technology to incorporate changes to the Bus that will allow Transition Coordinators to enter and update the Transition Assessment & Planning portions as well as the Risk Mitigation & Planning portions of a client's transition (training for Risk mitigation & planning to come at a later date).

By incorporating these portions of the transition into the BUS, the department hopes to facilitate a higher level of collaboration between Case Managers and Transition Coordinators.

These instructions will guide new Transition Coordinators, for the Colorado Choice Transitions (CCT) program, through the following scenarios:

- A client just starting out in the CCT transition process
- A client on hold
- A client going through the re-institutionalization process

We could not incorporate every possible scenario into this guide; therefore, more complex cases may require further instruction from your supervisor or the CCT Transition Administrator.

If you would like to learn more about how **Case Managers** use the BUS, you can do so at: www.Colorado.gov/HCPf → Partners & Researchers → Long-Term Services & Supports Partners → Long-Term Service & supports Case Management Tools → **BUS User Instruction Guides**

If you have additional questions or comments about this guide, you may email us at CCT@state.co.us.

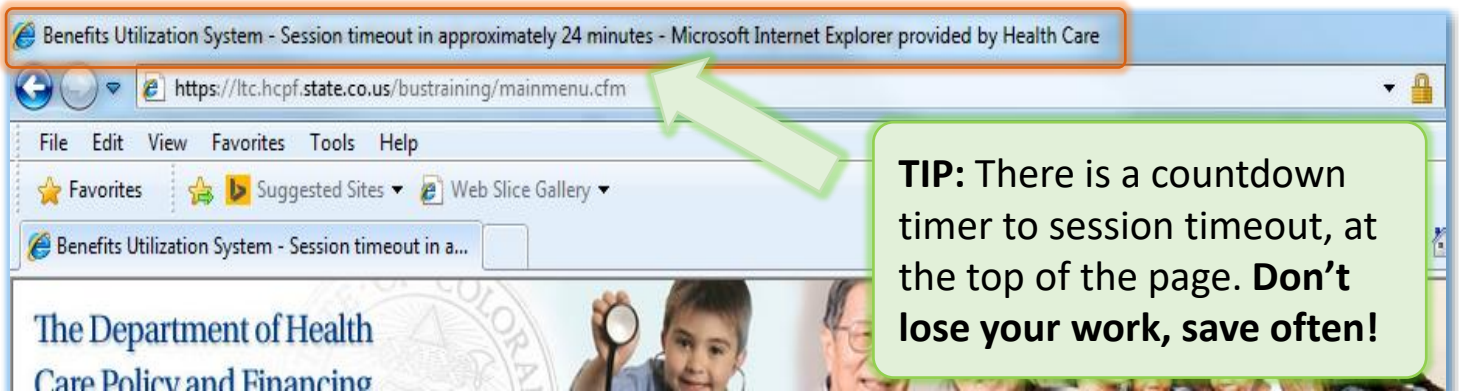
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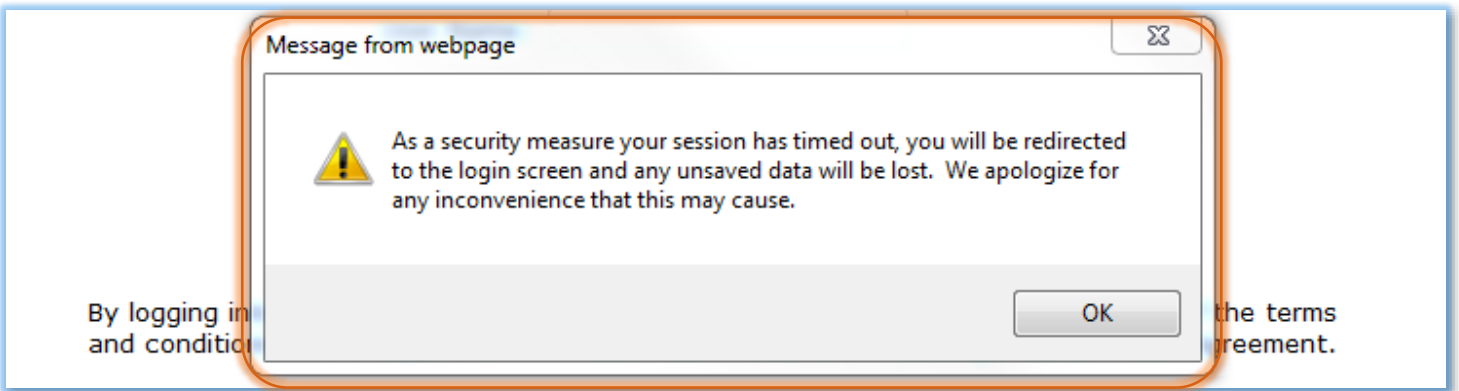
1. BUS BASICS

A. BUS TIPS

Tip 1: Save Often! The BUS will kick you out every 30 minutes, regardless of whether or not you are active. **Save often to avoid losing your work.**

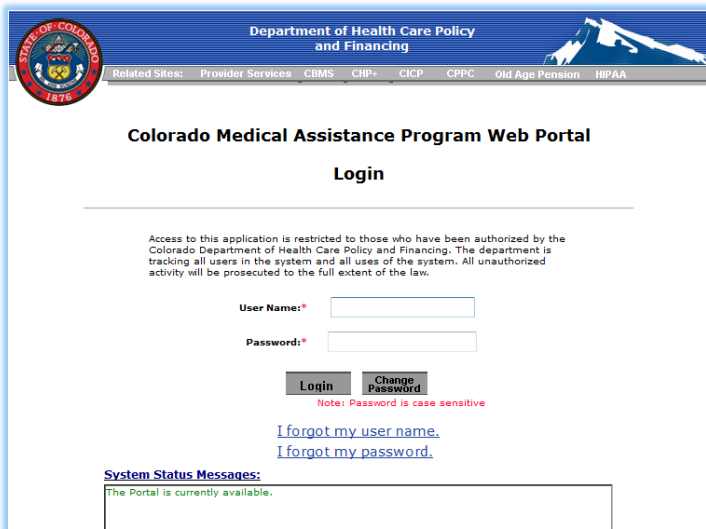


The screenshot shows a Microsoft Internet Explorer browser window. The address bar displays the URL <https://ltc.hcpf.state.co.us/bustraining/mainmenu.cfm>. A yellow warning banner at the top of the page reads: "Benefits Utilization System - Session timeout in approximately 24 minutes - Microsoft Internet Explorer provided by Health Care". A green arrow points from a tip box to this banner. The tip box contains the text: "TIP: There is a countdown timer to session timeout, at the top of the page. Don't lose your work, save often!". The page header includes the logo for "The Department of Health Care Policy and Financing" and a photograph of a child and a woman.

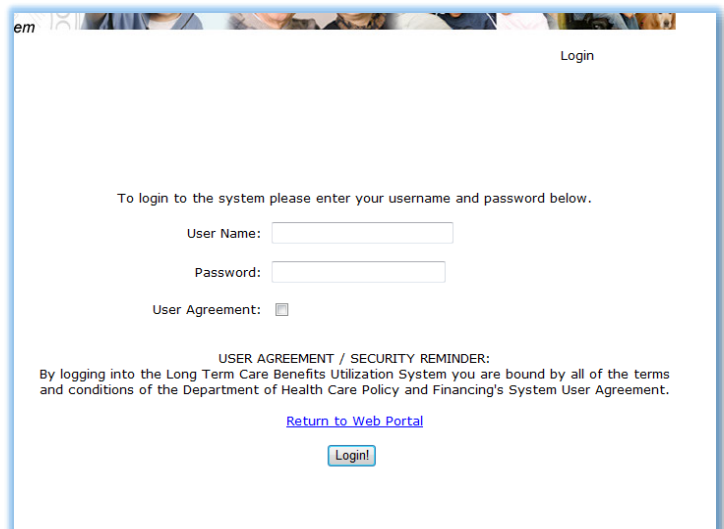


The screenshot shows a "Message from webpage" dialog box with a yellow warning icon. The message text reads: "As a security measure your session has timed out, you will be redirected to the login screen and any unsaved data will be lost. We apologize for any inconvenience that this may cause." Below the message is an "OK" button. At the bottom of the dialog, there is a checkbox for "By logging in" and a link to "the terms agreement."

Tip 2: Portal and BUS assess will be **revoked** if you do not log in every 30 days. Make sure you log into both systems at least **once a month.**



The screenshot shows the login page for the "Colorado Medical Assistance Program Web Portal". The page header includes the "Department of Health Care Policy and Financing" logo and a navigation menu with links for "Provider Services", "CBMS", "CHP+", "CICP", "CPPC", "Old Age Pension", and "HIPAA". The main heading is "Login". Below the heading is a warning: "Access to this application is restricted to those who have been authorized by the Colorado Department of Health Care Policy and Financing. The department is tracking all users in the system and all uses of the system. All unauthorized activity will be prosecuted to the full extent of the law." There are input fields for "User Name:*" and "Password:*". Below these fields are "Login" and "Change Password" buttons. A note states: "Note: Password is case sensitive". There are also links for "I forgot my user name." and "I forgot my password." At the bottom, there is a "System Status Messages" section with a message: "The Portal is currently available."

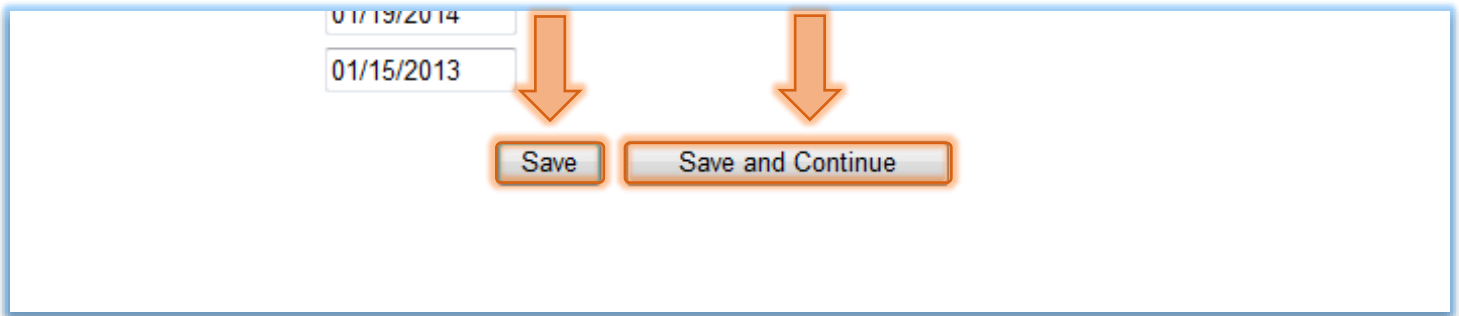


The screenshot shows the login page for the Long Term Care Benefits Utilization System (BUS). The page header includes the "em" logo and a "Login" link. The main heading is "Login". Below the heading is a message: "To login to the system please enter your username and password below." There are input fields for "User Name:" and "Password:". Below these fields is a "User Agreement:" checkbox. At the bottom, there is a "USER AGREEMENT / SECURITY REMINDER" section with the text: "By logging into the Long Term Care Benefits Utilization System you are bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement." There is a "Return to Web Portal" link and a "Login!" button.

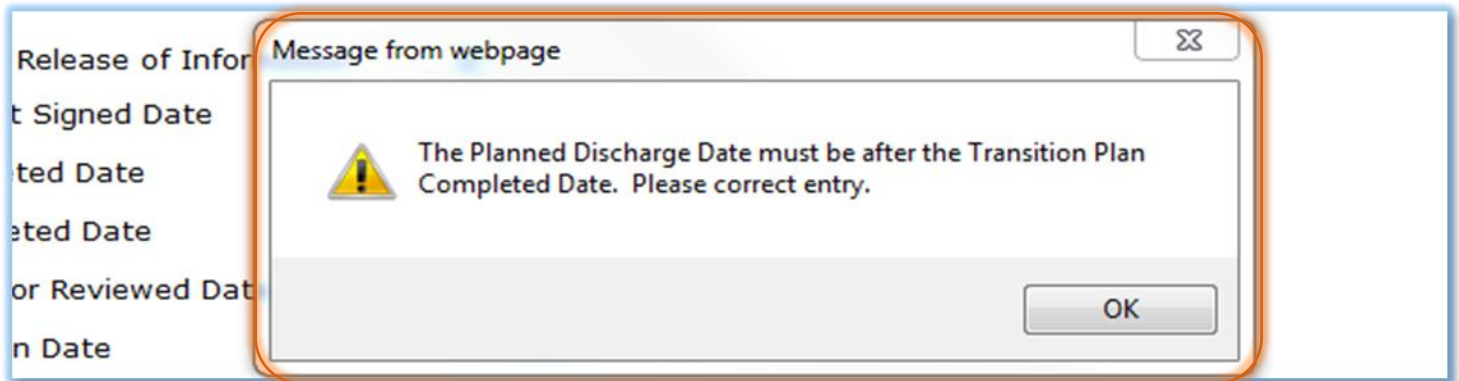
1. BUS BASICS

A. BUS TIPS

Tip 3: Click **Save** to save your work and remain on the same page
Click **Save and Continue** to save your work **and** go to next section



Tip 4: In order to Save or Save and continue, you must complete the current section **and** fix any error messages that may pop up.



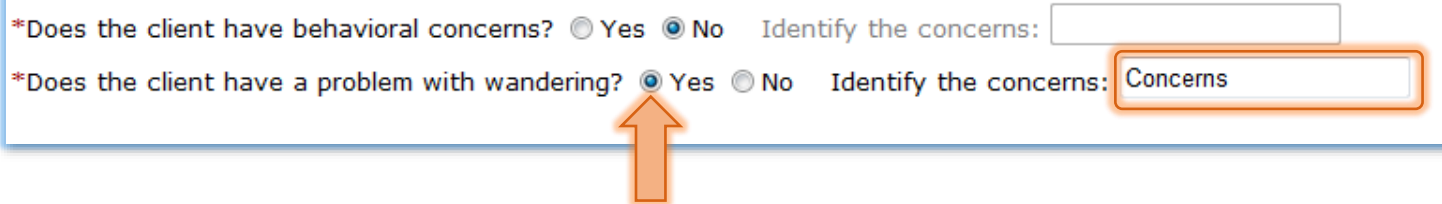
Tip 5: All Dates entered into the BUS need to be the actual date the events took place, not the date you entered them into the system.

Failure to enter dates in properly, may result in **errors**.

1. BUS BASICS

A. BUS TIPS

Tip 6: If you select “**other**” as your answer, or choose “**yes**” when there is a box for more detail, you must enter information in the appropriate box to proceed.



*Does the client have behavioral concerns? Yes No Identify the concerns:

*Does the client have a problem with wandering? Yes No Identify the concerns:

An orange arrow points to the "Yes" radio button for the second question. The text box for the second question is highlighted with an orange border.

