

## **SECTION V.3. Initial Assessment & Reassessment Procedures**

### **I. Initial Assessment Procedures**

After the Department of Disabilities, Aging and Independent Living (DAIL) staff determines clinical eligibility and sends Clinical Authorization to DCF/ESD and the chosen provider or case management agency, a comprehensive person centered plan and assessment must be completed in order to develop a Service Plan for Choices for Care (CFC) services. The assessment procedure is determined by the following CFC options:

#### **A. Home-Based Initial Assessment (Fee for Service)**

1. Case manager, together with the individual, shall complete a full assessment (ILA) within 14 calendar days of receipt of the Clinical Certification.
2. **The case manager may use the information from the DAIL LTCCC assessment for the initial assessment health information or have** a registered nurse completes the Health Assessment portion of the ILA.
3. The case manager, together with the individual, shall assess the individual's circumstances, resources, strengths and needs.
4. The case manager, together with the individual, shall identify the service options which will address the individual's unmet needs and for which the individual is eligible.
5. The case manager, together with the individual, shall identify, if any, the informal/family supports that will continue.
6. The case manager, together with the individual, shall review the service options and service limitations with the individual, surrogate, and/or guardian.
7. The case manager, together with the individual shall select services and develop a comprehensive Service Plan with the individual that is appropriate to the identified needs, and in compliance with existing CFC service definitions, standards, procedures, and limitations.
8. The case manager shall obtain the signature of the applicant and surrogate (when applicable) on the Service Plan.
9. The case manager shall sign the Service Plan.
10. The case manager shall review and complete an "In-Home Back-up Care & Emergency Plan" form with the individual. The plan shall be posted in an obvious location within the individual's home.
11. The case manager shall compile and submit a complete assessment package to DAIL.
12. The case manager shall ensure that the package is complete, containing the following

documents:

- a. Proposed Service Plan
  - b. Personal Care Worksheet
  - c. Independent Living Assessment (ILA)
  - d. Assistive Devices and Modifications Addendum (if applicable)
  - e. Employer Certification Form (if applicable for Participant/surrogate-directed only)
  - f. Variance request(s) (if applicable)
  - g. Live-In Agreement (if applicable)
13. DAIL staff shall return incomplete initial assessment packets to the case manager.
  14. The case manager shall distribute a copy of the Personal Care Worksheet to the personal care attendant (PCA) employer (Home Health Agency, surrogate, or Participant).
  15. The case manager and providers shall follow procedures for “Initiating Services”.
  16. DAIL staff shall complete Utilization Review (UR).
  17. DCF staff shall complete CFC financial eligibility and send notice to individual, provider and DAIL.
  18. DAIL staff shall verify CFC financial eligibility.
  19. If the individual meets the financial eligibility criteria, DAIL staff shall authorize the initial Service Plan, including any adjustments as determined in the UR process.
  20. DAIL staff shall mail, fax or secure email the approved Service Plan to the individual, case manager and providers.
  21. DCF staff shall mail a denial letter with appeal rights, to individuals do not meet the CFC financial eligibility criteria. A copy of the denial notice will be send to DAIL staff.

## **B. Adult Family Care (AFC)**

1. The AFC Coordinator at the Authorized Agency (AA) will complete the AFC ILA within 14 days of receipt of the Clinical Certification. The AFC Coordinator may use the DAIL LTCCC assessment for the initial health section of the AFC ILA or have another Registered Nurse or a Licensed Practical Nurse (LPN) complete this section. The AFC Coordinator will provide a copy of the AFC ILA assessment (including Tier Scoring Worksheet and AFC Service Plan-with signatures obtained) to DAIL LTCCC Nurse.
2. DAIL LTCCC will complete the utilization review of the AFC ILA assessment and Tier.
3. DAIL LTCCC will report the confirmed Tier to the AFC Coordinator.
4. When the participant move-in date is set, the AFC Coordinator shall obtain the signature of the participant or legal representative, the Authorized Agency, the home provider and the case manager on the Service Plan (if not already completed).

5. The AFC Coordinator shall submit the AFC service plan to DAIL.
6. The AFC Coordinator shall ensure that DAIL has received the following documents:
  - a. AFC ILA, including the tier worksheet
  - b. AFC service plan
  - c. Written Justification for Dual Participation in Hospice (if applicable)
7. DAIL shall return incomplete documents to the AFC Coordinator.
8. The Department for Children and Families (DCF) Economic Services Division (ESD) shall complete LTC Medicaid financial eligibility and send notice to the individual, DAIL, and the individuals' alternate reporters.
9. DAIL LTCCC shall verify CFC financial eligibility and authorize the initial AFC Service Plan, including any adjustments to the tier as determined in UR process.
10. DAIL shall secure email, fax or mail approved AFC Service Plan to the individual and AFC Coordinator.
11. The AFC Coordinator will provide a copy of the approved and authorized service plan to the Authorized Agency.
12. DCF staff shall mail a denial letter with appeal rights to individuals who do not meet the CFC financial eligibility criteria. A copy of the denial notice will be sent to the individual and DAIL staff.
13. The AA shall follow procedures for "Initiating Services".

