

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 and the chosen case management agency, a comprehensive 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 settings:

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 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. Home Based Adult Family Care (AFC)

1. The Case Manager shall follow the same process as in A. Home-Based Initial Assessment steps 1-7. If the participant chooses Adult Family Care as their home-based option, the case manager provides the participant with a choice of Authorized Agencies (AA) and assists the participant with a referral to the AA.
2. After completing the ILA within 14 working days of receipt of the Clinical Certification, the Case Manager shall provide a copy of the AFC ILA assessment (including the Tier Worksheet) to the Authorized Agency (AA), if identified, and to DAIL staff.
3. DAIL staff will complete the utilization review of the AFC ILA assessment and Tier.
4. DAIL staff will report the confirmed Tier to the Case Manager. The Case Manager will report the Tier to the AA, if identified.
5. If the AA is unknown during steps 1-4, when the AA is identified the Case Manager will

send a copy of the AFC ILA and the Tier to the AA the participant has chosen.

6. If the AA is not able to serve the participant, the Case Manager will review the AA options and have the participant choose a new AA .
7. If the AA agrees to serve the participant, the Case Manager will work with the participant and AFC Coordinator to assist with the home provider matching process.
8. When a home provider match is made, the AFC Coordinator, together with the Case manager and the participant, will create a move-in plan.
9. When the participant move-in date is set, the Case Manager shall obtain the signature of the participant or legal representative, the Authorized Agency, the home provider and the case manager on the Service Plan.
10. The Case Manager shall submit the AFC service plan to DAIL.
11. The Case Manager 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)
12. DAIL shall return incomplete documents to the Case Manager.
13. 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.
14. DAIL shall verify CFC financial eligibility and authorize the initial AFC Service Plan, including any adjustments to the tier as determined in UR process.
15. DAIL shall mail approved AFC Service Plan to the individual and Case Manager.
16. The Case Manager will provide a copy of the approved and authorized service plan to the Authorized Agency.
17. 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.
18. 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) together with the case manager whenever possible.

2. The ERC provider shall ensure that a registered nurse completes or signs-off on the 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 amount.
4. The ERC provider shall provide a copy of the resident assessment to the case manager.
5. The case manager shall complete an ERC Tier worksheet and ERC Service Plan.
6. The case manager shall obtain the signature of the applicant or legal representative on the Service Plan.
7. The case manager and the ERC provider shall sign the Service Plan.
8. The case manager shall compile and submit a complete assessment package to DAIL.
9. The case manager shall ensure that the package is complete and contains the following documents:
 - a. Proposed Service Plan
 - b. Tier Worksheet
 - c. Comprehensive Resident Assessment (CRA)
 - d. Written Justification for Dual Participation in Hospice (if applicable)
 - e. Variance Request Form (when applicable)
10. DAIL shall return incomplete initial assessment packets to the case manager.
11. DAIL shall complete Utilization Review (UR).
12. The Department for Children and Families (DCF) shall complete LTC Medicaid financial eligibility and send notice to individual, provider and DAIL.
13. DAIL shall verify CFC financial eligibility.
14. DAIL shall verify the Level of Care Variance issued by Department of Licensing and Protection (DLP).
15. DAIL shall authorize the initial Service Plan, including any adjustments as determined in UR process.
16. DAIL shall mail approved Service Plan to the individual, case manager and providers.
17. 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 send to DAIL staff.
18. DAIL shall send a denial letter with appeal rights to individuals who are denied a variance by DLP.

19. 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 DAILE.
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 DAILE staff and NF provider.

II. Reassessment Procedures

Individuals participating in CFC services must have a comprehensive reassessment completed on a regular basis. 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 DAILE at least **one month** prior to the previous plan of care end date.
2. The case manager, together with the individual, shall assess the individual’s circumstances, resources, strengths and needs.
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 informal/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 approved Service Plan to the individual, case manager and providers.

B. Adult Family Care

1. The Case Manager, together with the participant and AA Coordinator, shall follow the same steps as outlined above in A. Home-Based Reassessments, steps 1-10. 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 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 staff shall return incomplete reassessment packets to the case manager.
4. The AFC Coordinator shall assist the applicant with the Long-Term Care Medicaid financial eligibility reviews when necessary.
5. DAIL staff shall complete Utilization Review (UR).
6. DAIL staff shall authorize the Service Plan, including any adjustments as determined in UR process.
7. DAIL staff shall mail approved Service Plan to the individual, case manager and providers.

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, together with the case manager whenever possible. 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 provide a copy of the RA to the case manager.
5. The case manager shall complete an ERC Tier worksheet and ERC Service Plan.
6. The case manager shall obtain the signature of the applicant or legal representative on the Service Plan.
7. The case manager shall sign the Service Plan.
8. The case manager shall compile and submit a complete reassessment package to DAIL.
9. The case manager shall ensure that the package is complete, containing the following documents:
 - a. Proposed Service Plan
 - b. Tier Worksheet
 - c. Resident Assessment
10. DAIL staff shall return incomplete reassessment packets to the case manager.
11. The case manager shall assist the applicant with the Long-Term Care Medicaid financial eligibility reviews when necessary.

12. DAIL staff shall complete Utilization Review (UR).
13. DAIL staff shall authorize the Service Plan, including any adjustments as determined in UR process.
14. DAIL staff shall mail approved Service Plan to the individual, case manager and providers.

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. When ever possible, hospice funded services must be maximized and utilized prior to waiver services (e.g. LNA, Homemaker).
4. When appropriate, the CFC case manager will submit a plan of care change to reflect any reduction in waiver time for activities 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,
 - 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 emailed to DAIL.