Tip 7: Most of the information you need to complete the Client Information sections and Transition Assessment sections in the BUS, come from the **Community Transition Assessment** & the **Community Transition Plan**

Exceptions include:

- Some dates that need to be recorded

Tip 8:

In order to get all of the necessary information about your client during the Options Team Meetings, you need to:

- print copies of the **Community Transition Assessment** and the **Community Transition Plan**

1. BUS BASICS

B. ACCESSING THE BUS

1. Visit www.Colorado.gov/hcpf

The screenshot shows the homepage of the Colorado Department of Health Care Policy and Financing. The browser address bar displays "HCPF:Colorado Department of Health Care Polic...". The page header includes the Colorado state seal and the text "Colorado The Official State Web Portal". Below the header is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". The main content area features a banner with a family photo and the text "The Department of Health Care Policy and Financing". Below the banner is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". The main content area features a banner with a family photo and the text "The Department of Health Care Policy and Financing". Below the banner is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". The main content area features a banner with a family photo and the text "The Department of Health Care Policy and Financing". Below the banner is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal".

2. Click on **Secured Site**

The screenshot shows the homepage of the Colorado Department of Health Care Policy and Financing, identical to the previous one. An orange arrow points to the "Secured Site" link in the navigation menu. The browser address bar displays "HCPF:Colorado Department of Health Care Polic...". The page header includes the Colorado state seal and the text "Colorado The Official State Web Portal". Below the header is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". The main content area features a banner with a family photo and the text "The Department of Health Care Policy and Financing". Below the banner is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". The main content area features a banner with a family photo and the text "The Department of Health Care Policy and Financing". Below the banner is a navigation menu with links for "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal".

1. BUS BASICS

B. ACCESSING THE BUS

3. Enter your **Web Portal** Username & Password

TIP: If you do not have a username and password, you need to fill out the **3rd party user access request form**

www.Colorado.gov/hcpf →
Initiatives →
Colorado Choice Transitions →
CCT Transition Coordination

Email completed form to cct@hcpf.state.co.us

4. Click on **Secured Site**

Colorado The Official State Web Portal

The Department of Health Care Policy and Financing

Clients & Applicants Providers Partners & Researchers Boards & Committees About Us **Secured Site** MA/PE Portal

The Department administers the Medicaid and Child Health Plan *Plus* programs as well as a variety of other health care programs for Coloradans who qualify.

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

COLORADO.GOV/HEALTH
Get ready for health insurance changes in Colorado

Apply For Medicaid or Child Health Plan Plus

Find a Provider

Benefits

Provider Services

Initiatives

Quick Links

- Contact Us
- What's New
- Health Care Reform
- Budget
- HIPAA Privacy Forms
- Program Fact Sheets

Communication

- ACA Implementation News
- CICP Provider Newsletters
- Provider Bulletins
- Reports
- HIPAA Privacy Incident
- At a Glance
- Press Releases
- Public Notices
- School Health Services Newsletters

Nurse Advice Line

Feeling sick? For medical advice, call the NURSE ADVICE

1. BUS BASICS

B. ACCESSING THE BUS

5. Choose **BUS Access**

Colorado HCPF - Main menu

Department of Health Care Policy and Financing

Related Sites: Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA

Main Help Log Out

Welcome to the Colorado Medical Assistance Program Secure Web Portal

Wednesday, January 22, 2014

Welcome Trading Partner

User Profile Maintenance

BUS

BUS Access

BUS Training

What's New!

Processing Errors for Waiver Services

Department has recently become aware of processing errors for Waiver services. As a result of errors, several Waiver providers may notice claims in process or denied claims on the past, current, and future Provider Claim Reports (PCR). Please do not re-bill or adjust any claims. The Department apologizes for the inconvenience and is working on a resolution. The Department will notify providers once a solution has been determined.

Internet Explorer 11 Update

For those users that have updated their web browser to Internet Explorer version 11, there are

Based on your access rights Training, User Guides, and Help may be available in the upper gray bar or via the menu buttons.

A Trading Partner Administrator's first task should be to set up the users for their Trading Partner. Locate the Administration button in the menu and select User Maintenance. Additional information can be found in the Training and the User Guides.

System Status Messages

Claims	Last Week	First Week
Dental Claims		
Professional Claims		
Institutional Claims		

Eligibility	Last Week	First Week

PAR	Last Week	First Week

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

The Department of Health Care Policy and Financing

Benefits Utilization System

Login

To login to the system please enter your username and password below.

User Name:

Password:

User Agreement:

TIP: Passwords expire every 90 days

When you password expires, the system will prompt you to create a new one

Don't forget to check the User Agreement box

USER AGREEMENT / SECURITY REMINDER:

By logging into the Long Term Care Benefits Utilization System you are bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

[Return to Web Portal](#)

1. BUS BASICS

C. SEARCHING FOR A CLIENT

1. Choose **Search** in the left hand menu

The screenshot shows the Benefits Utilization System (BUS) interface. On the left, a 'Main Menu' is displayed with 'Search' highlighted and an orange arrow pointing to it. The main content area features a header for 'The Department of Health Care Policy and Financing Benefits Utilization System' and a 'Welcome Taren Cunningham' message. Below this, there are 'Case Manager Quick Links' and a section titled 'All BUS Users:' which lists several categories: County Eligibility Sites, Single Entry Point Agencies (SEP), Community Centered Boards (CCB), and Division of Developmental Disabilities - DHS.

2. Enter search criteria

The screenshot shows the 'Client Search' page in the BUS. The search criteria form is displayed with three sections: Section 1 (State ID and Last Name), Section 2 (SSN and Date of Birth), and Section 3 (Limit To Agency). The 'Limit To Agency' checkbox is checked, and an orange arrow points to it. A green callout box contains the following text: 'TIP: Only one piece of information is required to search for a specific client. In this example we are searching for the last name "Pudding"'. The 'Search' and 'Reset' buttons are visible at the bottom of the form.

Uncheck the **Limit to Agency** checkbox to expand the search beyond your agency

TIP: Only one piece of information is required to search for a specific client. In this example we are searching for the last name "Pudding"

1. BUS BASICS

C. SEARCHING FOR A CLIENT

The search results shown will only include clients **assigned to your agency**, unless you unchecked the **Limit to agency** box

Don't see your client?
Go back to search and make sure you **uncheck** the **Limit to Agency** box.

Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	
pudding	A	058-46-1287				LONGTERM CARE OPTIONS	
pudding	Banana	999-99-9999	02/22/1981	X999998	M	Access Long Term Support Solutions	
pudding	bj	898-89-8989				DEPARTMENT HUMAN SERVICES	
pudding	Bread	394-19-9382				LONGTERM CARE OPTIONS	
pudding	Bread	825-82-5825		A825825		LONGTERM CARE OPTIONS	
pudding	Bread	999-99-1234	01/06/1965	X999999	F	PROWERS COUNTY PUBLIC HEALTH	
pudding	bud	999-99-9881	10/28/1931	A123456	M	PUEBLO COUNTY SOCIAL SERVICES	
pudding	Caramel	997-03-5519	09/09/1989	D657483	F	Access Long Term Support Solutions	
Edit	pudding	Chocolate	222-22-2222	01/02/1980	X999998	M	Health Care Policy and Financing
	pudding	Chocolate	222-22-2222	10/01/2006		F	DEVELOPMENTAL PATHWAYS
	pudding	cream	222-22-2229				DEPARTMENT HUMAN SERVICES
	pudding	Hazelnut	714-71-4714		A714714		LONGTERM CARE OPTIONS
	pudding	Hot	212-21-2111	01/26/1956	K111111	F	JEFFERSON COUNTY SOCIAL SERVICES
	pudding	orange	111-11-1111	08/01/2012	X123456	F	DEVELOPMENTAL DISABILITIES RESOURCE CENTER

The **Edit** button will **only** appear next to a client's name if your agency is assigned to that client

TIP:
If your client's name does not have an **Edit** button next to his/her name, perform an **Agency Request**

Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	
pudding	A	058-46-1287				LONGTERM CARE OPTIONS	
pudding	Banana	999-99-9999	02/22/1981	X999998	M	Access Long Term Support Solutions	
pudding	bj	898-89-8989				DEPARTMENT HUMAN SERVICES	
pudding	Bread	394-19-9382				LONGTERM CARE OPTIONS	
pudding	Bread	825-82-5825		A825825		LONGTERM CARE OPTIONS	
pudding	Bread	999-99-1234	01/06/1965	X999999	F	PROWERS COUNTY PUBLIC HEALTH	
pudding	bud	999-99-9881	10/28/1931	A123456	M	PUEBLO COUNTY SOCIAL SERVICES	
pudding	Caramel	997-03-5519	09/09/1989	D657483	F	Access Long Term Support Solutions	
Edit	pudding	Chocolate	222-22-2222	01/02/1980	X999998	M	Health Care Policy and Financing
	pudding	Chocolate	222-22-2222	10/01/2006		F	DEVELOPMENTAL PATHWAYS
	pudding	cream	222-22-2229				DEPARTMENT HUMAN SERVICES
	pudding	Hazelnut	714-71-4714		A714714		LONGTERM CARE OPTIONS
	pudding	Hot	212-21-2111	01/26/1956	K111111	F	JEFFERSON COUNTY SOCIAL SERVICES
	pudding	orange	111-11-1111	08/01/2012	X123456	F	DEVELOPMENTAL DISABILITIES RESOURCE CENTER

1. BUS BASICS

D. AGENCY REQUEST

If your client hasn't been assigned to you (**edit doesn't appear next to their name**) click **Agency Request**

The screenshot shows the 'Benefits Utilization System' interface. The main menu on the left includes 'Add client', 'Agency Request', 'BUS Forms', 'Administration', and 'Logout'. The 'Agency Request' button is highlighted with an orange box and an orange arrow pointing to it. The main content area displays a table of clients with columns for Last Name, First Name, SSN, DOB, State ID, Sex, Case Status, Managing Agency, and Case Manager. The table contains 15 rows of client data.

Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	Managing Agency	Case Manager
Pudding	A	058-46-1287					LONGTERM CARE OPTIONS	
		999-99-9999	02/22/1981	X999998	M		Access Long Term Support Solutions	Valerie Klemme (16vpktest) SEP
pudding	bj	898-89-8989					DEPARTMENT HUMAN SERVICES	
Pudding	Bread	394-19-9382					LONGTERM CARE OPTIONS	
Pudding	Bread	825-82-5825		A825825			LONGTERM CARE OPTIONS	
Pudding	Bread	999-99-1234	01/06/1965	X999999	F		PROWERS COUNTY PUBLIC HEALTH	
pudding	bud	999-99-9881	10/28/1931	A123456	M		PUEBLO COUNTY SOCIAL SERVICES	
Pudding	Caramel	997-03-5519	09/09/1989	D657483	F		Access Long Term Support Solutions	Valerie Klemme (16vpktest) SEP
Edit	Pudding	Chocolate	222-22-2222	01/02/1980	X999998	M	Health Care Policy and Financing	Guinevere Blodgett
	Pudding	Chocolate	222-22-2222	10/01/2006		F	DEVELOPMENTAL PATHWAYS	Shilo Carson
	pudding	cream	222-22-2229				DEPARTMENT HUMAN SERVICES	
	Pudding	Hazelnut	714-71-4714		A714714		LONGTERM CARE OPTIONS	
	Pudding	Hot	212-21-2111	01/26/1956	K111111	F	JEFFERSON COUNTY SOCIAL SERVICES	Susan Gaarder
	pudding	orange	111-11-1111	08/01/2012	X123456	F	DEVELOPMENTAL DISABILITIES RESOURCE CENTER	Liz Pahr

Click the **Agency Request** button next to your client's name

The screenshot shows the 'Benefits Utilization System' interface. The main menu on the left includes 'Add client', 'Agency Request', 'BUS Forms', 'Administration', and 'Logout'. The 'Agency Request' button is highlighted with an orange box. The main content area displays a table of clients with columns for Last Name, First Name, SSN, DOB, State ID, Sex, Case Status, Managing Agency, and Case Manager. The table contains 15 rows of client data, with the 'Agency Request' button visible next to each row.

Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	Managing Agency	Case Manager

1. BUS BASICS

D. AGENCY REQUEST

Fill out the request form, make sure to include your name and phone number so the case manager can contact you if needed

Request to assign client or send other emergent client specific notifications to another agency.

Selected Client: SSN - 999-99-9881, Name - bud pudding
 Managing: PUEBLO COUNTY SOCIAL SERVICES
 Assignment Reason/Agency Communication

Please assign "agency" as secondary for this client. Please call 303.xxx.xxxx with any questions.

Do you want to send the information about the selected Client?
 Yes No

Tip: Make sure the **Managing** agency is selected in this box. The Case Manager will get a message next time they log into the BUS. You may also want to call or email them.

Clicking **Yes** will send the message and then take you back to the client search results page.

The Department of Health
 Care Policy and Financing
 Benefits Utilization System

Client Search

	Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	Managing Agency
	Pudding	A	058-46-1287					LONGTERM CARE OPTIONS
	Pudding	Banana	999-99-9999	02/22/1981	X999998	M		Access Long Term Support Solutions
	pudding	bj	898-89-8989					DEPARTMENT HUMAN SERVICES
	Pudding	Bread	394-19-9382					LONGTERM CARE OPTIONS
	Pudding	Bread	825-82-5825		A825825			LONGTERM CARE OPTIONS
	Pudding	Bread	999-99-1234	01/06/1965	X999999	F		PROWERS COUNTY PUBLIC HEALTH
	pudding	bud	999-99-9881	10/28/1931	A123456	M		PUEBLO COUNTY SOCIAL SERVICES
	Pudding	Caramel	997-03-5519	09/09/1989	D657483	F		Access Long Term Support Solutions
Edit	Pudding	Chocolate	222-22-2222	01/02/1980	X999998	M		Health Care Policy and Financing
	Pudding	Chocolate	222-22-2222	10/01/2006		F		DEVELOPMENTAL PATHWAYS
	pudding	cream	222-22-2229					DEPARTMENT HUMAN SERVICES
	Pudding	Hazelnut	714-71-4714		A714714			LONGTERM CARE OPTIONS
	Pudding	Hot	212-21-2111	01/26/1956	K111111	F		JEFFERSON COUNTY SOCIAL SERVICES
	pudding	orange	111-11-1111	08/01/2012	X123456	F		DEVELOPMENTAL DISABILITIES RESOURCE CENTER

Tip: You will know your agency has been assigned as secondary agency when you see an edit box next to your client's name

2. CLIENT INFORMATION

A. CLIENT INFORMATION

After you have found your client through the search function, click **Edit** to view the client's information

Main Menu	Last Name	First Name	SSN	DOB	State ID	Sex	Case Status	Managing Agency	Case Manager
Search	pudding	A	058-46-1287					LONGTERM CARE OPTIONS	
- Add Client	pudding	Banana	999-99-9999	02/22/1981	X999998	M		Access Long Term Support Solutions	Valerie Klemme (16vpktest) SEP
- Agency Request	pudding	bj	898-89-8989					DEPARTMENT HUMAN SERVICES	
BUS Forms	pudding	Bread	394-19-9382					LONGTERM CARE OPTIONS	
Administration	pudding	Bread	825-82-5825		A825825			LONGTERM CARE OPTIONS	
Logout	pudding	Bread	999-99-1234	01/06/1965	X999999	F		PROWERS COUNTY PUBLIC HEALTH	
	pudding	bud	999-99-9881	10/28/1931	A123456	M		PUEBLO COUNTY SOCIAL SERVICES	
	pudding	Caramel	997-03-5519	09/09/1989	D657483	F		Access Long Term Support Solutions	Valerie Klemme (16vpktest) SEP
	pudding	Chocolate	222-22-2222	01/02/1980	X999998	M		Health Care Policy and Financing	Guinevere Blodgett
	pudding	Chocolate	222-22-2222	10/01/2006		F		DEVELOPMENTAL PATHWAYS	Shilo Carson
	pudding	cream	222-22-2229					DEPARTMENT HUMAN SERVICES	
	pudding	Hazelnut	714-71-4714		A714714			LONGTERM CARE OPTIONS	
	pudding	Hot	212-21-2111	01/26/1956	K111111	F		JEFFERSON COUNTY SOCIAL SERVICES	Susan Gaarder
	pudding	orange	111-11-1111	08/01/2012	X123456	F		DEVELOPMENTAL DISABILITIES RESOURCE CENTER	Liz Pahr