### **C. Enhanced Residential Care (ERC) Initial Assessment**

1. The ERC provider, together with the individual, must complete a full resident assessment within 14 calendar days of receipt of the Clinical Certification, or admission (whichever comes first).
2. The ERC provider shall ensure that a registered nurse completes or signs-off on the resident assessment.
3. The Licensed Level III Residential Care Home that is an ERC provider must submit a variance request to the Division of Licensing and Protection (DLP) for permission to serve or retain the individual if they have reached their pre-approved variance limit.
4. The ERC Provider shall provide a copy of the resident assessment, ERC Tier Score Worksheet and ERC Service Plan to the LTCCC Nurse.
5. The ERC Provider shall obtain the signature of the participant or legal representative on the Service Plan.

6. The ERC provider shall sign the Service Plan.
7. The ERC Provider shall compile and submit a complete assessment package to DAIL.
8. The ERC Provider shall ensure that the package is complete and contains the following documents:
  - a. Proposed Service Plan
  - b. Tier Worksheet
  - c. Resident Assessment (RA)
  - d. Written Justification for Dual Participation in Hospice (if applicable)
  - e. Variance Request Form (when applicable)
9. DAIL shall return incomplete initial assessment packets to the ERC Provider.
10. DAIL shall complete Utilization Review (UR).
11. The Department for Children and Families (DCF), Economic Services Division (ESD) shall complete LTC Medicaid financial eligibility and send notice to individual, provider and DAIL LTCCC.
12. DAIL LTCCC shall verify CFC financial eligibility.
13. DAIL LTCCC shall verify the Level of Care Variance issued by Department of Licensing and Protection (DLP).
14. DAIL LTCCC shall authorize the initial Service Plan, including any adjustments as determined in UR process.
15. DAIL LTCCC shall secure email, fax or mail approved Service Plan to the individual and the ERC Provider.
16. DCF staff shall mail a denial letter with appeal rights to individuals who do not meet the CFC financial eligibility criteria. A copy of the denial notice will be sent to DAIL LTCCC.
17. DAIL shall send a denial letter with appeal rights to individuals who are denied a variance by DLP.
18. The ERC provider shall follow procedures for “Initiating Services”.

#### **D. Nursing Facility (NF) Initial Assessment**

1. The NF provider shall assist the applicant with the ESD/DAIL 202 LTC application when necessary.
2. The NF provider, together with the individual, shall complete the Minimum Data Set (MDS) according to existing State and Federal nursing facility regulation.

3. DCF staff shall complete CFC financial eligibility and send notice to individual, NF provider and DAIL.
4. The NF provider shall follow procedures for “Initiating Services” and shall develop individual service plans for all residents, in compliance with prevailing conditions of participation and licensing regulations.
5. DCF staff shall mail a denial letter with appeal rights to individuals do not meet the LTC Medicaid financial eligibility criteria. A copy of the denial notice will be send to DAIL staff and NF provider.

## **II. Reassessment Procedures**

Individuals participating in CFC services must have a comprehensive reassessment completed annually. The reassessment procedure is determined by the following CFC settings:

### **A. Home-Based Reassessment**

1. The case manager, together with the individual, shall complete a full reassessment (ILA) at least once every 365 days. The reassessment must be completed, submitted and received at DAIL at least one month prior to the previous plan of care end date.
2. The case manager, together with the individual, shall develop a person centered plan focusing on the individual’s strengths, capacities, preferences, needs and desired outcomes.
3. The case manager, together with the individual, shall identify the service options which will address the individual’s unmet needs and for which the individual is eligible.
4. The case manager shall identify, if any, the unpaid family supports that will continue.
5. The case manager shall review the service options and service limitations with the individual, surrogate, and/or guardian.
6. The case manager, together with the individual, shall select services and develop a comprehensive Service Plan with the individual that is appropriate to the identified needs, and in compliance with existing CFC service definitions, standards, procedures, and limitations.
7. The case manager shall ensure that a registered nurse completes the Health Assessment portion of the ILA.
8. The case manager shall obtain the signature of the applicant and surrogate (when applicable) on the Service Plan.
9. The case manager shall sign the Service Plan.
10. The case manager shall compile and submit a complete reassessment package to DAIL.