View client Information here

Client - Demographic - Chocolate Pudding - 222-22-2222

Main Menu	Client Information			
Advisement Letter	First Name	Chocolate	MI	
Assessment - 100.2	Last Name	Pudding	State ID	X999998
Client Information	County	Denver	DOB	01/02/1980
- Financial	Primary Language	English	Phone	
- Spousal Financial	Marital Status	Single	Sex	Male
- Insurance	Street Address		City/State/ZipCode	
- Legal	Mailing Address		Mailing Address City	
Transition Assessment & Planning	Mailing Address State		Mailing Address ZipCode	
Risk Mitigation Plan	Client ID for Agency		Current Living Situation	
Assessment - HCA	Case Status		Case Status:	
Case Management	CBMS Case Number			
Case Status	Contact Person			
Critical Incidents - Before 06/04/2009	Name		Relationship	
Critical Incident Reports	Organization		Send Correspondence	<input type="checkbox"/>
IADL				
Log Notes				
LTC 803				
Program Area				
Referral				
Service Plan				
Service Plan DD Section				

2. CLIENT INFORMATION

B. FINANCIAL

You can access this page by clicking **Client Information**, and then choosing **Financial** from the left hand navigation

The screenshot shows a web application interface. On the left is a vertical navigation menu with items like 'Client Information', '- Financial', '- Spousal Financial', '- Insurance', '- Legal', 'Transition Assessment & Planning', 'Risk Mitigation Plan', 'Assessment - HCA', 'Case Management', 'Case Status', 'Critical Incidents - Before 06/04/2009', 'Critical Incident Reports', 'IADL', 'Log Notes', 'LTC 803', 'Program Area', 'Referral', 'Service Plan', 'Service Plan DD Section', 'Administration', and 'Logout'. The 'Financial' item is highlighted with an orange box and an arrow. The main content area is titled 'Financial Information' and contains several form fields: 'Date Entered: (mm/dd/yyyy)' with a date picker set to 02/12/2014; 'Representative Payee:' with an empty text box; 'Does a PETI-Assessment Apply (300% eligible):' with radio buttons for 'Yes' and 'No' (the 'No' button is selected); 'If no, please check reason:' with checkboxes for 'SSI', '1634C', '1619B', 'Pickle Amendment', and 'Unknown'; 'Person Responsible for Assisting:' with an empty text box; 'Person Responsible for Keeping Records of the Account:' with an empty text box; and 'Comments:' with a text area. Below these fields is a warning: 'Please do not enter a \$ or , character in the amount field.' This is followed by a table with two columns: 'Income Source' and 'Amount'. The table lists various income sources with checkboxes and corresponding amount input fields. A 'Tip' box on the right says 'Remember not to use \",\" or \"\$\"'. At the bottom, there is a field for 'Other Financial Resources'.

Q: What questions are these on the **Community Transition Assessment?**

A: Questions 4 & 5

2. CLIENT INFORMATION

C. SPOUSAL FINANCIAL

You can access this page by clicking [Client Information](#), and then choosing [Spousal Financial](#) from the left hand navigation

Main Menu	Spousal Financial Information	
Adviser Letter	Date Entered: (mm/dd/yyyy)	
Assessment - 100.2	<input type="text"/>	
Client Information		
- Financial	<input type="checkbox"/> SSA/SSDI	<input type="text"/>
- Spousal Financial	<input type="checkbox"/> SSI	<input type="text"/>
- Insurance	<input type="checkbox"/> Pension	<input type="text"/>
- Legal	<input type="checkbox"/> Employment	<input type="text"/>
Transition Assessment & Planning	<input type="checkbox"/> OAP	<input type="text"/>
Risk Mitigation Plan	<input type="checkbox"/> AND/AB	<input type="text"/>
Assessment - HCA	<input type="checkbox"/> SSA	<input type="text"/>
Case Management	<input type="checkbox"/> SSDI	<input type="text"/>
Case Status	<input type="checkbox"/> Personal Needs Allowance	<input type="text"/>
Critical Incidents - Before 06/04/2009	<input type="checkbox"/> Checking Account	<input type="text"/>
Critical Incident Reports	<input type="checkbox"/> Savings Account	<input type="text"/>
IADL	<input type="checkbox"/> Trust Fund	<input type="text"/>
Log Notes	<input type="checkbox"/> Burial Plan	<input type="text"/>
LTC 803	<input type="checkbox"/> Other	<input type="text"/>
Program Area	Other Financial Resources	
Referral	<input type="text"/>	
Service Plan		
Service Plan DD Section	Income Total:	\$0.00
Administration	<input type="button" value="Save"/>	<input type="button" value="Clear"/>
Logout		

Tip:
Remember **not** to use “,” or “\$”

Q: What questions are these on the [Community Transition Assessment](#)?

A: Question 6

2. CLIENT INFORMATION

D. INSURANCE

You can access this page by clicking **Client Information**, and then choosing **Insurance** from the left hand navigation

Benefits Utilization System

Client - Insurance - Chocolate Pudding - 222-22-2222

Private Insurance - Client
Company

Private Insurance - Spouse
Company

Medicaid Application Mail Date mm/dd/yyyy

Medicaid Application County

CHP+
 Long Term Care Medicaid - 300%
 Long Term Care Medicaid - Categorical
 Long Term Care Medicaid - Spousal 300%
 Long Term Care Medicaid - Spousal Categorical
 Medicaid
 Medicaid Pending
 Medicare Part A
 Medicare Part B
 Medicare Part D
 Private Health Insurance
 VA Benefits
 Other
 Medicaid Application in Process
 Medicaid Application Needed
 Medicaid Application Mailed

Comment:
sdfdf

Main Menu
Advice of Rights Letter
Assessment - 100.2
Client Information
- Financial
- Spousal Financial
- **Insurance**
- Legal
Transition Assessment & Planning
Risk Mitigation Plan
Assessment - HCA
Case Management
Case Status
Critical Incidents - Before 06/04/2009
Critical Incident Reports
IADL
Log Notes
LTC 803
Program Area
Referral
Service Plan
Service Plan DD Section
Administration
Logout

Q: What questions are these on the **Community Transition Assessment?**

A: Question 7

2. CLIENT INFORMATION

E. LEGAL

You can access this page by clicking **Client Information**, and then choosing **Legal** from the left hand navigation

Client - Legal Documents - Chocolate Pudding - 222-22-2222

Advance Directives - Information For Party Holding Do

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Financial
- Spouse Financial
- Insurance
- Legal**
- Transition Assessment & Planning
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- Logout

Type

Relationship

First Name

Last Name

Organization

Address

City

State

Zip Code

Phone (xxx-xxx-xxxx)

Type

Relationship

First Name

Last Name

Organization

Address

City

State

Zip Code

Phone (xxx-xxx-xxxx)

Legal Documents - Information for Party Named in Do

Q: What questions are these on the **Community Transition Assessment?**

A: Questions 8 & 9

3. ASSESSMENT – ULTC 100.2

A. VIEWING YOUR CLIENT’S ULTC 100.2 ASSESSMENTS

1. Click on **Assessment – 100.2**

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Demographic - Chocolate Pudding - 222-22-2222

Client Information

First Name: chocolate MI: Last Name: Pudding
SSN: 22-22-2222 State ID: X999998 County: Denver
Primary Language: English DOB: 01/02/1980 Phone:
(xxx-xx-xxxx) (mm/dd/yyyy) (xxx-xxx-xxxx)
Marital Status: Single Sex: Male
Street Address: City/State/ZipCode:
Mailing Address: Mailing Address City:
Mailing Address State: Mailing Address ZipCode:
Client ID for Agency:
Current Living Situation:
Case Status:
Case Status:
CBMS Case Number:

Contact Person

Name:
Relationship:

TIP: You can view, but cannot edit the ULTC 100.2 Assessments

2. Click **View** to view your clients ULTC 100.2 assessments

The Department of Health
Care Policy and Financing
Benefits Utilization System

Client - Assessment - Info - Chocolate Pudding - 222-22-2222

Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome	Approval	Start Date	End Date	Open End Date	Close Date	Closure Reason
View	08/07/2012	CCT Certification Extension	04/17/2013	04/03/2013		Health Care Policy and Financing	Approved	NF	01/01/2013	12/31/2013	False		
View	06/01/2012	Unscheduled Review	08/03/2012	11/01/2011	12/18/2013	Health Care Policy and Financing	Closed	HCBS-BI LTHH CDASS	11/01/2011	10/31/2012	False		

TIP: You can see the assessment dates and event types here

3. ASSESSMENT – ULTC 100.2

B. PRINTING YOUR CLIENTS ULTC 100.2 ASSESSMENTS

1. Click on **Assessment – 100.2** and then click the **Print** sub-section

Client - Assessment - Info - Chocolate Pudding - 222-22-2222

Main Menu	Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome	Approval	Start Date
Assessment - 100.2	View	08/07/2012	CCT Certification Extension	04/17/2013	04/03/2013		Health Care Policy and Financing	Approved	NF	01/01/2013
- Add or Initial										
- Assessment Copy										
- LOC Certification	View	06/01/2012	Unscheduled Review	08/03/2012	11/01/2011	12/18/2013	Health Care Policy and Financing	Closed	HCBS-BI LTHH CDASS	11/01/2011
- Print										
- View										
Client Information										
Transition Assessment & Planning										
Risk Mitigation Plan										
Assessment - HCA										
Case Management										
Case Status										
Critical Incidents - Before 06/04/2009										
Critical Incident Reports										
IADL										
Log Notes										

2. Click on **Print** next to the ULTC 100.2 assessment you want to print

Select Eligibility Assessment to Work With

Main Menu	Event	Assessment	Event Type	Final	Assessing Agency	Outcome	Approval	Start Date	End Date	Open End Date	Close Date
Assessment - 100.2	Print	08/07/2012	CCT Certification Extension		Health Care Policy and Financing	A	NF	01/01/2013	12/31/2013	False	
- Info											
- ADL											
- Medical											
- Assessment Demographic											
- LOC Certification	Print	06/01/2012	Unscheduled Review	12/18/2013	Health Care Policy and Financing	C	HCBS-BI	11/01/2011	10/31/2012	False	
- Verify											
- Finalize											
Client Information											
Transition Assessment & Planning											
Risk Mitigation Plan											
Assessment - HCA											
Case Management											
Case Status											
Critical Incidents - Before 06/04/2009											
Critical Incident											

3. ASSESSMENT – ULTC 100.2

B. PRINTING YOUR CLIENTS ULTC 100.2 ASSESSMENTS

3. Click on checkboxes next to the pages you want to print then click **Print Selected Items**

Eligibility Assessment Print Menu

[Print All Pages Individually](#) ←

<input type="checkbox"/> Assessment Info Page	<input type="checkbox"/> Professional Medical 1 PDF Version Professional Medical 1
<input type="checkbox"/> Professional Medical 2 PDF Version Professional Medical 2	<input type="checkbox"/> Bathing ADL
<input type="checkbox"/> Dressing ADL	<input type="checkbox"/>
<input type="checkbox"/> Mobility ADL	<input type="checkbox"/> Transferring ADL
<input type="checkbox"/> Eating ADL	<input type="checkbox"/> Supervision - Behavior ADL Supervision - Behavior ADL - PDF
<input type="checkbox"/> Supervision - Memory/Cognition ADL PDF Version - Supervision - Memory/Cognition ADL	<input type="checkbox"/> Demographic Information
<input type="checkbox"/> AP Risk/Advanced Directives/Legal Docs	<input type="checkbox"/> Summary/Comments
<input type="checkbox"/> Certification - Part 1 PDF Version Certification - Part 1	<input type="checkbox"/> Certification - Part 2 PDF Version Certification - Part 2
Print Medical	
<input type="checkbox"/> Medical Providers	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Prognosis	<input type="checkbox"/> Medications
<input type="checkbox"/> Medical Supports	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Diet	<input type="checkbox"/> Allergies

←

Note: When printing multiple pages the last/first line on the printed page may be difficult to read. It is your responsibility to verify that all lines are visible at the bottom/top of printed pages. If all lines are not clearly printed then you may choose to print each page individually.

4. After the page refreshes, **File → Print** or **Ctrl+ P** to print

4. TRANSITION ASSESSMENT & PLANNING

A. PRINTING A BLANK COPY OF THE ASSESSMENT

1. Click on **Transition Assessment & Planning** then click **Continue to create a Transition Assessment Process**

Main Menu

- Advisement Letter
- Assessment 100.2
- Client Information
- Transition Assessment & Planning**
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration

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

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

To continue to create a **new** Transition Assessment & Planning document, select **Continue to create a new Transition Assessment Process**.

Transition Assessments & Planning

The number of Transition Assessments not finalized is 0

[Return to Transition Process Information Grid](#)

Continue to create a Transition Assessment Process

Transition Assessments & Planning

[Continue to create a Transition Assessment Process](#)

2. Fill out the top half of the **Transition process information** page then **save**
3. After saving, scroll down and click **Print**

Transition process information

Community Based Service Plan

- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print**
- Risk Mitigation Plan

Planned Discharge Date

[Save](#) [Save and Continue](#)

4. TRANSITION ASSESSMENT & PLANNING

A. PRINTING A BLANK COPY OF THE ASSESSMENT

4. Click on **Print Transition Assessment** next to the Assessment you want to print

The screenshot shows a sidebar on the left with various assessment categories, and a main content area titled 'Transition Assessment & Planning'. Below the title is a sub-header 'Print Transition Assessment & Planning Printing Grid'. A list of five events is displayed, each with a 'Print Transition Assessment' button. An orange arrow points to the button for 'Event Nbr: 5'.

Event Nbr	Action
5	Print Transition Assessment
4	Print Transition Assessment
3	Print Transition Assessment
2	Print Transition Assessment
1	Print Transition Assessment

5. Click on **Display All Blank forms**

The screenshot shows the 'Transition Assessments & Planning' interface with three sections. The first section, 'Transition Assessment & Planning blank forms', contains a 'Display All Blank Forms' button highlighted with an orange box and an orange arrow pointing to it. The second section, 'Transition Assessment & Planning Completed forms', contains a message: 'The Transition Assessment & Planning pages have not been completed for event number 5. The Transition Assessment & Planning pages need to be completed. Thank You.' The third section, 'Transition Assessment & Planning Final forms', contains a message: 'The Transition Assessment & Planning pages have not been finalized for event number 5. The Transition Assessment & Planning pages need to be finalized. Thank You.'

6. After the page refreshes, **File → Print** or **Ctrl+ P** to print

4. TRANSITION ASSESSMENT & PLANNING

B. PRINTING A FINALIZED ASSESSMENT

If you'd like to take the assessment with you to Options Team Meetings, you can print a copy **after** finding your client in the BUS

1. Click on **Transition Assessment & Planning**
2. Click **View** next to the assessment you want to print

Main Menu [\[Remove-Finalize-Transition Assessment\]](#)

Advisement Letter

Assessment - 100.2 **Transition Assessment & Planning**

Client Information **Transition Process Information Grid**

Transition Assessment & Planning

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page	
- Initial/New									
- Copy									
Risk Mitigation Plan									
Assessment - HCA									
Case Management									
Case Status	Edit	5	02/05/2014	02/08/2014		4	No	The event number has not been finalized. Please complete and finalize the Transition Assessment & Planning pages in order to access the Transition Process Information Summary page that documents the Transition Options Team members.	
Critical Incidents - Before 06/04/2009									
Critical Incident Reports	View	4	01/02/2014	01/08/2014	02/11/2014	01/08/2014	35	Yes	Summary page information
IADL									
Log Notes									
LTC 803									
Program Area									
Referral	View	3	01/12/2014	01/18/2014	01/30/2014	02/14/2017	25	Yes	Summary page information
Service Plan									
Service Plan DD Section	View	2	01/14/2018	05/14/2013	01/21/2014	01/14/2017	274	Yes	Summary page information
	View	1	01/14/2018	01/26/2014	01/31/2014	01/31/2014	372	Yes	Summary page information

3. Scroll down and click **Print**

Planned Discharge Date

- Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print**

4. TRANSITION ASSESSMENT & PLANNING

B. PRINTING A FINALIZED ASSESSMENT

4. Click on **Print Transition Assessment** next to the Assessment you want to print

Advisement Letter	Transition Assessment & Planning
Assessment - 100.2	
Client Information	Print Transition Assessment & Planning Printing Grid
Transition Assessment & Planning	Event Nbr: 5 <input type="button" value="Print Transition Assessment"/>
- Behavioral Health Assessed Need	Event Nbr: 4 <input type="button" value="Print Transition Assessment"/>
- Behavioral Health Nursing Therapies	Event Nbr: 3 <input type="button" value="Print Transition Assessment"/>
- Behavioral Health Community Based Service Plan	Event Nbr: 2 <input type="button" value="Print Transition Assessment"/>
- Medical Assessed Need	Event Nbr: 1 <input type="button" value="Print Transition Assessment"/>
- Medical Nursing Therapies	
- Medical Community Based Service Plan	
- Physical Accessibility	
- Physical Health Nursing Therapies	
- Physical Community Based Service Plan	
- House & Household Set-Up Assessed Need	
- House & Household Set-Up Community Based Service Plan	

5. Click on the appropriate **Display Forms Button**

Menu	Client - Transition Assessment & Planning - Chocolate Pudding - 2222	
Advisement Letter	[Transition Assessment & Planning grid]	
Assessment - 100.2	Event Number 2	
Client Information		
Transition Assessment & Planning	Transition Assessments & Planning	Displays a blank copy of the assessment and all options available
	Transition Assessment & Planning blank forms <input type="button" value="Display All Blank Forms"/>	
- Behavioral Health Assessed Need		Displays completed assessment and all options available
- Behavioral Health Nursing Therapies	Transition Assessments & Planning	
- Behavioral Health Community Based Service Plan	Transition Assessment & Planning Completed forms <input type="button" value="Display Completed Forms"/>	
- Medical Assessed Need		Displays completed assessment with only your choices shown
- Medical Nursing Therapies	Transition Assessments & Planning	
- Medical Community Based Service Plan	Transition Assessment & Planning Final forms <input type="button" value="Display Final Forms"/>	
- Physical Accessibility		
- Physical Health Nursing Therapies		
- Physical Community Based Service Plan		

6. After the page refreshes, **File → Print** or **Ctrl+ P** to print

4. TRANSITION ASSESSMENT & PLANNING

C. STARTING A NEW TRANSITION ASSESSMENT

Click on **Transition Assessment & Planning**

Then click **Continue to create a Transition Assessment Process**

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

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

To continue to create a **new** Transition Assessment & Planning document, select **Continue to create a new Transition Assessment Process**.

Transition Assessments & Planning

The number of Transition Assessments not finalized is 1

Return to Transition Process Information Grid

Continue to create a Transition Assessment Process

Transition Assessments & Planning

Continue to create a Transition Assessment Process

TIP: If there is already a Transition Plan is progress that has not been finalized, you will see a number here.

To continue where you left off from a previously started plan:

Click **Return to transition Process Information Grid** then click **Edit**

Client - Transition Assessment & Planning - Chocolate Pudding - 2222

Transition Assessment & Planning

Transition Process Information Grid

Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary
Edit	01/18/2014			01/14/2017	fff 5	No	The event number is not finalized. Please complete the Transition Assessment Process Information Grid documents the Transition Process members.
View	05/14/2013	01/21/2014	01/14/2017	fff 254	Yes	Summary page	
View	1 01/14/2018	01/14/2013	01/15/2014	01/14/2017	cmcmcmcm 372	Yes	Summary page

TIP: If the client has gone through the transition process before, you can view their previous transition assessments by clicking **view**

4. TRANSITION ASSESSMENT & PLANNING

D. COPYING AN EXISTING TRANSITION ASSESSMENT

1. Click on **Transition Assessment & Planning**
2. Click **Return to transition Process Information Grid**

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning**
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD Section
- Administration
- Logout

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

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

To continue to create a **new** Transition Assessment & Planning document, select **Continue to create a new Transition Assessment Process**.

Transition Assessments & Planning

The number of Transition Assessments not finalized is 1

[Return to Transition Process Information Grid](#)

Continue to create a Transition Assessment Process

Transition Assessments & Planning

[Continue to create a Transition Assessment Process](#)

3. Click the **Copy** sub-section
4. Click the **Copy** button next to the last finalized assessment

Client - Transition Assessment & Planning - Chocolate Pudding - 2222

[\[Remove Finalize Transition Assessment\]](#)

Main Menu

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning**
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral

Transition Assessment & Planning

Transition Assessment & Planning Copy Grid

	Event Number	Copy Availability
Not able to Copy records at this time. Please complete and finalize the Transition Assessment & Planning pages.	6	No
Not able to Copy records at this time. Please complete and finalize the Transition Assessment & Planning pages.	5	No
Copy	4	Yes
Copy	3	Yes
Copy	2	Yes
Copy	1	Yes

TIP: You can only copy a Transition Assessment & plan that has been previously finalized

4. TRANSITION ASSESSMENT & PLANNING

D. COPYING AN EXISTING TRANSITION ASSESSMENT

4. Click **Edit** to begin updating and editing the assessment

Transition Assessment & Planning								
Transition Process Information Grid								
	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
Edit	7	01/02/2014	01/08/2014		01/08/2014	36	No	The event number has not been finalized. Please complete and finalize the Transition Assessment & Planning pages in order to access the Transition Process Information Summary page that documents the Transition Options Team members.
Edit	6	01/02/2014	01/08/2014		01/08/2014	36	No	The event number has not been finalized. Please complete and finalize the Transition Assessment & Planning pages in order to access the Transition Process Information Summary page that documents the Transition Options Team members.
Edit	5	02/05/2014	02/08/2014			5	No	The event number has not been finalized. Please complete and finalize the Transition Assessment & Planning pages in order to access the Transition Process Information Summary page that documents the Transition Options Team members.

TIP: The “new” copied **Transition Assessment & Planning** will be the top-most event

IMPORTANT:

It is imperative that you update all information in the “new” copied assessment.

4. TRANSITION ASSESSMENT & PLANNING

E. TRANSITION PROCESS INFORMATION

This page is your summary page for the current transition.

Each time you login to complete a step in the process, make sure you are **updating** and saving this page

Benefits Utilization System

Client - Transition Assessment & Planning - Chocolate Pudding - 2222

[\[Transition Assessment & Planning grid\]](#)

Transition Process Information

Event Number	4
Today's Date	02/03/2014
*Referral Source	Family
If Other is selected in the "Referral Source", an entry in the text box is required.	
*Referral Date	01/02/2014
*Transition Type	<input checked="" type="checkbox"/> EBD <input type="checkbox"/> CCT
*Name of Facility Transitioning From	Allison Care Center
*Options Counseling Date	01/04/2014
*Population Selection	<input checked="" type="checkbox"/> Person with Disabilities <input type="checkbox"/> Person with Mental Illness <input type="checkbox"/> Elderly <input type="checkbox"/> Individual with Intellectual Disability
*Initial Meeting Date with Transition Coordinator	01/06/2014
*Has a referral been made to a case management agency?	<input checked="" type="radio"/> Yes <input type="radio"/> No
CTS Authorization for Release of Information	<input checked="" type="checkbox"/>
CCT Informed Consent Signed Date	01/08/2014
Risk Mitigation Completed Date	
Transition Plan Completed Date	
Transition Administrator Reviewed Date	
ULTC 100.2 Completion Date	
Service Plan Date	
Planned Discharge Date	

Very Important:
Date's entered into the BUS need to be the **actual date** the events took place, **not** the date you entered them into the system!

Tip:
Up to two populations may be selected

Tip:
Date Format needs to be DD/MM/YYYY or DD/MM/YY
Example: 01/04/14

IMPORTANT NOTE

You **will not** be able to complete the following sub-sections in the BUS until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports and services:

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-up Assessed Needs
- House & Household Set-up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finances Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan

4. TRANSITION ASSESSMENT & PLANNING

F. BEHAVIORAL HEALTH ASSESSED NEED

You can access this page by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Client - Transition Assessment & Planning - Chocolate Pudding - 2222

Main Menu [\[Transition Assessment & Planning grid\]](#)

Advisement Letter Event Number: 4

Assessment - 100.2

Client Information

Transition Assessment & Planning

- Behavioral Health Assessed Need

- Behavioral Health Nursing Therapies

- Behavioral Health Community Based Service Plan

- Medical Assessed Need

- Medical Nursing Therapies

- Medical Community Based Service Plan

- Physical Accessibility

- Physical Health Nursing Therapies

- Physical Community Based Service Plan

- House & Household Set-Up Assessed Need

- House & Household Set-Up Community Based Service Plan

- Transportation Assessed Need

- Transportation Community Based Service Plan

- Independent Living Assessed Need

- Independent Living Community Based Service Plan

Mental Health

*Does the client have a mental health problem? Yes No

Is the client receiving mental health treatment? Yes No

*Has the client received past mental health treatment? Yes No

*Has the client managed a mental health illness successfully in the past? Yes No

Please explain:

*Does the client have a history of psychiatric hospitalizations while in the community? Yes No

*Does the client take medication for mental health issues? Yes No

Substance Abuse

*Does the client have a substance abuse problem? Yes No

*Has the client had a past substance abuse problem? Yes No

Does the client have a risk of relapse? Yes No

Does the client have a history of substance abuse inpatient treatment? Yes No

What are the client's drugs of choice:

Has the client managed a substance abuse problem in the past? Yes No

Please explain.

Cognitive and Behavior

*Does the client have a memory loss issue? Yes No

*Does the client have an anxiety issue? Yes No

*Does the client have a history of inpatient treatment for cognitive and behavioral issues while in community? Yes No

*Does the client have behavioral concerns? Yes No Identify the concerns:

*Does the client have a problem with wandering? Yes No Identify the concerns:

Tip:
If a box is greyed out, you **cannot** enter in information, because of your current selections

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 20 - 22**

IMPORTANT:
You **will not** be able to complete this page until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports and services

4. TRANSITION ASSESSMENT & PLANNING

G. BEHAVIORAL HEALTH NURSING THERAPIES

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Transition Assessment & Planning

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies**
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize

***Treatment for mental illness** Yes No
 Was treatment for mental illness a reason for entering last facility? Yes No
 Condition has improved since admission Yes No

***Treatment for cognitive or behavioral disorder** Yes No
 Was treatment for cognitive or behavioral a reason for entering last facility? Yes No
 Condition has improved since admission Yes No

Current nursing facility therapies for behavioral health issues. (Check all that apply)

***Psychological (Check all that apply)**
 Yes No Ongoing Time Limited
 Duration: Day Week Month N/A
 Frequency:
 (Examples of terms that could be entered for the Frequency: 2 times per Day, 1 time per Week, 3 times per Month)
 Additional treatment necessary before transition Yes No
 Describe:

***Cognitive (Check all that apply)**
 Yes No Ongoing Time Limited
 Duration: Day Week Month N/A
 Frequency:
 (Examples of terms that could be entered for the Frequency: 2 times per Day, 1 time per Week, 3 times per Month)
 Additional treatment necessary before transition Yes No
 Describe:

***Medication Management (Check all that apply)**
 Yes No Ongoing Time Limited
 Duration: Day Week Month N/A
 Frequency:
 (Examples of terms that could be entered for the Frequency: 2 times per Day, 1 time per Week, 3 times per Month)
 Additional treatment necessary before transition Yes No
 Describe:

***Social Worker or Therapist (Check all that apply)**
 Yes No Ongoing Time Limited
 Duration: Day Week Month N/A

IMPORTANT:

Do **not** complete this sub-section until **after the 3rd options team meeting**

If therapy is **Ongoing**:

Duration is length of therapy thus far:

i.e. This therapy has been occurring for the past 5 months

Frequency is how often the therapies occur:

i.e. This therapy occurs twice per day, 3 times per week.

If therapy is **Time Limited**:

Duration is length of therapy still remaining:

i.e. This therapy will continue for the next 2 weeks

Frequency is how often the therapies will occur:

i.e. This therapy will occur twice per day, 3 times per week.

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 23 - 24**

4. TRANSITION ASSESSMENT & PLANNING

G. BEHAVIORAL HEALTH NURSING THERAPIES

*Emergency Services within the last 6 months? Yes No

Number of contacts:

Reason for contacts:

Behavioral Health Issues that negatively impact ability to live in the community. Check all that apply.

Frequency of illness or hospitalization

Difficulty of managing symptoms

Non-compliance with medication instructions

Other:

Describe the conditions:

Has been unable to return home from hospital or rehab facility for the following Check all that apply

Inability to take medications as prescribed

Multiple failed attempts to live in the community

Lack of behavioral health services

Family does not support living in the community

Negative impact of substance abuse

Mental health provider does not support living in the community

Other:

COGNITIVE or MEMORY Services/Resources Needed

	Assessed Need*	Community Provider	Needed prior to move in d	Service Initiation Date (mm/dd/yyyy)
Planner	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="know yet"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Medication box	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Programmable watch	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="dont know"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="04/01/2014"/>

Tip:

This question is asking about Emergency Services (for behavioral health reasons)

IMPORTANT:

Do not complete this subsection until after the 3rd options team meeting

If you know Services/Resources are needed but don't yet have the Provider:

Choose Yes for Assessed Need and Type "Don't know yet" in for the Community Provider

If you know Services/Resources are needed prior to move in but don't yet have the date:

Choose Yes for Needed prior to move in date and put the Estimated Date of Discharge in for Service Initiation Date

Q: Where can I find the answers to these questions?