11. The case manager shall ensure that the package is complete, containing the following documents:
  - a. Proposed Service Plan
  - b. Personal Care Worksheet
  - c. Independent Living Assessment (ILA)
  - d. Assistive Devices and Modifications Addendum (if applicable)
  - e. Employer Certification Form (if applicable for Participant/surrogate-directed only)
  - f. Variance request(s) (when applicable)
  - g. Live-In Agreement (if new or different)
12. DAIL staff shall return incomplete reassessment packets to the case manager
13. The case manager shall assist the applicant with the Long-Term Care Medicaid financial eligibility reviews when necessary.
14. The case manager shall distribute a copy of the Personal Care Worksheet to the personal care attendant (PCA) employer (Home Health Agency, surrogate, or Participant).
15. DAIL staff shall complete Utilization Review (UR).
16. DAIL staff shall authorize the Service Plan, including any adjustments as determined in UR process.
17. DAIL staff shall mail, fax or secure email approved Service Plan to the individual, case manager and providers.

## **B. Adult Family Care**

1. The AFC Coordinator, together with the participant, completes a reassessment at least once every 365 days. The reassessment must be completed, submitted and received at DAIL at least one month prior to the previous plan of care end date.
2. The AFC Coordinator shall ensure that DAIL has received the following documents:
  - a. AFC ILA, including the tier worksheet
  - b. AFC service plan
  - c. Written Justification for Dual Participation in Hospice (if applicable)
3. DAIL LTCCC shall return incomplete reassessment packets to the AFC Coordinator.
4. The AFC Coordinator shall assist the applicant with the Long-Term Care Medicaid financial eligibility reviews when necessary.
5. DAIL LTCCC shall complete Utilization Review (UR).
6. DAIL LTCCC shall authorize the Service Plan, including any adjustments as determined in UR process.

7. DAIL LTCCC shall mail, fax or secure email the approved Service Plan to the individual, and AFC Coordinator.

### **C. Enhanced Residential Care (ERC) Reassessment**

1. The ERC provider, together with the individual, must complete a resident reassessment (RA) at least once every 365 days. The reassessment must be completed, submitted and received at DAIL prior to the previous plan of care end date.
2. The ERC provider, together with the individual, shall assess the individual's circumstances, resources, strengths and needs.
3. The ERC provider shall ensure that a registered nurse completes or signs-off on the reassessment.
4. The ERC Provider shall complete an ERC Tier worksheet and ERC Service Plan.
5. The ERC Provider shall obtain the signature of the applicant or legal representative on the Service Plan.
6. The ERC Provider shall sign the Service Plan.
7. The ERC Provider shall compile and submit a complete reassessment package to DAIL.
8. The ERC Provider shall ensure that the package is complete, containing the following documents:
  - a. Proposed Service Plan
  - b. Tier Worksheet
  - c. Resident Assessment
9. DAIL staff shall return incomplete reassessment packets to the ERC Provider.
10. The ERC Provider shall assist the applicant with the Long-Term Care Medicaid financial eligibility reviews when necessary.
11. DAIL LTCCC shall complete Utilization Review (UR).
12. DAIL LTCCC shall authorize the Service Plan, including any adjustments as determined in UR process.
13. DAIL LTCCC shall mail, fax or secure email the approved Service Plan to the individual and ERC Provider.

### **D. Nursing Facility (NF) Reassessment**

1. The NF provider, together with the individual, shall complete the Minimum Data Set (MDS)

and individual service plan in compliance with prevailing conditions of participation and licensing regulations.

2. The NF provider shall assess the individual's circumstances, resources, strengths and needs.
3. The NF provider shall assist the applicant with the Long-Term Care Medicaid financial eligibility review when necessary.

### **E. Hospice Program**

Individuals participating in the Choices for Care program who become eligible for, and in need of Home Health Hospice services may do so without prior authorization from DAIL. It is the understanding of both DAIL and the Home Health hospice providers that dual participation will occur under the following conditions:

1. Hospice staff will inform the CFC case manager immediately when a CFC participant is admitted to hospice.
2. Individuals must continue to meet the criteria for both CFC and hospice services.
3. Hospice funded services must be maximized and utilized prior to waiver services (e.g. LNA, Homemaker).
4. To ensure no duplication, the CFC case manager will submit a plan of care change to reflect any reduction for Choices for Care services that are being provided by hospice (e.g. bathing, grooming).
5. It is the responsibility of the local home health agency to contact DAIL no later than one week after the individual is admitted to hospice services. DAIL will track the following information:
  - Participant name and Date of Birth
  - Agency name,
  - Hospice diagnosis,
  - Anticipated length of hospice service,
  - Hospice admission date,
  - Payment source,
  - Hospice contact,
  - Copy of Hospice plan.

This information may be mailed, faxed or secure emailed to DAIL.