A: Community Transition Assessment - Questions 25 – 26 and on Transition Plan

4. TRANSITION ASSESSMENT & PLANNING

H. BEHAVIORAL HEALTH COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu [\[Transition Assessment & Planning grid\]](#)

Advisement Letter Event Number: 4

Assessment - 100.2 **Transition Assessment & Planning Behavioral Health Community Based Service Plan**

Client Information

Colorado Choice Transitions

- Intensive Case Management
- Behavioral Services
- Family Service
- Mentorship
- Substance Abuse Counseling

HCBS Waiver Services

- SEP/CCB case management (all waivers)
- Adult Day Care (BI, EBD, CMHS)
- Day Treatment (BI)
- Respite Care - Nursing Facility (EBD, CMHS)
- Mental Health Services
- Behavioral Education/Management
- Day Habilitation (DD)
- Support Community Connection (DD)
- Behavioral Services (DD)
- Mentorship (DD)
- Day Habilitation (DD)

Behavioral Health Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)	Date by which referral is complete (mm/dd/yyyy)
Substance Abuse Services	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription Medication	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Services	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BHO services	Managed Care	Case management agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volunteer opportunities	Community resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Support	Community resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check the boxes next to the CCT Waiver services your client will be accessing

Tip:
Your client can only access the HCBS waiver services if they qualify for those waivers
The qualifying waiver program is in () after the service

Q: Where can I find the answers to these questions?
A: [On the Transition Plan](#)

IMPORTANT:
You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports and services

4. TRANSITION ASSESSMENT & PLANNING

I. MEDICAL ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Transition Assessment & Planning

- Behavioral Health Assessed Need

- Behavioral Health Nursing Therapies

- Behavioral Health Community Based Service Plan

- Medical Assessed Need

- Medical Nursing Therapies

- Medical Community Based Service Plan

- Physical Accessibility

- Physical Health Nursing Therapies

- Physical Community Based Service Plan

- House & Household Set-Up Assessed Need

- House & Household Set-Up Community Based Service Plan

- Transportation Assessed Need

- Transportation Community Based Service Plan

- Independent Living Assessed Need

- Independent Living Community Based Service Plan

- Employment Assessed Need

- Employment Community Based Service Plan

- Finances Assessed Need

- Finance Community Based Service Plan

- Support & Safety Assessed Need

- Support & Safety Community Based

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

Was treatment for a medical condition a reason for entering last facility?

Has the medical condition improved since admission? Yes No

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

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

Describe:

Other:

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

- Lack of medical, nursing, or therapy services

Describe the condition that was unable to be treated in the community.

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

Medical Services/Resources Needed

	*Assessed Need	Community Provider	Needed prior to move in date	Service initiation date (mm/yy)
Physician	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Home Health	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

IMPORTANT:
Do not complete this sub-section until **after the 3rd options team meeting**

If you know Services/Resources are needed but **don't yet have the Provider:**

Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in for the **Community Provider**

If you know Services/Resources are needed **prior to move in** but **don't yet have the date:**

Choose **Yes** for **Needed prior to move in date** and put the **Estimated Date of Discharge** in for **Service Initiation Date**

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 27 – 30 and on Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

J. MEDICAL NURSING THERAPIES

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

The screenshot shows a web form for 'Medical Nursing Therapies'. The left-hand navigation menu has an orange arrow pointing to the 'Medical Nursing Therapies' option, which is also highlighted with an orange box. The form contains sections for 'Respiratory', 'Chemotherapy', and 'Radiation' therapies. Each section includes radio buttons for 'Yes', 'No', 'Ongoing', and 'Time Limited', followed by 'Duration' and 'Frequency' input fields. A 'Describe:' text area is provided for each therapy type. The form is partially obscured by callout boxes on the right.

IMPORTANT:
Do **not** complete this sub-section until **after the 3rd options team meeting**

If therapy is Ongoing:
Duration is length of therapy thus far:

i.e. This therapy has been occurring for the past 5 months

Frequency is how often the therapies occur:

i.e. This therapy occurs twice per day, 3 times per week.

If therapy is Time Limited:
Duration is length of therapy still remaining:

i.e. This therapy will continue for the next 2 weeks

Frequency is how often the therapies will occur:

i.e. This therapy will occur twice per day, 3 times per week.

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment – Question 31**

4. TRANSITION ASSESSMENT & PLANNING

J. MEDICAL NURSING THERAPIES

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

IMPORTANT:
Do not complete this sub-section until **after the 3rd options team meeting**

Tip:
This question is asking about Emergency Services (for medical reasons)

Q: Where can I find the answers to these questions?
A: **Community Transition Assessment - Questions 29 & 31**

Save Save and Continue

4. TRANSITION ASSESSMENT & PLANNING

K. MEDICAL COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu	[Transition Assessment & Planning grid]						
Advisement Letter	Event Number: 4						
Assessment - 100.2	Transition Assessment & Planning Medical Community Based Service Plan						
Client Information							
Transition Assessment & Planning	Colorado Choice Transition (CCT) Services						
- Behavioral Health Assessed Need	<input type="checkbox"/> Intensive Case Management						
- Behavioral Health Nursing Therapies	<input type="checkbox"/> Enhanced Nursing Services						
- Behavioral Health Community Based Services	<input type="checkbox"/> Extended Dental						
- Medical Assessed Need	<input type="checkbox"/> Extended Vision						
- Medical Nursing Therapies	HCBS Waiver Services						
- Medical Community Based Service Plan	<input type="checkbox"/> Personal Emergency Response System (PERS) (DD)						
- Physical Accessibility	<input type="checkbox"/> Medication Reminder (EBD, CMHS)						
- Physical Health Nursing Therapies	<input type="checkbox"/> Dental (DD)						
- Physical Community Based Service Plan	<input type="checkbox"/> Vision (DD)						
- House & Household Set-Up Assessed Need	<input type="checkbox"/> Massage Therapy (DD)						
- House & Household Set-Up Community Based Service Plan	<input type="checkbox"/> Movement Therapy (DD)						
- Transportation Assessed Need	Medical Service Referral Section						
- Transportation Community Based Service Plan	Service	Service Type	Entity responsible for referral	Person make referral	required (mm/dd/yyyy)	referral (mm/dd/yyyy)	completed (mm/dd/yyyy)
- Independent Living Assessed Need	Home Health	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Independent Living Community Based Service Plan	Physician	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Employment Assessed Need	Medical Transportation	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Employment Community Based Service Plan	Prescription Medication	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Finances Assessed Need	Physical Therapy	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Finance Community Based Service Plan	Speech Therapy	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Support & Safety	Durable Medical Equipment	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Disposable	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check the boxes next to the CCT Waiver services your client will be accessing

Tip:
Your client can only access the HCBS waiver services if they qualify for those waivers
The qualifying waiver program is in () after the service

IMPORTANT:
You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?
A: **On the Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

L. PHYSICAL ACCESSIBILITY ASSESSED NEEDS

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Transition Assessment & Planning

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan

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

If yes, check all that apply:

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

Check any Personal Care Assistance that is a requirement.

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

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

Describe:

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

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

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

Home Modification

	*Assessed Need	Community Provider	Needed prior to move in date	Service Initiation Date
Widened Doors	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Bathroom handrails	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Environmental control system	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

IMPORTANT:
Do **not** complete this sub-section until **after the 3rd options team meeting**

If you know Services/Resources are needed but **don't yet have the Provider:**
Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in for the **Community Provider**

If you know Services/Resources are needed **prior to move in** but **don't yet have the date:**
Choose **Yes** for **Needed prior to move in date** and put the **Estimated Date of Discharge** in for **Service Initiation Date**

Q: Where can I find the answers to these questions?
A: **Community Transition Assessment - Questions 32 – 34 and on Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

M. PHYSICAL NURSING FACILITY THERAPIES

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu	[Transition Assessment & Planning_grid]
Advisement Letter	Event Number: 4
Assessment - 100.2	Transition Assessment & Planning Physical Nursing F
Client Information	Current Nursing Facility Therapies for physical disabilities
Transition Assessment & Planning	
- Behavioral Health Assessed Need	*Speech (Check all that apply) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Time Limited
- Behavioral Health Nursing Therapies	Duration: <input type="text"/> <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> N/A
- Behavioral Health Community Based Service Plan	Additional treatment necessary before transition <input type="radio"/> Yes
- Medical Assessed Need	*Occupational Therapy (Check all that apply) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Time Limited
- Medical Nursing Therapies	Duration: <input type="text"/> <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> N/A
- Medical Community Based Service Plan	Additional treatment necessary before transition <input type="radio"/> Yes
- Physical Accessibility	Describe: <input type="text"/>
- Physical Health Nursing Therapies	*Physical (Check all that apply) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Time Limited
- Physical Community Based Service Plan	Duration: <input type="text"/> <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> N/A
- House & Household Set-Up Assessed Need	Additional treatment necessary before transition <input type="radio"/> Yes
- House & Household Set-Up Community Based Service Plan	Describe: <input type="text"/>
- Transportation Assessed Need	Personal care issues that negatively impact ability to live
- Transportation Community Based Service Plan	Additional treatment is necessary before Transition
- Independent Living Assessed Need	<input checked="" type="checkbox"/> Inability of family/friends to provide personal care
- Independent Living Community Based Service Plan	<input checked="" type="checkbox"/> Shortage of good attendants
- Employment Assessed Need	<input type="checkbox"/> Shortage of service providers
- Employment	<input type="checkbox"/> Lack of or no record of emergency contact
	<input type="checkbox"/> Other <input type="text"/>

If therapy is Ongoing:

Duration is length of therapy thus far:

i.e. This therapy has been occurring for the past 5 months

Frequency is how often the therapies occur:

i.e. This therapy occurs twice per day, 3 times per week.

If therapy is Time Limited:

Duration is length of therapy still remaining:

i.e. This therapy will continue for the next 2 weeks

Frequency is how often the therapies will occur:

i.e. This therapy will occur twice per day, 3 times per week.

Tip:

These questions have already been answered, do not check any boxes here

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment – Question 37**

4. TRANSITION ASSESSMENT & PLANNING

N. PHYSICAL COMMUNITY BASED SERVICE PLAN

Transition Assessment & Planning	Colorado Choice Transition (CCT) Services						
- Behavioral Health Assessed Need	<input type="checkbox"/>	Intensive Case Management					
- Behavioral Health Nursing Therapies	<input type="checkbox"/>	Home Delivered Meals					
- Behavioral Health Community Based Service Plan	<input type="checkbox"/>	Home Modifications Extended					
- Medical Assessed Need	<input type="checkbox"/>	Assistive Technology					
- Medical Nursing Therapies	HCBS Waiver Services						
- Medical Community Based Service Plan	<input type="checkbox"/>	Personal Emergency Response System (BI, DD, EBD, CMHS)					
- Physical Accessibility	<input type="checkbox"/>	Relative Personal Care (BI, EBD, CMHS)					
- Physical Health Nursing Therapies	<input type="checkbox"/>	Personal Emergency Response System (DD)					
- Physical Community Based Service Plan	<input type="checkbox"/>	SEP/CCB Case Management (all waivers)					
- House & Household Set-Up Assessed Need	<input type="checkbox"/>	Home Modification (BI)					
- House & Household Set-Up Community Based Service Plan	<input type="checkbox"/>	Home Accessibility Adaptations (DD)					
- Transportation Assessed Need	<input type="checkbox"/>	Vehicle Modifications (DD)					
- Transportation Community Based Service Plan	<input type="checkbox"/>	Medication Reminder (EBD, CMHS)					
- Independent Living Assessed Need	<input type="checkbox"/>	Consumer Directed Attendant Support Services (DD)					
- Independent Living Community Based Service Plan	<input type="checkbox"/>	Non-Medical Transportation (BI, DD, EBD, CMHS)					
- Employment Assessed Need	<input type="checkbox"/>	Non-Medical Transportation to and from adult day program (BI, DD, EBD, CMHS)					
- Employment Community Based Service Plan	<input type="checkbox"/>	Assistive Technology (BI)					
- Finance Assessed Need	<input type="checkbox"/>	Electronic Monitoring (BI, EBD, CMHS)					
- Finance Community Based Service Plan	<input type="checkbox"/>	Specialized Medical Supplies/Disposables (DD)					
- Support & Safety Assessed Need	<input type="checkbox"/>	Specialized Medical Equipment (DD)					
- Support & Safety Community Based Service Plan	<input type="checkbox"/>	In-Home Support Services Health Maintenance Activities (EBD)					
- Finalize	<input type="checkbox"/>	In-Home Support Services Personal Care Service (EBD)					
- Print	<input type="checkbox"/>	In-Home Support Services relative Personal Care (EBD)					
Risk Mitigation Plan	<input type="checkbox"/>	In-Home Homemaker Services (EBD)					
	State Medicaid Plan Services						
	<input type="checkbox"/>	Medical Transportation					
	<input type="checkbox"/>	Durable Medical Equipment and Disposable Supplies					
	Community Resources/Services						
	<input type="checkbox"/>	Public Transportation					
	Physical Disability Services Referral Section						
	Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date referral completed (mm/dd/yyyy)
	Medical Transportation	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Durable Medical Equipment	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check the boxes next to the CCT Waiver services your client will be accessing

Tip: Your client can only access the HCBS waiver services if they qualify for those waivers
The qualifying waiver program is in () after the service

Tip: As a Medicaid eligible individual, your client also has access to these services

Q: Where can I find the answers to these questions?
A: On the Community Transition Plan

IMPORTANT: You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

4. TRANSITION ASSESSMENT & PLANNING

O. HOUSE & HOUSEHOLD SET-UP ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu	[Transition Assessment & Planning grid]
Advisement Letter	Event Number: 4
Assessment - 100.2	Transition Assessment & Planning House & Household Set-Up Assessed Need
Client Information	
Transition Assessment & Planning	Preference for Living Arrangement
- Behavioral Health Assessed Need	<input type="checkbox"/> Alone
- Behavioral Health Nursing Therapies	<input type="checkbox"/> With family
- Behavioral Health Community Based Service Plan	<input type="checkbox"/> With friend(s)
- Medical Assessed Need	<input type="checkbox"/> With identified roommate
- Medical Nursing Therapies	<input type="checkbox"/> With unidentified roommate
- Medical Community Based Service Plan	<input type="checkbox"/> Assisted living
- Physical Accessibility	<input type="checkbox"/> Host Home
- Physical Health Nursing Therapies	<input type="checkbox"/> RSS (DD)
- Physical Community Based Service Plan	<input type="checkbox"/> Return to previous residence
- House & Household Set-Up Assessed Need	Desired Location
- House & Household Set-Up Community Based Service Plan	County: <input type="text"/>
- Transportation Assessed Need	City: <input type="text"/>
- Transportation Community Based Service Plan	*The client has had difficulty maintaining residence in the community for the following reasons: If Yes, check any of the following that apply.
- Independent Living Assessed Need	<input type="radio"/> Yes <input checked="" type="radio"/> No
- Independent Living Community Based Service Plan	<input type="checkbox"/> Need for services to help maintain residence
- Employment Assessed Need	<input type="checkbox"/> Cost of rent or other bills
- Employment	<input type="checkbox"/> Need for home modifications
	<input type="checkbox"/> Not complying with rental rules
	<input type="checkbox"/> Difficulty with room mate
	<input type="checkbox"/> Other <input type="text"/>
	Anticipated Housing Needs HUD Section 8/Housing Voucher
	<input type="checkbox"/> Has <input type="checkbox"/> Need
	First month's rent <input type="checkbox"/> Has <input type="checkbox"/> Need
	Utility payments <input type="checkbox"/> Has <input type="checkbox"/> Need
	Deposit <input type="checkbox"/> Has <input type="checkbox"/> Need

Tip:
Choose **No** if none apply

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 38-40**

4. TRANSITION ASSESSMENT & PLANNING

O. HOUSE & HOUSEHOLD SET-UP ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu	[Transition Assessment & Planning grid]							
Advisement Letter	Event Number: 4							
Assessment - 100.2	Transition Assessment & Planning House & Household Set-Up Community Based Service Plan							
Client Information	Community Based Service Plan							
Transition Assessment & Planning	Housing							
- Behavioral Health Assessed Need	*Assessed Need	Roommate	HUD Section 8	Utility Deposit	Rent	Move-in Date (mm/dd/yyyy)	Address	
- Behavioral Health Nursing Therapies								
- Behavioral Health Community Based Service Plan	*Previous Residence	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="Dont Know"/>	<input type="text" value="Dont know"/>	<input type="text" value="03/01/2014"/>	<input type="text" value="Dont Know"/>
- Medical Assessed Need	*Independent Apt	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Medical Nursing Therapies	*Assisted Living	<input type="radio"/> Yes <input checked="" type="radio"/> No	NA	NA	NA	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Medical Community Based Service Plan	*Alternative Care Facility	<input type="radio"/> Yes <input checked="" type="radio"/> No	NA	NA	NA	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Physical Accessibility	*Residential Group Home	<input type="radio"/> Yes <input type="radio"/> No	NA	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Physical Health Nursing Therapies	*Private with Family	<input type="radio"/> Yes <input checked="" type="radio"/> No	NA	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Physical Community Based Service Plan	*Host Home	<input type="radio"/> Yes <input checked="" type="radio"/> No	NA	NA	NA	<input type="text"/>	<input type="text"/>	<input type="text"/>
- House & Household Set-Up Assessed Need	*Other	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- House & Household Set-Up Community Based Service Plan								
- Transportation Assessed Need								
- Transportation Community Based Service Plan								
- Independent Living Assessed Need	Assessed Need	Needed prior to move-in	Provider	Acquisition Date (mm/dd/yyyy)				
- Independent Living Community Based Service Plan	*Furniture	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>			
- Employment Assessed Need	*Bed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>			
- Employment Community Based Service Plan	*Linens	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>			
- Finances Assessed Need	*Food	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>			
- Finance Community Based Service Plan	*House ware	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>			
- Support & Safety								

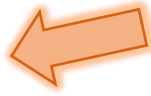
If you know housing is needed but **don't yet have all the information**
 Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in the appropriate fields

Q: Where can I find the answers to these questions?
A: **Community Transition Assessment - Questions 41 – 42 and on Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

P. HOUSE/HOUSEHOLD SET-UP COMMUNITY BASED SERVICE PLAN

Check the boxes next to the CTS Waiver services your client will be accessing



Community Transition Services (CTS)

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

Housing & Household Set Up Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
HUD	Community Resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Stamps	Community Resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household setup items	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security deposit that are required to obtain a lease on a residence	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set-up or deposits for utility or service access, including telephone, electricity, heating and water	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moving expenses required to occupy a community-based residence	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health and safety assurances						

IMPORTANT:
You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?
A: [On the Transition Plan](#)

4. TRANSITION ASSESSMENT & PLANNING

Q. TRANSPORTATION ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Main Menu	[Transition Assessment & Planning grid]
Advisement Letter	Event Number: 4
Assessment - 100.2	Transition Assessment & Planning Transportation Assessed Need
Client Information	TRANSPORTATION REQUIREMENTS OR PREFERENCES:
Transition Assessment & Planning	
- Behavioral Health Assessed Need	The client has the following transportation requirements or preferences. (Check all that apply)
- Behavioral Health Nursing Therapies	<input type="checkbox"/> Fixed route bus
- Behavioral Health Community Based Service Plan	<input type="checkbox"/> Personal vehicle
- Medical Assessed Need	<input type="checkbox"/> Family or friends
- Medical Nursing Therapies	<input type="checkbox"/> Paratransit/demand response eligibility
- Medical Community Based Service Plan	<input type="checkbox"/> Taxi
- Physical Accessibility	<input type="checkbox"/> Medical transportation
- Physical Health Nursing Therapies	<input type="checkbox"/> Door-to-Door Attendant
- Physical Community Based Service Plan	<input type="checkbox"/> Non-Medical transportation to Day Program
- Household Set-Up Assessed Need	<input type="checkbox"/> Other <input type="text"/>
- Household Set-Up Community Based Service Plan	
- Transportation Assessed Need	
- Transportation Community Based Service Plan	
- Independent Living Assessed Need	
- Independent Living Community Based Service Plan	
- Employment Assessed Need	
- Employment	

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

Unable to Return Home from Hospital or Rehab Facility

Need for adequate transportation

Other:

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

Difficulty in Maintaining Residence in the Community

Need for adequate transportation

Other:

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 43 & 45**

4. TRANSITION ASSESSMENT & PLANNING

R. TRANSPORTATION COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Event Number: 4
Transition Assessment & Planning Transportation Community Based Service Plan

Client Information
TRANSFORMATION ASSISTANCE NEEDED
Check all that apply

- Travel training
- Para transit scheduling
- Orientation and mobility instruction
- Eligibility establishment for paratransit/demand response use
- Vehicle transfer
- Escort
- Non medical transportation
- Training for fixed-route bus
- Medical transportation
- Other

Transportation

	Assessed Need	Provider	Service Initiation Date (mm/dd/yyyy)
*Fixed route bus	<input checked="" type="radio"/> Yes <input type="radio"/> No	Don't know yet	03/01/14
*Personal car	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Family/friends	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Para transit	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Taxi	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Medical transportation	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Non-medical transportation	<input type="radio"/> Yes <input checked="" type="radio"/> No		

IMPORTANT:

Do **not** complete this sub-section until **after the 3rd options team meeting**

If you know Services/Resources are needed but **don't yet have the Provider:**

Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in for the **Community Provider**

If you know Services/Resources are needed but **don't yet have the date:**

Put the **Estimated Date of Discharge** in for the **Service Initiation Date**

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 43 – 45** and on **Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

R. TRANSPORTATION COMMUNITY BASED SERVICE PLAN

Tip:

Your client can only access the HCBS waiver services if they qualify for those waivers

The qualifying waiver program is in () after the service



HCBS Waiver Services

- Vehical Modification (DD)
- Non-Medical Transportation (BI, DD, EBD, CMHS)
- Non-Medical Transportation to and from adult day program (BI, EBD, CMHS)
- Bus Pass (DD)
- Behavioral Services (DD)

Transportation Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Medical Transportation	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Public Transportation	Community Resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel Training / Independent Living Skills	CCT	Intensive Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Modification (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Medical Transportation (BI,DD,EBD,CMHS)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Medical Transportation to and from Day program (BI,DD,EBD,CMHS)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bus Pass (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behavior Services (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

IMPORTANT:

You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?

A: [On the Transition Plan](#)

4. TRANSITION ASSESSMENT & PLANNING

S. INDEPENDENT LIVING ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

[\[Transition Assessment & Planning grid\]](#)

Event Number: 4

Transition Assessment & Planning Independent Living Assessment

*Has the client had difficulty maintaining a residence in the community?

Check all that apply:

- Need for services to help maintain residence
- Need for services to help with money management or decision-making
- Concern for safety by family or friends.
- Other

Independent Living Skills

	*Assessed Need	Skills Training Provider	Service Initiation Date (mm/dd/yyyy)
Hygiene Maintenance	<input checked="" type="radio"/> Yes <input type="radio"/> No	Don't Know Yet	03/01/14
Meal Preparation	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Housework	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Laundry	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Travel Training	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Home Maintenance	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Other	<input type="radio"/> Yes <input checked="" type="radio"/> No		

IMPORTANT:
Do not complete this sub-section until after the 3rd options team meeting

If you know Services/Resources are needed but **don't yet have the Provider:**
Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in for the **Community Provider**

If you know Services/Resources are needed but **don't yet have the date:**
Put the **Estimated Date of Discharge** in for the **Service Initiation Date**

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 46 & 47**

Save Save and Continue

4. TRANSITION ASSESSMENT & PLANNING

T. INDEPENDENT LIVING COMMUNITY BASED SERVICE PLAN

[Transition Assessment & Planning grid]

Event Number: 4

Transition Assessment & Planning Independent Living Community Based Service Plan

Colorado Choice Transition (CCT) Services

- Independent Living Skills Training
- Mentorship
- Specialized Day Rehabilitation Services

HCBS Waiver Services

- Independent Living Skills Training (BI)
- Day Habilitation Services (DD)
- Supported Community Connection (DD)
- Day Habilitation (DD)

Check the boxes next to the CCT Waiver services your client will be accessing

Tip:

Your client can only access the HCBS waiver services if they qualify for those waivers

The qualifying waiver program is in () after the service

Independent Living Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Transitional Living Service	CCT	ICM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Living Skills Training	CCT	ICM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mentorship	CCT	ICM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialized day rehabilitation services	CCT	ICM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Living Skills Training (BI)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Habilitation Services (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Community Connection (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Habilitation	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT:

You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?

A: [On the Transition Plan](#)

Save

4. TRANSITION ASSESSMENT & PLANNING

U. EMPLOYMENT ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finances Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status

Check all that apply:

- Retired
- Not employed
- Employed fulltime
- Interested in getting or changing job
- Not interested in getting of changing job
- Attends pre-vocational day activity or work activity program
- Attends sheltered workshop
- Works at home
- Other

*Interested in attending pre-vocational day activity or work activity program.

Yes No

Need for assistance to work

Check all that apply:

- Independent (with devices, if used)
- Needs help every day, but does not need continuous presence of another person
- Needs help weekly or less (for example, if problem arise)
- Needs continual presence of another person

Employment Assistance Needed in the Community

	Assessed Need*	Community Provider	Needed prior to move in date	Service Initiation Date (mm/dd/yyyy)
Vocational Rehabilitation	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input style="width: 50px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100px;" type="text"/>
Independent (w/devices)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input style="width: 50px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100px;" type="text"/>
Weekly or less assistance	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input style="width: 50px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100px;" type="text"/>
Daily assistance	<input checked="" type="radio"/> Yes <input type="radio"/> No	Don't Know yet	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input style="width: 100px;" type="text"/>
Continuous assistance	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100px;" type="text"/>
Other	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	03/01/14

IMPORTANT:
Do not complete this sub-section until **after the 3rd options team meeting**

If you know Services/Resources are needed but **don't yet have the Provider:**
Choose **Yes** for **Assessed Need** and Type **"Don't know yet"** in for the **Community Provider**

If you know Services/Resources are needed **prior to move in** but **don't yet have the date:**
Choose **Yes** for **Needed prior to move in date** and put the **Estimated Date of Discharge** in for **Service Initiation Date**

Q: Where can I find the answers to these questions?
A: **Community Transition Assessment - Questions 48 – 49 and on Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

V. EMPLOYMENT COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Client - Transition Assessment & Planning - Chocolate Pudding - 2222

Main Menu [\[Transition Assessment & Planning grid\]](#)

Advisement Letter

Assessment - 100.2

Client Information

Transition Assessment & Planning

- Behavioral Health Assessed Need

- Behavioral Health Nursing Therapies

- Behavioral Health Community Based Service Plan

- Medical Assessed Need

- Medical Nursing Therapies

- Medical Community Based Service Plan

- Physical Accessibility

- Physical Health Nursing Therapies

- Physical Community Based Service Plan

- House & Household Set-Up Assessed Need

- House & Household Set-Up Community Based Service Plan

- Transportation Assessed Need

- Transportation Community Based Service Plan

- Independent Living Assessed Need

- Independent Living Community Based Service Plan

- Employment Assessed Need

- Employment Community Based Service Plan

- Finances Assessed

Event Number: 4

HCBS Waiver Services

Supportive Employment (DD)

Supportive Employment - Job Development (DD)

Employment Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Vocational Rehabilitation	Community Resource	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supportive Employment (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supportive Employment - Job Development (DD)	HCBS	CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tip: Your client can only access the HCBS waiver services if they qualify for those waivers

The qualifying waiver program is in () after the service



Q: Where can I find the answers to these questions?

A: **On the Transition Plan**

IMPORTANT:

You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

4. TRANSITION ASSESSMENT & PLANNING

W. FINANCES ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

[\[Transition Assessment & Planning grid\]](#)

Event Number: 4

Transition Assessment & Planning Finances Assessed Need

What are the Anticipated Relocation Expenses?

Moving costs Estimated Cost:

Rent deposit Estimated Cost:

Utility deposit Estimated Cost:

Other

Financial issues that have negatively impacted ability to live in the community.

Cost of paying attendents Estimated Cost:

Cost of rent or other bills Estimated Cost:

Unable to budget

Other

Has been Unable to Return Home from Hospital or Rehab Facility for the following:

Check all that apply:

Cost of paying attendents

Cost of medical, nursing, or therapy services

Cost of rent or other bills

Past unpaid bills

Other

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- **Finances Assessed Need**
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Questions 50 & 52**

4. TRANSITION ASSESSMENT & PLANNING

X. FINANCE COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Finance Assessed Need
- Finance Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status

Transition Assessment & Planning Finance Community Based Service Plan

What are the anticipated community expenses?

Check all that apply:

- Landlord Estimated Cost:
- Housing authority Estimated Cost:
- Utility bills Estimated Cost:
- Child support Estimated Cost:
- Mortgage Estimated Cost:
- Credit cards Estimated Cost:
- Other Estimated Cost:
- Other Estimated Cost:
- Other Estimated Cost:

HCBS Waiver Services

- Bus Pass (DD)

Community Transition Services (CTS) services

- Security Deposit that are required to obtain a lease on a residence
- Set-up fees or deposits for utility or service access, including telep
- Moving expense require to occupy a community-based
- A one-time purchase of food not to exceed \$100.

Finances Service Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Security deposit that are required to obtain a lease on a residence	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moving expenses required to occupy a community-based	Community Transition Services	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tip: Your client can only access the HCBS waiver services if they qualify for those waivers

The qualifying waiver program is in () after the service

Tip: As a Medicaid eligible individual, your client also has access to these services

IMPORTANT:

You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?

A: **Community Transition Assessment - Question 51 and on Transition Plan**

4. TRANSITION ASSESSMENT & PLANNING

Y. SUPPORT & SAFETY ASSESSED NEED

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Transition Assessment & Planning Support & Safety Assessed Need		
A Risk mitigation plan must be completed for each risk factor identified.		
Risk Factors	Identified as Risk	
* Family/friend not available to assist in transition and continued residence	<input type="radio"/> Yes	<input type="radio"/> No
*Has a history of not managing physical health problems or illness successfully in community	<input type="radio"/> Yes	<input type="radio"/> No
*Has had an episode of not managing mental illness successfully in the community	<input type="radio"/> Yes	<input type="radio"/> No
*Hospital and/or nursing facility placement due to non-compliance with medications	<input type="radio"/> Yes	<input type="radio"/> No
*Has had frequent falls	<input type="radio"/> Yes	<input type="radio"/> No
*Has had emergency services within the last six months	<input type="radio"/> Yes	<input type="radio"/> No
*Has had frequent illness and/or medical hospitalizations while in the community	<input type="radio"/> Yes	<input type="radio"/> No
*Has had prior failed episodes of living in the community	<input type="radio"/> Yes	<input type="radio"/> No
*Family has strong concerns regarding safety in the community	<input type="radio"/> Yes	<input type="radio"/> No
*Has never lived alone	<input type="radio"/> Yes	<input type="radio"/> No
*Will require services from multiple providers in the community	<input type="radio"/> Yes	<input type="radio"/> No
*Will require psychiatric services in the community and is not currently enrolled with a mental health service provider	<input type="radio"/> Yes	<input type="radio"/> No
*Will require on hands assistance with intake processes for required services/resources	<input type="radio"/> Yes	<input type="radio"/> No
*Requires psychiatric medications and is not currently enrolled with a mental health service provider	<input type="radio"/> Yes	<input type="radio"/> No
*Has had history of financial issues that have impacted housing	<input type="radio"/> Yes	<input type="radio"/> No
*At risk of losing benefits	<input type="radio"/> Yes	<input type="radio"/> No
*History or current safety concern towards self or others	<input type="radio"/> Yes	<input type="radio"/> No
*Active substance abuse	<input type="radio"/> Yes	<input type="radio"/> No

Q: Where can I find the answers to these questions?

A: [On the Transition Plan](#)

4. TRANSITION ASSESSMENT & PLANNING

Z. SUPPORT & SAFETY COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

- Behavioral Health Assessed Need
- Behavioral Health Nursing Therapies
- Behavioral Health Community Based Service Plan
- Medical Assessed Need
- Medical Nursing Therapies
- Medical Community Based Service Plan
- Physical Accessibility
- Physical Health Nursing Therapies
- Physical Community Based Service Plan
- House & Household Set-Up Assessed Need
- House & Household Set-Up Community Based Service Plan
- Transportation Assessed Need
- Transportation Community Based Service Plan
- Independent Living Assessed Need
- Independent Living Community Based Service Plan
- Employment Assessed Need
- Employment Community Based Service Plan
- Financial Assessed Need
- Financial Community Based Service Plan
- Support & Safety Assessed Need
- Support & Safety Community Based Service Plan
- Finalize
- Print
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports

Transition Assessment & Planning Support & Safety Community Based Service Plan

Colorado Choice Transition (CCT) Services

- Intensive Case Management
- Behavioral Health Service
- Family Services
- Mentorship
- Enhanced Nursing
- Substance Abuse Counseling (Transitional)
- Home Delivered Meals
- Home Modifications Extended
- Assistive Technology
- Independent Living Skills Training
- Specialized Day Rehabilitation Services

HCBS Waiver Services

- Personal Emergency Response System (PERS) (EBD, CMHS)
- SEP/CCB Case Management (all waivers)
- Adult Day Care (BI, EBD, CMHS)
- Day Treatment (BI)
- Respite Care - Nursing Facility (EBD, CMHS)
- Mental Health Services (BI)
- Behavioral Education/Management (BI)
- Day Habilitation Services (DD)
- Supported Community Connection (DD)
- Behavioral Services (DD)
- Mentorship (DD)
- Day Habilitation (DD)
- Medication Reminder (EBD, CMHS)
- Personal Care (BI, DD, EBD, CMHS)
- Relative Personal Care (BI, EBD, CMHS)
- Home Modification (BI)
- Home Accessibility Adaptations (DD)
- Vehicle Modification (DD)
- Consumer Directed Attendant Support Services (CDASS)(DD,EBD, CMHS)
- Non-Medical Transportation (BI, DD, EBD, CMHS)
- Non-Medical Transportation to and from adult day program (BI, EBD, CMHS)
- Assistive Technology (BI)
- Electronic Monitoring (BI, EBD, CMHS)
- Specialized Medical Supplies/Disposables (DD)
- Specialized Medical Equipment (DD)
- In-Home Support Services Health Maintenance Activities (EBD)
- In-Home Support Services Personal Care Service (EBD)
- In-Home Support Services Relative Personal Care (EBD)
- In-Home Homemaker Services (EBD)
- Independent Living Skills Training (BI)

Check the boxes next to the CCT Waiver services your client will be accessing

Tip: Your client can only access the HCBS waiver services if they qualify for those waivers
The qualifying waiver program is in () after the service

4. TRANSITION ASSESSMENT & PLANNING

AA. SUPPORT & SAFETY COMMUNITY BASED SERVICE PLAN

You can access this sub-section by clicking **Save and Continue** on the previous page, or by choosing it from the left hand navigation

Safety & Support Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Home Health	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Transportation	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription Medication	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse Services	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Services	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Durable Medical Equipment	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disposable Supplies	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Duty Nursing Services	State Medicaid Plan	Nursing Facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Faith Community	Community Resources	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AA	Community Resources	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landlord	Community Resources	Transition Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT:
 You **will not** be able to complete this sub-section until **after the 3rd options team meeting** when you review Transition plan to determine if providers have been obtained for all required supports & services

Q: Where can I find the answers to these questions?
A: [On the Transition Plan](#)

4. TRANSITION ASSESSMENT & PLANNING

BB. FINAL SUMMARY PAGE INFORMATION

After you have completed the transition assessment and plan, click on the **Summary page information** button

Main Menu	[Remove Finalize Transition Assessment]								
Advisement Letter	Transition Assessment & Planning								
Assessment - 100.2	Transition Process Information Grid								
Client Information									
Transition Assessment & Planning									
- Initial/New									
- Copy									
Risk Mitigation Plan									
Assessment - HCA	View	4	01/02/2014	01/08/2014	02/11/2014	01/08/2014	34	Yes	Summary Page Summary page information
Case Management	View	3	01/12/2014	01/18/2014	01/30/2014	02/14/2017	24	Yes	Summary page information
Case Status	View	2	01/14/2018	05/14/2013	01/21/2014	01/14/2017	273	Yes	Summary page information
Critical Incidents - Before 06/04/2009	View	1	01/14/2018	01/26/2014	01/31/2014	01/31/2014	372	Yes	Summary page information
Critical Incident Reports									
IADL									
Log Notes									
LTC 803									
Program Area									
Referral									
Service Plan									
Service Plan DD Section									

Here you will enter **follow up information** about your client's transition

Transition Assessment & Planning	*Actual Discharge Date	03/01/2014	
- Initial/New	Post Transition Visits		
- Copy	1st visit date (1st visitation day after discharge)	03/30/14	Went well, more detail here
Risk Mitigation Plan	2nd visit date		
Assessment - HCA	3rd visit date		
Case Management	Transition Event Summary		
Case Status	*Transition Status	Successful	
Critical Incidents - Before 06/04/2009	If Other is selected in the "Transition Status", an entry in the text box is required.		
Critical Incident Reports	On Hold <input type="checkbox"/>	Date	
IADL	Reason for On Hold		
Log Notes	If Other is selected in the "Reason for On Hold", an entry in the text box is required.		
LTC 803	*Reason unable to transition		
Program Area	If any of the selection other the "Other" is selected in the "Reason unable to transition", an entry in the text box is required.		
Referral	*Reason unable to transition date		
Service Plan			
Service Plan DD Section			
Administration			
Logout			

4. TRANSITION ASSESSMENT & PLANNING

CC. PUTTING A TRANSITION ON HOLD/ UNABLE TO TRANSITION

After finding your client, click on **Return to Transition Process Information Grid** and then the **Summary page information** button

Main Menu [\[Remove Finalize Transition Assessment\]](#)

Advisement Letter

Assessment - 100.2 **Transition Assessment & Planning**

Client Information **Transition Process Information Grid**

Transition Assessment & Planning

- Initial/New
- Copy
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
View	4	01/02/2014	01/08/2014	02/11/2014	01/08/2014	34	Yes	Summary page information
View	3	01/12/2014	01/18/2014	01/30/2014	02/14/2017	24	Yes	Summary page information
View	2	01/14/2018	05/14/2013	01/21/2014	01/14/2017	273	Yes	Summary page information
View	1	01/14/2018	01/26/2014	01/31/2014	01/31/2014	372	Yes	Summary page information

Under Transition Event Summary Choose the appropriate **Transition Status** and **Reason**

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Transition Event Summary

*Transition Status On Hold

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

On Hold

Reason for On Hold Housing Voucher

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

*Reason unable to transition

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

*Reason unable to transition date

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

*Transition Options Team

Name	Agency	Relation	Other (Needs to be completed when "Other" is selected from the "Relation" option.)
1			
2			

Tip: If the status is On Hold
Don't forget to check the **On Hold checkbox** in addition to selecting it as the **Transition Status**

4. TRANSITION ASSESSMENT & PLANNING

DD. RESUMING A TRANSITION ON HOLD

After finding your client, click on **Return to Transition Process Information Grid** and then the **Summary page information** button

Main Menu [\[Remove Finalize Transition Assessment\]](#)

Advisement Letter

Assessment - 100.2 **Transition Assessment & Planning**

Client Information **Transition Process Information Grid**

Transition Assessment & Planning

- Initial/New
- Copy
- Risk Mitigation Plan
- Assessment - HCA
- Case Management
- Case Status
- Critical Incidents - Before 06/04/2009
- Critical Incident Reports
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
- Service Plan DD

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
View	4	01/02/2014	01/08/2014	02/11/2014	01/08/2014	34	Yes	Summary page information
View	3	01/12/2014	01/18/2014	01/30/2014	02/14/2017	24	Yes	Summary page information
View	2	01/14/2018	05/14/2013	01/21/2014	01/14/2017	273	Yes	Summary page information
View	1	01/14/2018	01/26/2014	01/31/2014	01/31/2014	372	Yes	Summary page information

Under Transition Event Summary change the **Transition Status** to **Other** & in the description box write **Transition Resumed**

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Transition Event Summary

*Transition Status On Hold

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

On Hold

Reason for On Hold Housing Voucher

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

*Reason unable to transition

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

*Reason unable to transition date

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

*Transition Options Team

Name	Agency	Relation	Other (Needs to be completed when "Other" is selected from the "Relation" option.)
1			
2			

Tip: If the status is Off of Hold
Don't forget to uncheck the **On Hold checkbox** in addition to changing the **Transition Status**

4. TRANSITION ASSESSMENT & PLANNING

EE. FINALIZE

Once the client has transitioned, and you have completed your follow-up visits and the Summary Page Information, click on **Finalize**

Services Referral Section

Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Home Health	State Medicaid Plan	Nursing Facility	john doe	03/04/2014	03/01/2014	03/01/2014
Physician	State Medicaid Plan	Nursing Facility				

If you have no errors to correct, you will get the message below, meaning that your plan has successfully been finalized

Transition Assessment & Planning Finalization Error Report for Event Number 4

Error Number	Program Section	Error Message
Congratulations you have no errors!		
<input type="button" value="Return to Transition Assessment & Planning"/>		

4. TRANSITION ASSESSMENT & PLANNING

FF. FINALIZE – ERROR REPORT

If you click on **Finalize** and get an **Error Report**, you need to go back into the assessment and correct the errors

Main Menu	[Transition Assessment & Planning grid]		
Advisement Letter			
Assessment - 100.2	Transition Assessment & Planning Finalization Error Report for Event Number 4		
Client Information			
Transition Assessment & Planning	Error Number	Program Section	Error Message
- Initial/New			
- Copy			
Risk Mitigation Plan	1	Menu Option - Transition Assessment & Planning - Transition Process Information section	The Risk Mitigation Completed Date has not been entered. Please go the Transition Assessment & Planning - Transition Process Information page and enter a date and then select Save.
Assessment - HCA	2	Menu Option - Transition Assessment & Planning - Transition Process Information section	The Transition Plan Completed Date has not been entered. Please go the Transition Assessment & Planning - Transition Process Information page and enter a date and then select Save.
Case Management	3	Menu Option - Transition Assessment & Planning - Transition Process Information section	The Transition Administrator Reviewed Date has not been entered. Please go the Transition Assessment & Planning - Transition Process Information page and enter a date and then select Save.
Case Status	4	Menu Option - Transition Assessment & Planning - Transition Process Information section	The ULTC 100.2 Completion Date has not been entered. Please go the Transition Assessment & Planning - Transition Process Information page and enter a date and then select Save.
Critical Incidents - Before 06/04/2009			
Critical Incident Reports			
IADL			
Log Notes			
LTC 803			
Program Area			
Referral			
Service Plan			
Service Plan DD Section			
Administration			
Logout			

Tip: The Program Section will tell you which sub-section you need to go back to

The Error Message will tell you specific what is incorrect

Click **Edit Transition Assessment & Planning** to go back to the Transition Process Information Grid

9	Menu Option - Transition Assessment & Planning - Transportation Community Based Service Plan section	The Transition Assessment & Planning - Transportation Community Based Service Plan page is not complete. A selection of one or more of the following needs to be selected: 'Travel training', 'Para transit scheduling', 'Orientation and mobility instruction', 'Eligibility establishment for paratransit/demand response use', 'Vehicle transfer', 'Escort', 'Non medical transportation', 'Training for fixed-route bus', 'Other' for the 'TRANSPORTATION ASSISTANCE NEEDED'. Please go the Transportation Community Based Service Plan and make your selection.
10	Menu Option - Transition Assessment & Planning - Employment Assessed Need Plan section	The Transition Assessment & Planning - Employment Assessed Need page is not complete. Please go the Employment Assessed Need and complete the information.
11	Menu Option - Transition Assessment & Planning - Employment Community Based Service Plan section	The Transition Assessment & Planning - Employment Community Based Service Plan page is not complete. Please go the Employment Community Based Service Plan and complete the information.
12	Menu Option - Transition Assessment & Planning - Support & Safety Community Based Service Plan section	The Transition Assessment & Planning - Support & Safety Assessed Need page is not complete. Please go the Support & Safety Community Based Service Plan and complete the information.
<input type="button" value="Edit Transition Assessment & Planning"/>		

4. TRANSITION ASSESSMENT & PLANNING

FF. FINALIZE – ERROR REPORT

Once back at the Transition Process Information Grid, click **Edit**

Client: Transition Assessment & Planning - Chocolate Pudding - 2222

Main Menu [\[Remove Finalize Transition Assessment\]](#)

Advisement Letter

Assessment - 100.2 **Transition Assessment & Planning**

Client Information **Transition Process Information Grid**

	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
Edit	4	01/02/2014	01/08/2014			34	No	The event number has not been finalized. Please complete and finalize the Transition Assessment & Planning pages in order to access the Transition Process Information Summary page that documents the Transition Options Team members.
View	3	01/12/2014	01/18/2014	01/30/2014	02/14/2017	24	Yes	Summary page information
View	2	01/14/2018	05/14/2013	01/21/2014	01/14/2017	273	Yes	Summary page information
View	1	01/14/2018	01/26/2014	01/31/2014	01/31/2014	372	Yes	Summary page information

Initial/New

Copy

Risk Mitigation Plan

Assessment - HCA

Case Management

Case Status

Critical Incidents - Before 06/04/2009

Critical Incident Reports

IADL

Log Notes

LTC 803

Program Area

Referral

Service Plan

Service Plan DD Section

Administration

Logout

Choose the sub-section you need to go back to and make the necessary corrections

Client Information

Transition Assessment & Planning

Behavioral Health Assessed Need

Behavioral Health Nursing Therapies

Behavioral Health Community Based Service Plan

Medical Assessed Need

Medical Nursing Therapies

Medical Community Based Service Plan

Physical Accessibility

Physical Health Nursing Therapies

Physical Community Based Service Plan

House & Household Set-Up Assessed Need

House & Household Set-Up Community Based Service Plan

Transportation Assessed Need

Transportation Community Based Service Plan

Event Number: 4

Today's Date: 02/11/2014

*Referral Source: Family

If selected in the "Referral Source", an entry in the text box is required.

*Referral Date: 01/02/2014

*Transition Type: EBD CCT

*Name of Facility Transitioning From: Allison Care Center

*Options Counseling Date: 01/04/2014

*Population Selection: Person with Disabilities Person with Mental Illness Elderly Individual with Intellectual Disabilities

*Initial Meeting Date with Transition Coordinator: 01/06/2014

*Has a referral been made to a case management agency? Yes No

CTS Authorization for Release of Information:

CCT Informed Consent Signed Date: 01/08/2014

Risk Mitigation Completed Date:

Transition Plan Completed Date:

Transition Administrator Reviewed Date:

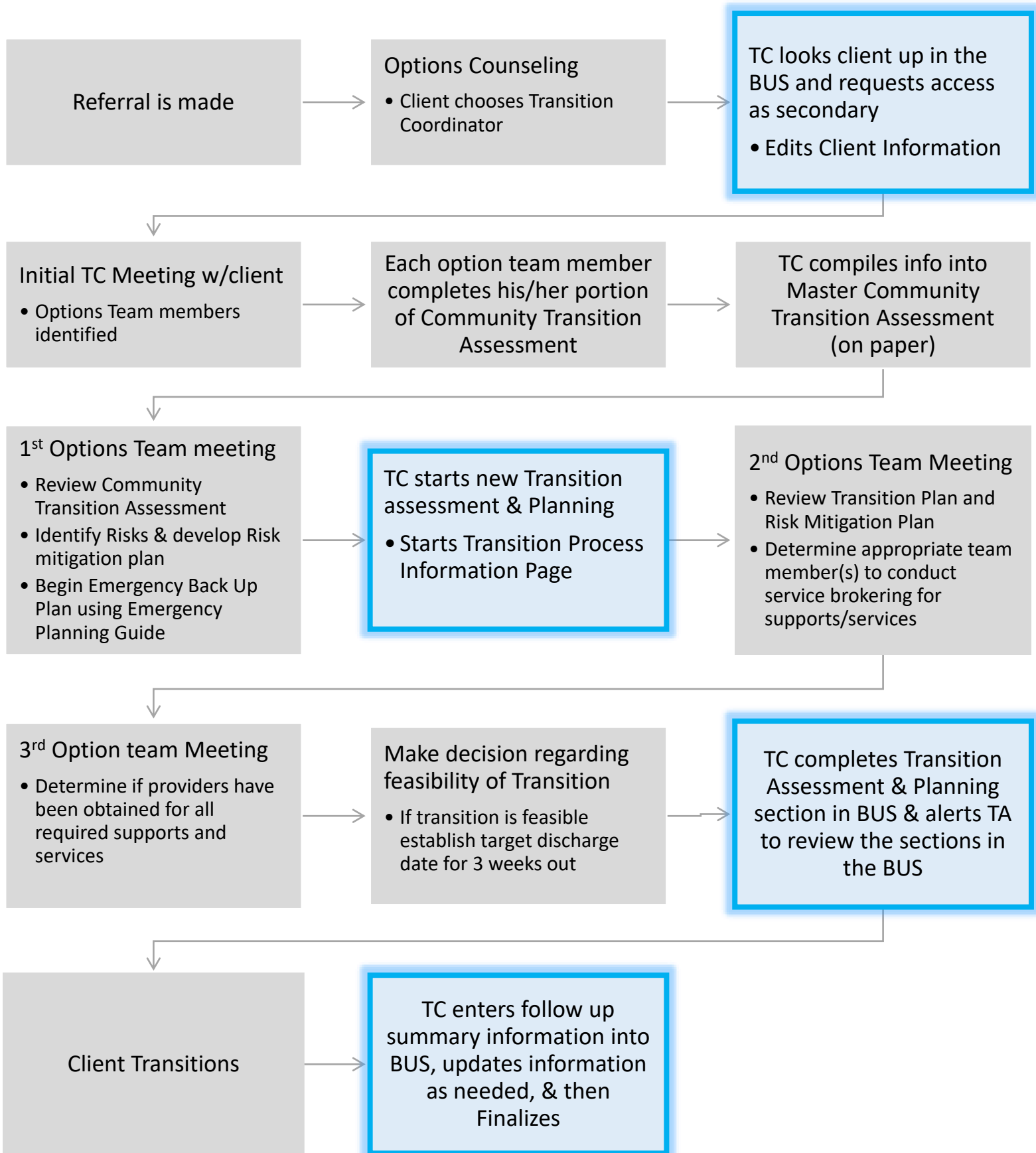
ULTC 100.2 Completion Date:

Service Plan Date:

Planned Discharge Date:

5. SCENARIOS

A. NEW CLIENT CCT BUS OVERVIEW



5. SCENARIOS

B. NEW CLIENT CCT BUS OVERVIEW – CLOSER LOOK

Tasks

Sections in the Guide

TC looks client up in the BUS & requests access as secondary

- Edits Client Information Pages

- 1B-1D
- 2A-2E

TC starts new Transition assessment & Planning

- Starts Transition Process Information Page

- 4C
- 4E

TC completes Transition Assessment & Planning section in the BUS & alerts TA (Nora) to review the sections in the BUS

- 4F-4AA

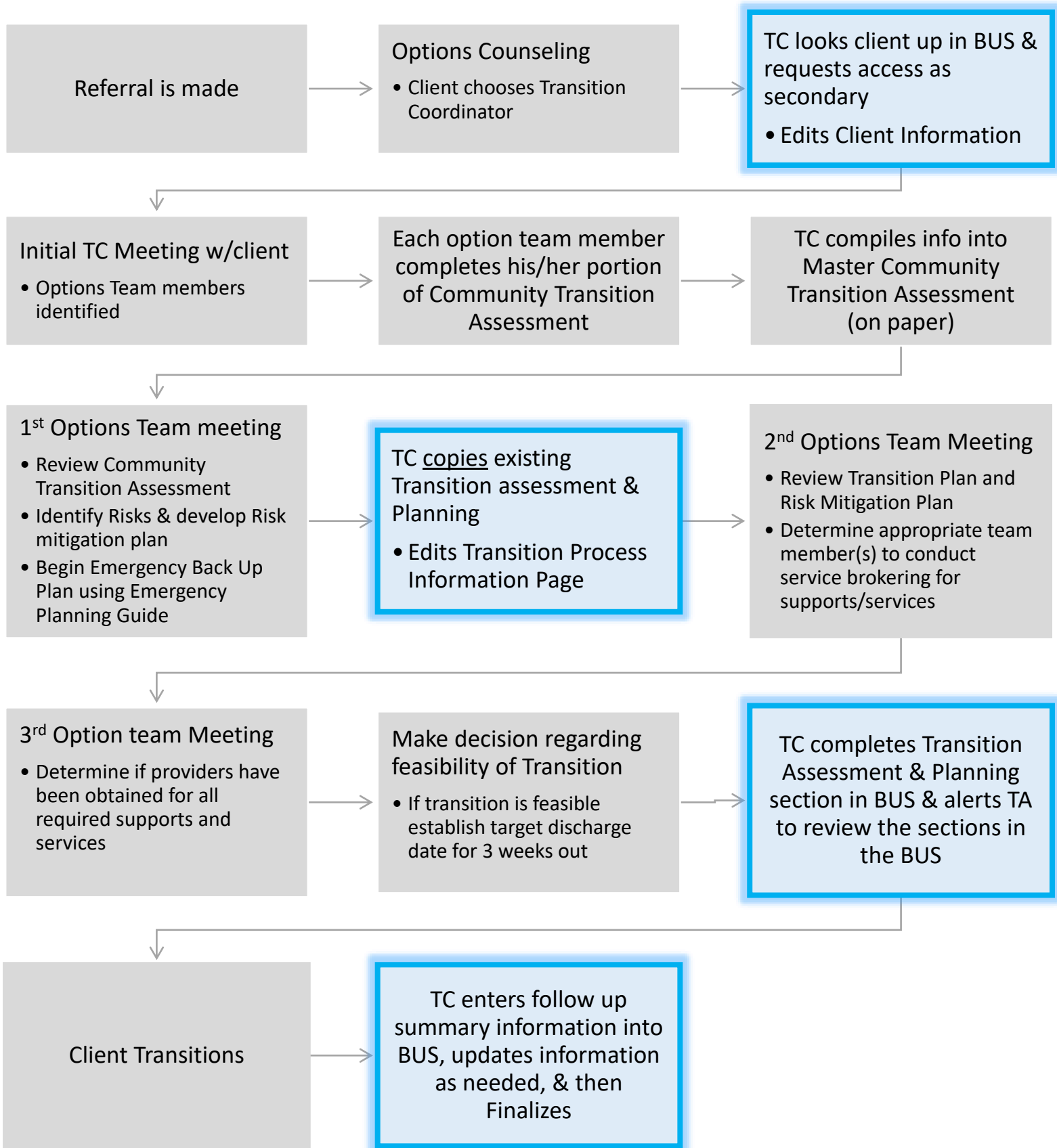
TC enters follow up summary information into BUS

- TC updates information as needed & then finalizes plan

- 4BB
- 4EE-4FF

5. SCENARIOS

C. CLIENT THAT HAS BEEN REINSTITUTIONALIZED



5. SCENARIOS

D. CLIENT THAT HAS BEEN REINSTITUTIONALIZED – CLOSER LOOK

Tasks

Sections in the Guide

TC looks client up in the BUS & requests access as secondary

- Edits Client Information Pages

- 1B-1D
- 2A-2E

TC copies existing Transition assessment & Planning

- Edits Transition Process Information Page

- 4D
- 4E

TC completes Transition Assessment & Planning section in the BUS & alerts TA (Nora) to review the sections in the BUS

- 4F-4AA

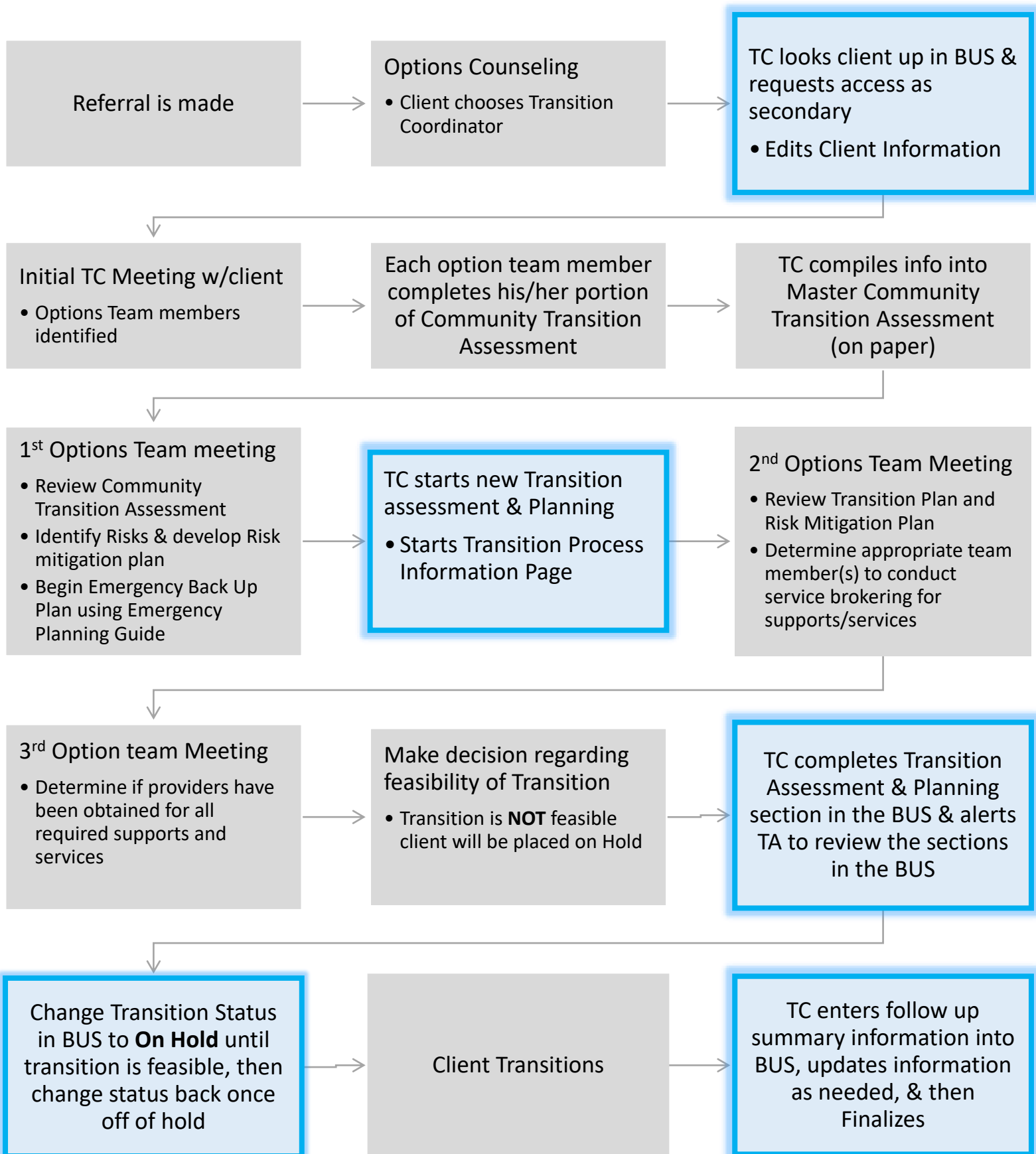
TC enters follow up summary information into BUS

- TC updates information as needed & then finalizes plan

- 4BB
- 4EE-4FF

5. SCENARIOS

E. CLIENT ON HOLD



5. SCENARIOS

F. CLIENT ON HOLD – CLOSER LOOK

Tasks

Sections in the Guide

TC looks client up in the BUS & requests access as secondary

- Edits Client Information Pages

- 1B-1D
- 2A-2E

TC starts new Transition assessment & Planning

- Starts Transition Process Information Page

- 4C
- 4E

TC completes Transition Assessment & Planning section in the BUS & alerts TA (Nora) to review the sections in the BUS

- 4F-4AA

Change Transition Status in BUS to **On Hold** until transition is feasible, then change status back once off of hold

- 4CC-4DD

TC enters follow up summary information into BUS

- TC updates information as needed & then finalizes plan

- 4BB
- 4EE-4FF